

Mrs I M Kenny

Castle Grove Nursing Home

Inspection report

Castle Street
Bampton
Tiverton
Devon
EX16 9NS

Date of inspection visit:
19 January 2018

Date of publication:
08 February 2018

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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 19 January 2018. The inspection was unannounced which meant that the staff and provider did not know that we would be visiting.

At our last inspection of this service in October 2015, we awarded an overall rating of Good.

At this inspection we found the service remained good.

Castle Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Castle Grove Nursing home is a grade two listed Georgian building situated within its own extensive grounds that contain a range of fruit trees, well tended lawns, a fish pond, a fountain and free range chickens. The service is registered to provide care and accommodation for up to 26 people. They provide care and support for frail older people and some living with dementia. There were 22 people living at the service when we visited. Two of these people were staying at the service for a period of respite.

There was an experienced registered manager who had worked at the service for 23 years. A registered manager is a person who has registered with 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.

Why the service is rated Good:

People told us they felt safe at the home and with the staff who supported them; one person said "They make sure I am safe all of the time." There were systems in place to keep people safe. Staff were aware of safeguarding processes and how to raise concerns if they felt people were at risk of abuse or poor practice.

Medicines were safely managed and procedures were in place to ensure people received their medicines as prescribed.

People were supported by staff who had the required recruitment checks in place. Staff received an induction and had received training and developed skills and knowledge to meet people's needs. Staff were supported; they had an annual appraisal with an external company and regular supervisions with their line managers.

There were adequate staffing levels to meet people's needs.

People received person centred care. Staff knew people well, understood their needs and cared for them as individuals. They were familiar with people's history and backgrounds and supported them fairly and

without bias. People were relaxed and comfortable with staff that supported them. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with the person's wishes.

Care plans were personalised and guided staff how to meet people's needs. We discussed with the registered manager adding further information to guide staff how to manage some people's mental health needs.

People were referred promptly to health care services when required and received on-going healthcare support. The healthcare professional was very positive about the quality of care provided at the home and the commitment of the whole team to provide a good service.

People's views and suggestions were taken into account to improve the service. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them. One health care professional said, "The staff's knowledge of the residents I see is excellent, they always inform me of anything that has changed if appropriate."

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the registered manager. There had been no complaints received at the service since our last inspection. The registered manager was very active within the service and was well informed about people's changing needs and any concerns arising.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware about how to make applications for people they had assessed that required to be deprived of their liberty to the local authority DoLS team if required.

People were supported to follow their interests and take part in social activities. A new activity person was working with people to provide activities people would enjoy which they could attend as they chose.

People were supported to eat and drink enough and maintain a balanced diet. People and relatives were very positive about the food at the service.

The provider had a range of quality monitoring systems in place which were used to continually review and improve the service.

The premises were well managed to keep people safe. The home was clean and very homely with a welcoming atmosphere. Arrangements were in place to ensure the environment was kept clean and safe with audits being completed on all aspects of the building and equipment. There were emergency plans in place to protect people in the event of a fire or emergency.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Castle Grove Nursing 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 was 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 19 January 2018 and was unannounced. The inspection team comprised an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had experience of working with and supporting older people and people living with dementia.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required by law to send us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give us some key information about the service, what the service does well and improvements they plan to make.

We met most of the people who lived at the service and received feedback from eight people who were able to tell us about their experiences. We also spoke with four visitors to ask for their views about the service.

We spoke with nine staff including the registered manager, office manager, a registered nurse, care staff, the activity person, the maintenance person and housekeeping staff.

We reviewed information about people's care and how the service was managed. These included three people's care records and five people's medicine records, along with other records relating to the management of the service. These included staff training, support and employment records, quality assurance audits, minutes of meetings and findings from questionnaires that the provider had sent to people. We observed the lunchtime meal experience for people in the main dining room and the conservatory. We contacted six health and social care professionals and the vicar who visits the service to obtain their views of the service provided to people. We received feedback from four of them.

Is the service safe?

Our findings

People felt safe living at the home. People and visitors were happy the service was safe. Comments included when asked, "I feel safe and sound here", "I particularly like the way they come and check on me at night" and "They make sure I am safe all of the time ...they look after me wonderfully here." A person who used a wheelchair confirmed staff transferred them in a manner that made them feel safe. They said, "Yes they always have two of the staff to lift me into the chair ...no complaints at all." A health care professional said, "I do feel that people are kept safe here and that care is taken to ensure each person has the attention they need."

Staff had the knowledge and confidence to identify safeguarding concerns and were confident the registered manager would take action if they raised a concern. The provider has ensured staff had undertaken safeguarding training and had appropriate policies and procedures in place. The registered manager was aware of their responsibilities regarding safeguarding. Where there had been a concern they had informed the local authority safeguarding team and notified the care Quality Commission (CQC) as required. Staff also knew their responsibilities for reporting accidents, incidents or concerns. The registered manager had a system to monitor accidents at the service and reviewed all accidents.

Medicines were managed and administered safely. People said they were happy with the way their medicines were managed. Comments included, "I get my medication every day at this time, they (the staff) know how much water I like to drink with my tablets" and "I can have tablets for my pain if I need them they always ask." Some people were able to self-administer their medicines with the support from staff. After the inspection the pharmacist supplying medicines to the service undertook a review and raised no concerns.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Our observations and discussions with people and visitors showed there were sufficient numbers of staff on duty to keep people safe. One person said, "There is plenty of staff here around the clock." The registered manager confirmed they had a full team of staff with no staff vacancies at the service.

The service followed safe recruitment practices. Staff files included application forms, records of employment history and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People were protected because risks for each person were identified and managed. Care records contained risk assessments for mobility, falls, nutrition and skin integrity. Where staff identified concerns in relation to people's skin integrity, pressure relieving equipment had been put into place. Where people had been identified at risk of weight loss action had been taken. Their GP had been informed and where appropriate, foods were fortified with additional calories for example, butter and cream.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There were personal emergency evacuation plans (PEEPs) in place to

keep people safe in an emergency and staff understood these and knew where to access the information. A folder was in place with clear guideline for staff to know what to do in the event of a maintenance issue. For example, a power cut or a water leak. Legionella precautions were in place, housekeeping staff cleaned shower traps; shower heads and flushed unused taps.

Fire checks and drills were carried out and regular testing of fire and electrical equipment. Each year the local retained fire crew visit the service to familiarise themselves with the home and any changes. All staff complete fire evacuation training and are trained to get people out of the lift if the lift fails. External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment. Staff were recording repairs and faulty equipment on a white board which the maintenance person transferred into a diary. One staff member said, "We will put it on the board for (maintenance person) and it will be done."

The home was very bright, homely and clean throughout without any odours present. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. Staff had access to hand washing facilities and used gloves and aprons appropriately. The laundry was well managed. Soiled laundry was laundered separately at high temperatures in accordance with the Department of Health guidance.

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. The mandatory training staff completed included, first aid, fire safety, lift evacuation, manual handling, food hygiene, safeguarding vulnerable adults and The Mental Capacity Act (MCA). People said they were happy the staff had the required skills. Comments included, "The girls seem to know what they are doing...they are well trained". Another person told us "everything is wonderful here."

Staff underwent an induction which gave them the skills to carry out their roles and responsibilities effectively. New staff completed shadow shifts working alongside experienced staff as part of their induction to familiarise themselves with the home's routines and people's needs. New care workers who had no care qualifications were supported by the registered manager to complete the 'Care Certificate' programme which had been introduced in April 2015 as national training in best practice.

People were supported by staff who had regular supervisions/appraisals (one to one meetings). The appraisals were carried out by an external company and the supervisions were carried out by the management team. Staff told us supervisions enabled them to discuss training needs and any concerns they had.

Checks were made to ensure nurses working at the home were registered with the Nursing and Midwifery Council (NMC) and able to practice. The NMC is the regulator for nursing and midwifery professions in the UK. They maintain a register of all nurses eligible to practise within the UK. Nurses were supported to undertake training to support them to perform their roles. Training they had undertaken included, verification of death and syringe driver training (a small infusion pump used to administer medicines under the skin often to keep people comfortable at the end of life).

The 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions, the registered manager and staff followed the principles of the MCA. Best interest decisions had been made involving relatives, staff and other health and social care professionals as appropriate. Staff were able to tell us about the role of an advocate and were clear if someone did not have family or friends to support them how to access that service.

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 authorisation procedures for this in care homes and hospitals are called the 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. We found no applications had been made. However, people who lacked

mental capacity to make particular decisions were protected by specific best interest decision meetings

The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS and was aware of how to make an application if they needed to restrict a person's liberties. Staff had received training on the MCA and they demonstrated an understanding of people's right to make their own decisions.

Dietary requirements for health or culture were provided for. The cook was trained to provide these and specialist diets when required. The staff were all aware of people's dietary needs and preferences. Staff said they had all the information they needed and were aware of people's individual needs. People's needs and preferences were recorded in their care plans. There was a main meal choice each lunch time with alternatives available if people chose. A staff member asked people their teatime choice. They said "The residents can have anything they like when they want it."

People were very happy with the food provided at the service. Comments included, "The food is excellent... plenty of it", "The food is really good", "The food and choice is second to none" and "the food is good and the choice is good." We observed a lunchtime meal in the dining room and orangery. The tables had been laid with table cloths, a range of cutlery, cruet sets and fresh flowers, along with napkins and wine glasses. Before lunch people were offered a glass of sherry. People were seen enjoying their meals and socialising with others. Where people required assistance this was given discreetly. The staff member did not rush and interacted with the person having a meaningful conversation. People were offered a choice of drinks which included a range of fruit juices, alcoholic drinks or water. Refreshments were also available throughout the day.

People had access to health and social care professionals. People and records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's comments included, "You can always see the doctor if you need to...the surgery is just across there (pointing across the gardens)" and "Nothing is too much trouble for the doctor." A visitor said "They (the staff) called the doctor straight away when my (relative) was poorly...great service."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. The provider had recorded in the provider information return (PIR), "Our GP visits the home on a weekly basis. We have good links with community nurses, tissue viability, hospice nurses, bladder and bowel services, Parkinson's nurse specialist, and other specialist nurses... We have regular visits from chiropodists, domiciliary dentists, opticians, and hairdresser." A health professional said, "The staff's' knowledge of the residents I see is excellent, they always inform me of anything that has changed if appropriate. Residents are always ready for me when I arrive and we have a very good system for requests for appointments, so no one is left waiting to see me."

Staff supported people to personalise their bedrooms with things that were meaningful for them, such as family photographs, items of furniture and pictures. The service was very homely and had a lift to access both floors. Where required, additional specialist lifts had been installed to enable people to access their rooms if there were steps leading to them. People had numerous communal areas they could use. These included a large lounge, a bright orangery and a dining room. The garden was very tranquil with free range hens walking around and a path that people could use to access the local village.

Is the service caring?

Our findings

People said they were supported by kind and caring staff who treated them with warmth and compassion. Comments included, "Care is outstanding, a family atmosphere, everyone is respectful, it is like a five star hotel", "I love it here", "We are incredibly lucky to live here. The staff, particularly the girls are lovely", "Nothing is too much trouble for the staff", "Staff are very good and very caring, I chose to live here" and "Never hear staff talk about people." This was echoed by health professionals who support people at the service. One commented, "The staff are lovely and genuinely care for each and every person I visit. They are very respectful and always refer to the person by their title, e.g., Mr or Mrs. Their dignity is always respected." Another commented, "Very caring and always try to maintain patient's dignity."

Staff were thoughtful, friendly and considerate towards people. People were seen positively interacting with staff, chatting and laughing. People said they were happy and settled at the home.

Staff treated people with dignity and respect when helping them with daily living tasks. Staff said they maintained people's privacy and dignity when assisting with intimate care. Staff used 'do not disturb' signs on bedroom doors when care was being delivered. One person said, "They always maintain your privacy, you can have your door shut and they always knock before coming in...sometimes it's nice to have some peace and quiet and be alone, your choice."

Staff treated people with kindness and compassion in everything they did. Throughout our visits staff were smiling and respectful in their manner. They greeted people with affection and by their preferred name and people responded positively. Staff involved people in their care and supported them to make daily choices. Staff were heard asking people for consent before undertaking tasks, for example, "Shall I do this?" and "Can I do this." They also offered people choices about whether they wanted refreshments, would like to go to the dining room for lunch or to go for a walk.

Family members and other visitors were welcomed into the home and could pop in any time. They could also arrange to have meals with their relatives. One visitor said, "We can visit anytime we want."

Is the service responsive?

Our findings

The service was responsive to people's needs because people's care and support was delivered in a way the person wished. Wherever possible an assessment of needs was completed prior to the person coming to the service. People and their families were included in the admission process to the home and were asked their views and how they wanted to be supported. This enabled staff to complete care plans about people's wishes.

Care plans were personalised and reflected people's needs. The care plans related to people's activities of daily living. These included communication, continence, mobility, nutrition and personal care needs. The plans identified people's needs and how the staff needed to support people to achieve them. For example, communication care plans guided staff how to support people with their communication needs. For example, to ensure they had their hearing aids in, reading glasses accessible, assistance to read any post and support for people in understanding information. We discussed with the registered manager adding further information to guide staff how to manage some people's mental health needs. They said this was something they had been aware of and had a new member of staff who would help put that in place.

People had specific named nurses to review their care plans and assessments. People and their families were involved in reviewing their care needs. One person said, "Every month we discuss my care needs; I can mention anything, they always listen. You can speak to the manager anytime," Another said, "I am involved. I can tell them what I want to do and when I want it done."

The provider offered palliative and end of life care. The registered manager worked with the acute hospital to support people at the home who required end of life care. The provider's information return (PIR) said, "We have an excellent reputation for the end of life care we are able to deliver and we are the preferred provider for end of life care for the palliative care discharge team at (acute hospital)." People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. Where necessary, people and staff were supported by palliative care specialists. The registered manager said, "If we are supporting a person at the end of life, I have a group of staff who can be called upon to sit with the person so they are not alone."

Nurses from the service visit the local hospice to keep up to date with good practice. The registered manager said, "We want our residents to have a dignified death, they with their families choose what they would like to wear and their wishes. When the undertaker collects a resident we like to send something that is personal to them." They gave examples which included a teddy bear, a favourite book and a packet of their favourite mints. The registered manager had written a checklist for relatives of people who have passed away of what they need to know and do.

A relative of a person who had passed away at the service was staying at the service. They said, "The staff are wonderful. My husband died here and the girls were wonderful, they helped me a lot" adding "They knew what to do and how to do it, they treated me as if I was someone special."

The local vicar said, "I was invited to lead a couple of staff training seminars to talk about grief, especially the effect of bereavement on the staff. We shared good practice and also enabled space to talk about how staff dealt with some of the effects." This demonstrated that the provider recognised the importance of staff knowledge and support needed.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. The provider had employed a new activity person to oversee activities at the home. One person had mentioned to them they liked knitting. This had been arranged. They were seen knitting throughout our visit. During our visit people enjoyed a Pilates' session. The session was very interactive and light hearted with everyone appearing to have a good time with lots of laughter. People's comments after the session included, "This has been great", "I have really enjoyed this", "excellent" and "amazing isn't it." The new activity person said they planned to record the activities people had been involved in and when they refused, so it was clear nobody was being socially isolated. The provider still had a wheelchair accessible vehicle that people could use.

The provider had developed strong links with the local church. A communion service was held at the home every two weeks which local parishioners could join. The vicar said, "Guidance is asked of me as to how to help residents in their faith if they have asked for it. We might then suggest a visit by church members, attendance at the regular Holy Communion service held in the Orangery, and /or a particular visit by me, the vicar."

The provider remains registered with the 'Cinnamon Trust' which is a national charity with a register of pet friendly care homes happy to accept people with pets. One person at the service had brought in their dog. Another had brought in their cat. There was also a house cat and a budgie who had found a home with a person. One person said "I chose to come and live here as I could bring my dog with me...the staff take it for walks in the morning and I play ball with my dog later in the day." Where a pet was living at the home a notice 'Dog living here' had been placed on the door to make people aware. To ensure the pets were well cared for a plan of care had also been put into place to ensure they were fed, walked and cleaned up after.

People were positive about the activities provided at the service. Comments included, "Plenty to do here", "I am never bored here, I like the TV in the afternoons" and "we go out on trips sometimes". A visitor said "there always seems to be something going on here." The activity person said, "In the afternoon we always have a film on in the main lounge at this time, I do personal nail care." They went on to explain "that at important times of the year (Christmas, bonfire night) we arrange special events...also outside organisations visit the home to arrange activities for example the local donkey sanctuary." The PIR said, "We celebrate our service users' special occasions...where the service user is able to choose their favourite meal for lunch, and we have birthday teas where personalised birthday cakes are made by a local baker. We host an annual 'black tie' Christmas party for service users and their guests. We have very close links with the community and the Church fete is held in our grounds."

There had been no complaints at the service since our last inspection. People were confident if they raised a concern with the registered manager they would take action. One person said, "You can raise concerns at any time, the office door is always open." Another said, "no complaints at all."

The registered manager was very active within the service and dealt with any grumbles promptly. The provider had a complaints procedure which guided people to the relevant organisations. The registered manager was aware of the provider's complaints policy and the actions they would need to take if they received a complaint.

Is the service well-led?

Our findings

The culture of the home was open, person centred and inclusive. Staff were all very positive about working at the home and said they worked well together as a team and there was good communication. Health care professionals also praised the service offered. Their comments included, "All the residents' are very well cared for and the staff are always very quick to respond to buzzers and requests from everyone, when I have been there. Everything about it from cleanliness, politeness, dignity but mainly the true human kindness shown by the staff to the residents'.

The culture at the service demonstrated the provider's mission statement, "To provide scope for independence in a mutually supportive environment and to deliver quality care by appreciating and responding to the changing needs of our clients."

There was an experienced registered manager who had worked at the service for 23 years. A registered manager is a person who has registered with the Care Quality Commission 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 registered manager was a role model to staff and undertook nurse duties, working alongside the staff. Staff said the registered manager was very good and supportive and always available. People and visitors were positive about the management team. Comments included, "This home has an excellent reputation locally. You can go to the office any time and raise concerns, they always listen to you" and "I have been known to email the manager." Health professionals were complimentary about the leadership at the service, when asked, comments included, "Yes there is excellent leadership", "Yes, but just as importantly they (staff) will manage situations well, within their competencies, and refer when appropriate in a timely fashion" and "I think that Castle Grove is run very well. It is very well organised but also has a caring ethos for both staff and residents and their families, whatever their beliefs or needs. I have seen links made with the community that encourage contact and mixing and also impressive fund-raising events. I have found the team that manages, (The registered manager, office manager and owner) to be very approachable and easy to talk with about any matters that arise."

The provider works with the University of Plymouth and provides placements at the service for student nurses. The registered manager said this was beneficial to the students and to the staff. A recent student had been very positive about the value and support they had received at Castle Grove. They completed an evaluation giving the service 100%. They had also written, "How thankful I am to you all for welcoming me in and teaching me so much...every resident is extremely lucky to have all of you to support and care for them...you're all amazing and deserve multiple medals."

The provider was very visible at the service. People and visitors knew the provider and said they were very kind and approachable. One person commented, "The owner buys you an excellent Christmas present every year." The provider meets weekly with the registered manager and office manager to discuss the service, each person and any changes and business issues. They also undertake staff supervisions and complete three monthly probation meeting with new staff and sign them off. Staff said they were well supported. One

staff member commented, "The senior management are very supportive to all the team."

Everyone had a clear understanding of their responsibilities and referred people appropriately to outside healthcare professionals when required. The staff knew each person's needs and were knowledgeable about their families and health professionals involved in their care. Any concerns staff had regarding people's presentation were quickly communicated to the nurse in charge.

There were accident and incident reporting systems in place at the service. The registered manager monitored and acted appropriately regarding untoward incidents. They checked the necessary action had been taken following each incident and looked to see if there were any patterns in regards to location or types of incident. Where they identified any concerns they took action to find ways to avoid further incidents.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included medicine audits which were carried out monthly and actions taken if concerns were identified. First aid boxes were checked monthly to ensure they contained the required equipment and were restocked as necessary. The registered manager was reviewing all of the provider's policies to ensure they were up to date and reflected current practice. These were then reviewed by the provider and then shared with staff.

The service encouraged open communication with people who used the service and those that matter to them. There were regular opportunities for people and relatives to share their views. Residents meetings were held at least yearly but most people preferred to speak on a one to one basis with the management team. The registered manager had an open door policy so people and families could speak with them at any time. People's and visitors' comments confirmed this, they said, "You can raise anything. At the moment the owner is away but you can go to the office, there is always someone around to talk too", "You can make suggestions at any time" and "The office door is always open. You can go into the office at any time."

The provider conducted an annual survey of people, visitors and health professionals. The responses from the last survey had been very positive. Comments from the last survey included, "I enjoy the company, I am happy here" and warm staff, choice of activities, homely feel and understanding of needs.

Staff were actively involved in developing the service. A staff liaison group met every six months, so the provider and registered manager could gather the views of staff. Staff had a handover meeting at the changeover of each shift where key information about each person's care was shared and any issues brought forward.

The provider had been revalidated with Investors in People. To achieve the accreditation standards the provider had to demonstrate good leadership at the service, ways of supporting staff, making it a good place to work and sustaining improvement. The registered manager ensured they keep up to date with regulations and best practice. In the provider information return (PIR) they stated, "The manager attends regular conferences; we have excellent (working relationships) with other professionals and work in partnership with these professionals to deliver the very best care to our service users. We are part of the (name of organisation) scheme to ensure we always work in line with current employment practices."

The provider was meeting their legal obligations such as submitting statutory notifications when certain events occurred, such as a death or injury to a person. They notified the CQC as required and provided additional information promptly when requested. The provider had displayed the previous CQC inspection rating in the main entrance of the home and on the provider's website.

