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Gresham Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 13 October 2016 and was unannounced.

Gresham Residential Care Home is a Victorian, three floor building in Cliftonville with a lift to access all floors. There is a secure garden at the rear of the premises. The service offers short and long term residential care for up to 30 older people. There are close public transport links. The service has been owned and run by family members for 37 years. At the time of the inspection there were 25 people living at the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The day to day running of the service was managed and overseen by the registered manager with the support of an assistant manager. Both were present during the inspection. The registered manager was also one of the three registered providers. The providers were actively involved in the running of the service and were regularly there.

At the last inspection in September 2015, the service was rated 'Requires Improvement', there was a breach in the Health and Social Care Act 2008 (Regulated Activities) 2014. Quality assurance checks had not been consistently completed. Care plans had not always been updated to reflect changes in people's needs. We asked the provider to make improvements. The provider sent CQC a plan of actions to address the shortfalls. At this inspection the actions had been completed and the breach had been met.

People told us they felt safe living at the service. Risks to people were identified and assessed and guidance was provided for staff to follow to reduce risks to people. People received their medicines safely and on time from staff trained to administer medicines.

Staff knew about abuse and knew what to do if they suspected any incidents of abuse. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service. Staff were confident that any concerns they raised with the management team would be investigated to ensure people were kept safe.

Recruitment processes were followed to make sure staff employed were of good character. There were enough staff to meet people's needs. Staff completed regular training, had one to one meetings and annual appraisals to discuss their personal development. There were consistent numbers of staff deployed, day and night, to meet people's needs. Contingency plans were in place to cover a shortage of staff in an emergency.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. Staff knew the importance of giving people choices and gaining their consent.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. There was no-one living at Gresham Residential Care Home with an authorised DoLS.

People told us they enjoyed a choice of healthy, home-cooked meals and had enough to eat and drink. People's health was assessed and monitored and staff took prompt action when they noticed any changes or a decline in health. Staff worked closely with health professionals, such as community nurses and GPs, and followed any guidance given to them to ensure people received safe and effective care.

People told us they were happy living at the service and that their privacy and dignity were respected. Staff spoke with people in a patient, kind, caring and compassionate way. People were involved in the planning of their care and support and told us care was provided in the way they chose. Each person had a descriptive care plan which had been written with them and their relatives.

People told us they knew how to complain and that they would be happy to do so if needed. People said they did not have any complaints or concerns about the quality of service or the support they received from staff. Each person had been given a copy of the complaints procedure and this was displayed in the entrance hall.

People's friends and family could visit when they wanted and there were no restrictions on the time of day. There was a range of activities which people told us they enjoyed. People said they would like to go out more and the registered manager was taking action to address this. People were encouraged and supported to maintain as much independence as possible.

People, relatives and staff felt the service was well-led. There was effective and regular auditing and monitoring. Actions were taken when shortfalls were identified. People, relatives and health professionals were asked their views on the quality of the service provided. The registered manager regularly met with people, their families and staff to encourage them to input into the day to day running of Gresham Residential Care Home.

Notifications had been submitted to CQC and the provider had displayed the rating from the previous inspection in line with guidance.

We last inspected Gresham Residential Care Home in September 2015 when a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. At this inspection this breach had been met and no further breaches were identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe at Gresham Residential Care Home. Risks to people were assessed and reviewed. Staff had guidance on how to reduce risks. Staff knew how to recognise and respond to abuse and knew how to keep people safe.

People received their medicines safely and on time from staff trained to administer medicines. Medicines were stored and managed safely.

Recruitment processes were followed to make sure staff employed were of good character. There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had one to one meetings and an annual appraisal to discuss their personal development. Staff regularly completed training to keep their skills and knowledge up to date.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was assessed, monitored and reviewed. Staff worked with health professionals to make sure people's health care needs were met. People had enough to eat and drink and told us they enjoyed the home-cooked food.

Is the service caring?

Good ●

The service was caring.

Staff were friendly, patient and kind. They promoted people's dignity and treated them and their friends and families with respect.

Staff knew people and their relatives well. Staff knew people's

life histories, likes and dislikes and any preferred routines.

People's confidentiality was respected and their records were stored securely.

Is the service responsive?

Good ●

The service was responsive

People told us they had been involved in planning their care. Each person had a care plan which centred on them and their wishes. Care plans were regularly reviewed.

People were encouraged to maintain as much independence and choice as possible. People said they would like to go out more and there were plans for this to happen.

People knew how to complain and said they had no complaints or concerns.

Is the service well-led?

Good ●

The service was well-led

People, their relatives and staff felt the service was well-led.

There was an open culture. People, relatives and staff were encouraged to make suggestions to improve the service.

Regular and effective audits were completed. Actions were taken when shortfalls were identified.

Notifications had been submitted to CQC and the provider had displayed the rating from the previous inspection in line with guidance.

Gresham Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 October 2016 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service and talked to 13 people who lived there and three relatives. Conversations took place with people in their own rooms and in communal areas. During our inspection we observed how staff spoke with and engaged with people. We spoke with staff, the assistant manager and the registered manager.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was monitored and managed.

We last inspected Gresham Residential Care Home in September 2015 when a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. At this inspection the breach had been met and no further breaches were identified.

Is the service safe?

Our findings

People told us they felt safe living at Gresham Residential Care Home. People said, "I feel safe because the doors are kept closed and the building is alarmed", "I feel safe at night as there is always a member of staff you can call if you need help and they always come quickly" and "I definitely feel safe. I wouldn't want to go anywhere else". A relative commented, "I am happy that [my loved one] is safe. I have never had any reason to question safety".

People were protected from the risks of abuse. One person told us, "I have never had a problem over the safety of things in my room or my personal possessions". Staff knew what to do if they suspected any incidents of abuse. Staff knew the provider had a policy and procedure for them to refer to and knew where it was. Staff told us they completed training on keeping people safe and this was confirmed by the training records. The registered manager knew what should be reported in line with guidance. When there had been notifiable incidents these had been consistently reported to the Care Quality Commission and / or the Kent local authority.

Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff were confident the management team would listen to their concerns and take the appropriate action to make sure people were protected.

Staff knew how to keep people safe and understood their responsibilities for reporting accidents and incidents to the registered manager. The registered manager reviewed any incidents to look for any trends. When a pattern or trend was identified action was taken to refer people to the relevant health professionals, such as, dieticians, community nurses or GPs, to reduce risks and keep people safe. For example, when a person had lost weight staff referred them to a dietician and supported them to see their GP. Staff followed guidance given to them by health professionals.

Risk assessments detailed potential risks and gave staff guidance on how to reduce risks and keep people safe. For example, when a person was living with diabetes, there was guidance for staff on what blood sugar levels were normal for the person, what action to take if the levels became too high or too low and what signs to look for. Risk assessments were updated as changes occurred in people's needs. These were regularly reviewed to make sure they were up to date.

When people had difficulty moving around the service there was guidance for staff about what they could do independently and what special equipment was needed, such as walking sticks or a walking frame. Two insured electric mobility scooters were available for people to use. The registered manager provided people with training on how to use them safely and checked they understood to make sure they were safe to use them in the community.

People told us staff supported them to keep their skin as healthy as possible. When people were at risk of developing pressure areas staff made sure people had special equipment, such as, air cushions. Staff supported people to regularly apply barrier creams to their skin. Staff knew how to prevent pressure areas

and recognised changes in people's skin. Records showed, and staff confirmed, prompt referrals to health professionals, such as, tissue viability nurses and GPs, were made to make sure people received the right treatment in good time.

The provider had recruitment and disciplinary policies and procedures which were followed by the registered manager. Staff files were organised and contained questionnaires about people's health and a proof of identity. Checks were completed to make sure staff were trustworthy and reliable to work with people. These included two written references, one being from the most recent employer, and a full employment history. Records of interviews were kept and included any discussion about gaps in employment history. Disclosure and Barring Service (DBS) criminal record checks were done before staff began to work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People told us there were enough staff when they needed anything, however would have liked more time to chat with staff. People said, "The staff work very hard and they don't have time to sit and chat" and "The staff are always very busy but if I need something, they get it. They are very helpful". During the inspection the staff were busy and made sure people had everything they needed. Staff told us they were, on occasion, short staffed and were then supported by the administrator to take people to hospital or other appointments so they could concentrate on providing care and support.

Staffing levels were monitored by the registered manager to make sure there were enough staff, with the right skills, on each shift to meet people's needs and keep them safe. There were contingency plans for emergencies, such as staff sickness. The duty rotas showed there were consistent numbers of staff throughout the day and night. A 24 / 7 on call system was in place to make sure staff had a management contact in the case of an emergency.

People received their medicines safely and on time. Staff were trained on how to manage medicines safely. Staff did not leave people until they had seen the medicines had been taken. One person told us, "Staff give out medicines when they are needed so I don't need to worry. The staff watch me take my medicine". People's medicines were reviewed by their doctor to make sure they were suitable.

Medicines were managed, stored and disposed of safely and in line with guidance. Medicines were checked and stock was rotated to make sure they did not go out of date. Some people chose, and were supported, to take their own medicines safely and maintain their independence. Staff checked temperatures in the medicines room and the fridge to make sure medicines worked as they were meant to.

Is the service effective?

Our findings

People told us that staff supported them when they needed them. People and their relatives had confidence in the staff. People said, "The staff know what they are doing" and, "I have only been here a few weeks but I have everything I need and the staff know what I need". We arrived as some people were enjoying breakfast and we sat with people during lunch. People said they enjoyed the food and commented, "You can have cereal, toast prunes and you can have a cooked breakfast if you want one" and "The food is lovely, always hot and plenty of it".

People received effective care from staff who were trained in their roles. When staff began working at the service they completed an induction. New staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. They told us they shadowed experienced colleagues to get to know people, their preferences and routines. Staff competency was monitored to make sure they were able to meet people's needs effectively.

Staff completed training to keep them up to date with current best practice. Some training was completed online and other training, such as using special moving and handling equipment was face to face. A record of the training undertaken was kept up to date by the office administrator and refresher training was booked as needed. The registered manager supported staff to complete additional training to aid their personal development. For example, staff were encouraged to achieve adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard. One to one supervision meetings and annual appraisals were held and gave staff the opportunity to discuss their performance, learning and development and any support they needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their responsibilities in relation to DoLS. At the time of the inspection there was no-one living at the service with an authorised DoLS.

People living at the service made decisions about their care and support which were respected by staff. People were able to make choices about how they lived their lives and how they wanted to spend their time each day. Staff told us that when people needed support from their relatives or advocates to make complex decisions this was provided. An advocate is an independent person who can help people express their

needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people did not have the capacity to make complex decisions, meetings were held with the person, their representatives and health professionals to make sure decisions were being made in the person's best interest.

When people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR); this was recorded in people's care plans so that people's wishes could be acted on. These were reviewed to make sure they were still what the person wanted.

People enjoyed a choice of healthy food and drinks. Meal times were social occasions. Most people sat in the dining room and the registered manager and staff supported people to the tables. People told us they sat with people at the same tables each mealtime, liked it that way and looked forward to mealtimes. One person told us, "There is always a choice and I enjoy sitting with my friends and chatting". A relative told us, "The food is excellent. [Our loved one] is eating much better than before they came to Gresham".

On the day of the inspection, at lunchtime, people had soup to start with and then had a choice of chicken or fish which were both served with fresh vegetables. Vegetarian options were available for people that wanted them. Homemade desserts, such as sponge puddings were offered each day. A 'tuck box' of crisps and chocolate bars was available for people when they wanted it. Staff were observant and made sure people always had a drink of their choice to hand. Throughout the day there was tea, coffee and cold drinks for people and their visitors. Cupcakes were being cooked for 'afternoon tea' and people enjoyed eating ice creams whilst watching a movie on the cinema screen.

People were regularly asked about their views on the menu and if they would like anything added to or removed from the menu and it was adjusted by kitchen staff to suit people's preferences. The kitchen staff were aware of people's food intolerances, allergies and diabetic needs. Some people were at risk of dehydration or malnutrition. When people were at risk of losing weight this was monitored by staff and action taken to refer people to dieticians. Staff followed guidance given by specialist health professionals. For example, some people had their meals fortified with full fat milk, cream, cheese and other high fat products.

People told us they had access to health care professionals. People said, "You just have to ask the staff if you need a doctor or an appointment with the dentist or optician and it is organised for you", "If you need to go out for an appointment and you do not have a relative who can take you, then a member of staff goes with you" and "It is very good because the doctor comes here to see me". Staff worked closely with health professionals, such as, the community nursing team, dieticians and doctors. Staff monitored people's health and took prompt action if they noticed any changes. Staff spoke with people and their families to make sure they had the information they needed about their care and treatment.

Is the service caring?

Our findings

People said they were happy living at Gresham Residential Care Home and that the staff were caring. People said, "The staff are all very good; very helpful", "The staff and management are very kind and caring" and "The staff are kind and considerate". A relative had written to the registered manager and noted, 'We are so grateful to you all for the care that you have shown [our loved one]. We honestly believe that these were the happiest (and healthiest) years of their life'. During the inspection staff spoke with people, their friends and families and each other in a kind, respectful and compassionate way.

Care was centred on each person, their preferences and needs. The registered manager and staff knew people and their relatives well and had built positive relationships with them. People were involved in the planning and reviewing of their care and support. They told us care was provided in the way they had chosen. People's choices were reflected in the care plans. A relative commented, "Staff and management always involve residents in decisions about their care and needs".

Staff communicated effectively with people and each other. A handover was completed at the beginning of each shift to make sure staff were up to date with any changes in people's needs. The registered manager worked at the service each day and continuously monitored staff practice to ensure a positive and respectful approach was sustained. The staff team spoke about people with warmth, empathy, compassion and a genuine concern for their wellbeing. Throughout the inspection staff were attentive. The staff and management were friendly and chatted with people and their visitors. The registered manager told us, "This is their home. We [staff] are only here to ensure their safety and well-being is maintained to a high level at all times". Staff were observant. For example, a member of staff noticed one person's tea had gone cold whilst they had been joining in with the exercise class and made them a fresh cup.

People were encouraged to personalise their bedroom and many had personal effects, such as furniture, pictures, ornaments and photographs. The registered manager told us, "Adding their own personal touch ensures their room becomes a home from home". Staff knew people and their individual preferences well, including their life histories and spoke with them about people and things that were familiar and important to them.

Staff supported people to develop and maintain friendships and relationships. People and staff told us that visitors were welcome at any time and there were no restrictions. The visitors' book in the entrance hall confirmed there were a number of visitors every day and at different times. A relative had noted on a 'thank you' card, 'Whenever I come to visit it is always nice to have a warm welcome from you all and it helps to reassure me that [my loved one] is in safe hands'. A visitor told us, "The staff treat the visitors very well and have involved us in everything regarding [our loved one's] care. We always visit regularly to ensure we feel happy with the care being given. We are very happy with it".

People said their privacy and dignity was respected and promoted. Conversations about people's care and support were held in private and people's records were stored securely to protect confidentiality. A treatment room was used when community nurses visited people. Records were located promptly when we

asked to see them.

Staff respected people's personal space and were discreet when supporting people with their personal care. Most people were independent and told us they liked to get washed and dressed themselves. One person commented, "People can have a member of staff with them when showering or if they request privacy the staff leave and make sure they have a buzzer". Another person told us, "The staff are all lovely and helpful. I have never felt uncomfortable with a carer of the opposite sex". People could choose whether to spend time in communal areas or in their own rooms. When people chose to spend time in their bedroom staff respected their privacy. Staff regularly checked on people to see if they needed any support.

Is the service responsive?

Our findings

People told us they received care and support when they needed it and that staff were responsive to their needs. People knew how to raise a concern or a complaint and told us they felt comfortable to do so. People said, "I feel very happy that I could speak to the manager if I thought something was wrong" and "I feel very safe complaining to the management".

At the last inspection in September 2015 some of the care plans were not fully centred on the individual. Information in care plans had not been completed consistently and people's life histories were brief. We recommended the provider sought advice and guidance about writing care plans which centred on the individual.

At this inspection care plans were written with people and their families and reflected their preferences and choices. People were involved in the planning, management and reviewing of their care and support. When people were thinking of moving to Gresham Residential Care Home a pre-assessment was completed so the registered manager could check they could meet people's needs. From this information a care plan was developed to give staff the guidance they needed to look after the person in their preferred way.

Each person had a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. Relationships with people's families and friends were encouraged and supported. Keyworkers spoke with people and their relatives to find out information that was important to them, such as their likes, dislikes and any preferred routines. Important information about people's past life history had been completed in detail. Staff had completed training on record keeping and care plans had been recorded consistently. Care plans included information about people's health needs and risk assessments were in place and applicable for each person. When people's health care needs changed this was recorded in the care plan to make sure staff had the up to date guidance on how to provide the right care and support.

People were encouraged to maintain as much independence and choice as possible. People said they liked to do as much as possible for themselves and that staff gave them the support they needed, when they needed it. For example, one person told us proudly that they were still able to administer their own medicines and said, "The staff keep an eye on everything to make sure I take my medicines correctly". The registered manager told us, "We promote people's independence. We get them back on their feet. We had one person who lived with us for two years but they have now moved into supported living. They have regained their independence".

Some people were able to go out without support and the service provided electric mobility scooters which they used. Others only went out when they were supported by their friends and families. Some people told us they would like the opportunity to go out with the support of staff and said, "I'd like to get out more but I don't walk very well. I'm not allowed out on my own. If someone was available to walk with me, I would love to go out" and "I love sitting in the garden but I would love to go to the shops".

The registered manager showed us the results and analysis of a recent quality survey and had identified people would like to go out more frequently. They told us they had discussed this at the next resident's meeting to ask people where they would like to go. The provider had a minibus which had been 'off road' for a long while. People told us they were excited that the minibus was going to soon be back in action and said, "There is a mini-bus and it is being repaired and cleaned" and "I wish we could use the mini-bus and go out more. I would love to go to the garden centre, the winter gardens, or just out for a drive around the countryside". Staff told us there were trips already planned, such as to the local spitfire museum, Christmas shopping, The Romney, Hythe & Dymchurch Railway and the local ice cream parlour.

A monthly newsletter included photographs of people enjoying different activities. Birthdays were celebrated and regular exercise classes were well attended. An exercise class took place during the inspection and people told us they enjoyed taking part. A relative commented, "The staff go out of their way to make it nice at times like Christmas and birthdays". A hair dressing salon was situated in the service and a hairdresser visited regularly. People told us they enjoyed 'being pampered' and one person said, "It's lovely to have your hair done and chat with someone from 'outside'! It makes such a change to have a different conversation and to see a different face!" People and relatives told us they had spent plenty of time in the garden during the summer months. The garden was well kept and people had helped plant in the raised beds and with the hanging baskets. Barbecues for people and their relatives were held in the nicer weather.

During the inspection staff were putting up balloons and getting organised for their 'Big Get Together' coffee morning the following week which was being held in aid of the local hospice. Staff told us that people's relatives had been invited and they expected 'a good turnout'. On the afternoon of the inspection one of the lounge areas was converted into a cinema with a large screen and people were offered a choice of films to watch. During the film people enjoyed choc-ices and looked very happy.

People and their relatives were encouraged to feedback to the registered manager and share their experiences. Monthly resident's meetings were held and quarterly surveys were sent to people and their relatives to complete. When needed actions were taken to improve the service. There were feedback forms in the entrance hall for people, visitors and health professionals to fill in.

People and their relatives told us they had no complaints about the service or the staff. They felt confident they would be listened to and that action would be taken if they raised a concern. People said, "If I'm not happy I talk to [the registered manager] and they will sort it out quickly" and "I would not hesitate to speak to the staff if I wanted to complain. I have nothing to complain about though". A relative commented that they felt "Very safe and comfortable about complaining" if they needed to and felt they did not need to worry about any repercussions. The complaints process was displayed in the entrance hall. When people moved into the service they were given a 'service user guide' which explained the complaints procedure. The registered manager told us there had been no complaints in the last 12 months and that people were regularly asked if they had any worries so they could be dealt with as early as possible.

Is the service well-led?

Our findings

People, their relatives, staff and health professionals felt the service was well-led. People knew the staff team and management by name and said they could rely on staff to support them. There was a clear and open dialogue between people, staff and the management team. A relative told us, "The management and staff are very good".

At the last inspection in September 2015 quality assurance checks had not been consistently completed. Care plans had not always been updated to reflect changes in people's needs. At this inspection quality assurance checks were being completed consistently. Care plans had been updated to ensure staff had up to date guidance on how to provide the right care and support. When advice had been received from health professionals this had been recorded and was followed by staff. The breach in regulation had been met.

The registered manager told us, "We have created an open environment and encourage residents and relatives to discuss and problems they might have or recommend changes". They said this was achieved through one to one discussions with people, group discussions at residents meetings and quarterly quality questionnaires. The results of quality surveys were analysed to check if any action was needed. The results from the most recent surveys were very positive about the environment, meals, the care people received and the professionalism of the staff. When a shortfall had been identified action had been taken to address it.

People told us the residents meeting were held regularly. People said, "I feel very happy complaining or asking for things. The meetings are good; whatever we ask for, the manager tries their best to get it", "We have a very open, good, communicative relationship with staff and management and are happy to ask for things we need or want" and, "The management are always around and are very approachable".

Staff told us they worked well together as a team and that they felt valued by their colleagues and the management team. Regular staff meetings were held to give staff the opportunity to discuss the service and voice their opinions. Minutes of the meetings included any actions that were needed and were shared with staff who were unable to attend the meetings.

Staff understood what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

People were supported to maintain their links with the local community. Some people went out on their own and others were taken out by relatives. The registered manager had recognised an area for improvement was that more people would like the opportunity to go out with the support of staff and was taking action to address this.

Regular quality checks and audits were carried out on key things, such as, laundry, health and safety,

infection control and the environment. These were recorded and action was taken to address any shortfalls. A care plan audit was completed to check that care plans were updated as needed. Action was taken with the person's keyworker if a shortfall was identified.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was in the entrance hall. The provider displayed the CQC rating on their website in line with guidance.