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Fitzroy Lodge

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Fitzroy Lodge on 8 May 2018. Fitzroy Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fitzroy Lodge is registered to provide care for up to 24 people, with a range of health conditions and some who were living with dementia. On the day of our inspection there were 18 people living at the service, who required varying levels of support. We previously inspected Fitzroy Lodge on 4 and 5 July 2017 and found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and further areas of improvement were required. We asked the provider to take action to make improvements and these actions have been completed.

Risks associated with people's care, the environment and equipment had been identified and managed. A planned schedule of maintenance, improvement and additional work was carried out as necessary. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People's care was enhanced by adaptations made to the service. People were cared for in a clean and hygienic environment and appropriate procedures for infection control were in place.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. Notifiable events and actions had been reported to the CQC in a timely manner.

People chose how to spend their day and they took part in activities. They enjoyed the activities, which included, bingo, arts and crafts, trips into town and themed events, such as karaoke, massage therapy and visits from external entertainers. However, feedback from people was not routinely positive in relation to the activities on offer. We have made recommendations about the provider seeking guidance in relation to the provision of meaningful and person centered activities, and about systems being implemented to comply with the Accessible Information Standards (AIS).

A registered manager was in post. 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 and associated Regulations about how the service is run.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff had received essential

training and there were opportunities for additional training specific to the needs of the service, such as the treatment of specific infections and palliative care (end of life).

Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. Staff had received supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People's end of life care was discussed and planned and their wishes had been respected.

There were visits from local churches, so that people could observe their faith and people were also encouraged to stay in touch with their families and receive visitors.

People were encouraged to express their views and said they felt listened to and any concerns or issues they raised were addressed. Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where the registered manager was always available to discuss suggestions and address problems or concerns.

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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely. The service was clean and infection control protocols were followed.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The service had arrangements in place to meet people's social and recreational needs. However, activities were not routinely organised in line with people's personal preferences. Feedback

from people indicated that this need was not being addressed.

Comments and compliments were monitored and complaints acted upon in a timely manner. Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including on the best way to communicate with people.

People's end of life care was discussed and planned and their wishes had been respected.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the service. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided. Staff had a good understanding of equality, diversity and human rights.

Systems were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Fitzroy Lodge

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 8 May 2018 and was unannounced. The inspection team consisted of one 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 provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining area of the service. Some people could not communicate with us because of their condition, and others did not wish to talk with us, however, we spoke with seven people, three care staff, the provider, the chef and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors, in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, training records and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At the last inspection on 4 and 5 July 2017, the provider was in breach of Regulations 15 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks associated with the safety of the environment and equipment were not identified and managed appropriately, parts of the service were unclean and poorly maintained, emergency evacuation procedures were not in place for people, accidents and incidents were not analysed to prevent reoccurrence, and procedures to safeguard people from abuse had not been followed. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made, and the provider is now meeting the legal requirements.

At the last inspection, we identified many areas of concern in relation to the cleanliness and safety of the environment. For example, some bathroom facilities were not clean or maintained and therefore could not be used. Some fire doors had been identified as requiring replacement, and further identified areas of improvement in relation to fire safety had not been met. Improvements had been made and routine and reactive maintenance to the service had taken place. Fire doors that required replacement had been fitted and an ongoing plan of improvement works had been developed and was being implemented by an external contractor. Additionally, further fire safety requirements, such as the installation of smoke detectors had been rectified. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. People were cared for in a clean, hygienic environment. We viewed people's rooms, communal areas, bathrooms and toilets. The service and its equipment were clean and well maintained. We saw that the service had an infection control policy and other related policies in place. Staff told us that Protective Personal Equipment (PPE) such as aprons and gloves was readily available. We observed that staff used PPE appropriately during our inspection and that it was available for staff to use throughout the service. Hand sanitisers and hand-washing facilities were available, and information was displayed around the service that encouraged hand washing and the correct technique to be used. Additional relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. The registered manager told us that infection control training was mandatory for staff, and records we saw supported this. The service had policies, procedures and systems in place for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

At the last inspection, appropriate emergency evacuation procedures were not in place for people. Improvements had been made and people's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan (PEEP).

At the last inspection we saw that procedures to safeguard people from abuse had not been followed. Improvements had been made, and records confirmed all staff had received safeguarding training as part of their essential training and this had been refreshed regularly. There were a number of policies to ensure staff

had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people. The registered manager gave us examples of when they had liaised appropriately with the local authority in respect to safeguarding.

At the last inspection we saw that safety incidents were not always analysed and responded to effectively. Improvements had been made and staff took appropriate action following accidents and incidents to ensure people's safety. We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "Everything seems alright on that front [safety]". Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff were rarely used. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One member of staff told us, "We always get cover. Staff are very flexible and we have enough". Another member of staff said, "We're quite lucky with staffing". Documentation in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff supporting people to mobilise around the service.

We looked at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered correctly and medicines which were out of date or no longer needed were disposed of safely. One person said, "I do have tablets for various things, but I like the fact I don't have to worry, because they take care of it all as far as I'm concerned".

Good

Is the service effective?

Our findings

At the last inspection on 4 and 5 July 2017, we identified areas of practice that required improvement. This was because some of the conditions placed on people's decisions to deprive them of their liberty were not being followed. Furthermore, the décor of the home did not always support people with dementia to orientate themselves. We saw that improvements had been made.

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 take 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been sent to the local authority. Staff understood when an application should be made and the process of submitting one. Care plans reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information. The sensors identified at the previous inspection as being broken had been fixed, and records and conversations with the registered manager confirmed that any conditions placed on people's DoLS were being complied with.

At the previous inspection, the décor of the home did not always support people with dementia to orientate themselves. We saw that improvements had been made. Signage was used to orientate people around the service and the design and people's doors showed pictures and details of what they were interested in. The adaptation of the premises assisted people to receive effective care, and there were adapted bathrooms and toilets with hand rails to support people.

People told us they received effective care and their individual needs were met. One person told us, "[Staff] are pretty good all in all, they do the job as you'd expect". Assessment of people's care and support needs were undertaken by staff before people began using the service. This meant that staff could be certain that their needs could be met. The pre-admission assessment were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews.

People had an initial nutritional assessment completed on admission, and their dietary needs and

preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available. We observed lunch. It was relaxed and people were supported to move to the dining areas or could choose to eat in their bedroom. People ate at their own pace and came and went as they pleased. Staff were checking that people liked their food and offered alternatives if they wished. People were complimentary about the meals served. One person told us, "The food's pretty good actually and there's a fair bit of choice". Another person said, "You can have a bacon sandwich if you want", and then another person laughed and said, "Or even just a cucumber sandwich if you fancy it". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request. People's weight was regularly monitored, with their permission and staff stated that any specific diet would be accommodated, should it be required.

Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as opticians if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. Staff told us that they knew people well and were able to recognise any changes in peoples' behaviour or condition if they were unwell to ensure they received appropriate support. Staff ensured when people were referred for treatment they were aware of what the treatment was and the possible outcomes, so that they were involved in deciding the best course of action for them. We saw that if people needed to visit a health professional, for example at hospital, then a member of staff would support them.

Staff had received training in looking after people, including safeguarding, food hygiene, health and safety, equality and diversity. They also received training specific to peoples' needs, such as caring for people living with dementia and palliative care (end of life). Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, and were kept up to date with best practice guidelines. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. Feedback from staff and the registered manager confirmed that formal systems of staff development, including one to one supervision meetings and annual appraisals, were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have.

Staff had a good understanding of equality and diversity, which was reinforced through training. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected. A member of staff told us, "I have no concerns around discrimination in this home".

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I like to have my breakfast in the dining room, but if I wanted it in my room or the lounge, I could". Throughout the day, staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people. One person told us, "They are very attentive and if I need to tell them to hang on, I do". A member of staff added, "The residents are happy, we really get to know them. We have time to sit with them and get to know them. I know their families too".

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way. Staff told us how they adapted their approach to sharing information with people with communication difficulties. Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Staff demonstrated a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. We also spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and drink. One member of staff told us, "I get to know people well. I get time to sit with them and give them care. I want them to feel safe".

Staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day. One person told us, "Yes it's up to me when I choose to have a shower". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "I offer daily choices to people around what they want to eat or wear". Another added, "We always give people choices, I think to myself what would they be doing now if they were at home?"

Staff supported people and encouraged them, where they were able, to be as independent as possible. We saw examples of people being encouraged to be independent. For example, through building one person's confidence, staff were able to encourage and assist this person to eat independently, despite having a sensory impairment. Care staff informed us that they always prompted people to carry out personal care

tasks for themselves, such as brushing their teeth and hair. One member of staff said, "We encourage people to see what their ability is like and support them. They feel better for doing it themselves". Another member of staff said, "We encourage people to do things for themselves and get involved in the daily activity of the home".

People looked comfortable and they were supported to maintain their personal and physical appearance. It was clear that people dressed in their own chosen style. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One member of staff told us, "If I was receiving personal care, I'd want privacy too, so that's what we do". Staff encouraged people to maintain relationships with their friends and families and visitors were able to come to the service at any reasonable time, and could stay as long as they wished. One member of staff said, "Visitors can come and go when they please and stay as long as they like".

Requires Improvement

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns.

We saw a varied range of activities on offer which included, bingo, arts and crafts, trips into town and themed events, such as karaoke, massage therapy and visits from external entertainers and churches, so that people could observe their faith. However, people we spoke with did not comment positively about the activities on offer. One person told us, "There's not much to do, I just go with whatever pops up when they do something". Another person said, "That's the thing here, we don't get out and about". A further person added, "They do have some entertainment, but it's not often enough really". It was clear that a formal activities programme had been developed and implemented, and we saw evidence to support this. Staff told us that people enjoyed the activities on offer. One member of staff told us, "People enjoy the activities that go on, and we have trips to the beach or town. We go to restaurants like KFC and Harvester". However, we have identified this as an area of practice that needs improvement, to ensure that all people can enjoy activities that are meaningful and inclusive to them.

We recommend that the provider obtains information, in respect to developing the activities programme further to be more inclusive and person centred for people, from a reputable source, such as the Social Care Institute for Excellence (SCIE).

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Nobody at the service who received funding had specific communication needs. However, staff ensured that the communication needs of others who required it were assessed and met. We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these. However, staff were not aware of the AIS and no policy, procedures or training around this had been implemented.

We recommend that the provider obtains information, sources training and implements policies and procedure in relation to compliance with the AIS.

People's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. For example, one member of staff made it known to us that one person spoke Swahili, as they had spent time living in Kenya. The member of staff spoke a word of Swahili to them and the person clearly enjoyed reminiscing about this happy time in their life. Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to

meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine, with clear guidance for staff on how best to support that individual. We saw that people were given the opportunity observe their faith and any religious or cultural requirements should they wish to.

Peoples' end of life care was discussed and planned and their wishes had been respected if they had preferred not to discuss this. People were able to remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, with regard to their care at the end of their life, had been respected. Anticipatory medicines had been prescribed and were stored at the service should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "Yes, I can speak to [member of staff] if I'm bothered about anything and the manageress is nice too. I'd speak up for others here too". The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. Technology was also used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time.

Good

Is the service well-led?

Our findings

At the last inspection on 4 and 5 July 2017, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because there were not appropriate systems in place to assess, monitor and improve the quality of service, and records were not always complete and accurate. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made, and the provider is now meeting the legal requirements.

At the last inspection the provider's systems of quality monitoring and improvement were not robust and had not identified or prevented the concerns that we saw. We saw that improvements had been made. The provider undertook quality assurance audits to ensure a good level of quality was maintained. The registered manager told us that regular audits for health and safety, accidents and incidents, care planning and medication took place. Documentation we saw supported this, and the results of these audits were analysed in order to determine trends and introduce preventative measures. Up to date sector specific information was also made available for staff including details of managing specific infectious conditions. We saw that the service also liaised regularly with the Local Authority, in order to share information and learning around local issues and best practice in care delivery.

At the last inspection record keeping for documentation such as monitoring people's fluid intake were not accurate and contained omissions. We saw that improvements had been made and documentation we saw, which included the monitoring of people's fluid intake, was accurate. The registered manger told us that the importance of accurate record keeping had been reiterated to staff. Staff supported this and one member of staff told us, "Documentation is always done and it is of a good standard. I feel comfortable with the amount of time I get to complete it"

At the last inspection the provider had not been sending required notifications to the CQC. Notifications are changes, events or incidents that the service must inform us about. At this inspection we saw that improvements had been made. Notifiable events and actions had been reported to the CQC in a timely manner.

People and staff spoke highly of the service and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "I'd recommend it, it's what you'd expect of a place like this". Another person said, "It's ok really, so I suppose I would recommend it". A member of staff added, "They [management] have made good improvements".

We discussed the culture and ethos of the service with people, the registered manager and staff. One person told us, "I like the ambience of the place". The registered manager said, "This is a homely environment, we are meeting people's needs, like a family". A member of staff said, "It is very friendly here, we are a small, family orientated home". A further member of staff added, "People definitely get good care. We don't force anything. I can't fault the care we give". In relation to staff, one person said, "They seem like a happy lot most

of the time". There was also a clear written set of values displayed in the service, so that staff and people would know what to expect from the care delivered.

Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management, including any issues in relation to equality, diversity and human rights. Management was visible within the service and the registered manager took an active approach. A member of staff told us, "[Registered manager] supports me. I can tell her all my problems and she listens and acts". Another member of staff said, "Management is good. [Registered manager] listens and is so understanding". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We all work well as a team". Another member of staff said, "We talk all the time about any concerns we have about the residents. We support each other and have each other's backs". This was echoed by registered manager who told us, "We have an excellent staff team, we support one another".

We saw that people and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service provided. For example, in light of feedback from one person, their room was scheduled to be redecorated in a style they wanted. They told us, "They had a chat with me about that and yes I feel included. It will make my room to feel homely and inviting, as it should be". Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistle-blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services. Staff had a good understanding of Equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.