Charing Lodge Limited

St Michael's Nursing 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

The inspection visit was carried out on 25 January 2016 and was unannounced.

St Michael's Nursing Home is a privately owned care home providing nursing care and support to up to 73 adults who have nursing needs and who may also be living with dementia. The care home is based in a residential area of Westgate-on-Sea, with car parking on site, and public transport links close by. The service is arranged over 2 floors of a detached building. On the day of the inspection there were 52 people living at the service.

There was a registered manager working at the service. 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.

There were risk assessments in place, including environmental risk assessments, to minimise risks and ensure that people remained safe. Systems were in place to make sure that the registered manager and staff learned from events such as accidents and incidents.

Health and safety audits of the environment and equipment were carried out regularly to make sure people were safe in the service. People each had a personal emergency evacuation plan, which detailed how they could be safely evacuated from the service in the event of an emergency.

All staff had completed safeguarding training and they knew what action to take in the event of any suspicion of abuse, and who to report to both internally or externally, such as the local authority safeguarding team. Staff knew about the whistle blowing policy, and were confident they could raise any concerns with the registered manager, who would take appropriate action.

People had their needs met by sufficient numbers of staff on duty. Staff were checked before they started to work at the service and regularly received training to ensure they had the skills and competencies to provide safe care. New staff received induction training and shadowed established staff before they started to work on their own. Staff met with the registered manager to discuss their role and practice, and had an annual appraisal to discuss their training and development needs.

Medicines were stored and administered safely. People had the support they needed to remain healthy and well. Staff responded to any changes in people's health needs; people and relatives told us that staff always called their doctor if they felt unwell. Nursing staff ensured that medicines were managed and administered safely.

People's care plans contained clear information about people's care needs. They were reviewed regularly and updated so that staff were aware of people's current needs. People or relatives had signed the plans to

confirm they had agreed with the care to be provided. Records about people's end of life care were not always completed fully and in some cases there was a lack of people's personal histories to ensure that staff would know what was important to them. Some plans lacked detail on how people preferred to receive their care and support. This was an area for improvement.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection the registered manager had applied for a DoLS authorisation 15 people who were at risk of having their liberty restricted. At the time of this inspection no one had an authorisation to restrict their liberty. When people were unable to make important decisions for themselves, relatives, doctors and other specialists who were involved in their care and treatment and decisions were made in people's best interest.

People and relatives told us the staff were kind, and respected their privacy and dignity. People were encouraged to be as independent as possible. Staff were attentive and the atmosphere in the service was calm, and people were comfortable in their surroundings. Staff encouraged and involved people in conversations as they went about their duties.

People told us that they enjoyed their meals. If people were not eating enough their food was monitored. If required a referral was made to a dietician or their doctor, and supplements were provided as necessary so that they maintained a healthy diet.

People were given individual support to carry out their preferred hobbies and interests, such as knitting, playing games, and doing exercises. Staff were familiar with people's likes and dislikes, such as how they liked their food and drinks and what activities they enjoyed.

The complaints procedure was on display to show people the process of how to complain. People, their relatives and staff felt confident that if they did make a complaint they would be listened to and action would be taken.

Audits carried out by the registered manager, and visits by the quality manager, helped to ensure people received a quality service. The action plan from the audits showed how the registered manager initiated improvements as the result of their findings. The service had systems in place for people to voice their opinions on the service and the care being provided.

The registered manager provided leadership to the staff and had oversight of all areas of the service. There was a culture of continuous improvement, so that people would feel increasingly well cared for. Staff were motivated and felt supported by the registered manager and senior staff.

The staff understood the vision and values of the service, such as person centred care, treating people with respect and maintaining their privacy and dignity. Staff told us the registered manager was approachable and they were confident they would not hesitate to raise any issues if they had any 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 knew the signs of abuse and had received training to ensure people were protected from harm.

Risks to people had been identified and action was taken to reduce the risks to keep people as safe as possible.

There were enough staff, who knew people well, to provide the support people needed at all times. Recruitment procedures ensured new members of staff received appropriate checks before they started work.

The good management of medicines ensured people received their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported to make decisions and staff offered people choices in all areas of their life.

Staff were trained and supported people by providing the care people needed.

People were supported to attend healthcare appointments and staff ensured that people's health care needs were fully met.

The service provided a variety of food and drinks so that people received a nutritious diet.

Is the service caring?

Good

The service was always caring.

People said the staff were kind, caring, polite and respectful.

People and their relatives were able to discuss any concerns regarding their care and support.

People and relatives said they were treated with dignity and respect.

People were supported to maintain their independence and to be fully involved in their care.

Is the service responsive?

Good

The service was responsive.

Assessments were completed and care plans were reviewed regularly to identify any changes in people's needs. Some plans lacked detail about end of life care, peoples life histories and how people preferred to have their care and support delivered.

A variety of activities were on offer, including events that family and friends were invited to.

People knew how to complain and there was a system in place to ensure any complaints were investigated and resolved.

Is the service well-led?

Good

The service was well-led.

Staff were motivated and led by the registered manager and senior staff.

Staff had clear roles and were responsible and accountable for their actions.

Checks on the quality of the service were regularly completed. People, their relatives and staff were asked about their experiences of the service.

Records were stored securely.

St Michael's 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 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.

The inspection took place on 25 January 2016 and was unannounced. It was carried out by three inspectors.

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 looked at previous inspection reports and notifications we had received. A notification is information about important events, which the provider is required to tell us about by law. We also looked at information received from health and social care professionals.

We looked around all areas of the service, and talked with14 people who lived at the service. Conversations took place with people in their own rooms and communal lounges. We observed the lunch time meals and observed how staff spoke and interacted with people.

We talked with 5 relatives who were visiting people; 2 nurses, 7 care staff and the chef. We also spoke with the registered manager and deputy manager of the service.

We contacted two health care professionals and one responded and their comments have been included in this report.

The previous inspection was carried out in January 2014. No concerns were identified at this inspection.

Good

Is the service safe?

Our findings

People felt safe living at the service.

Staff had been trained to recognise and respond to suspected abuse. Staff told us about the different types of abuse and knew about how to report any concerns. Staff knew about the whistle blowing procedure and said they would not hesitate to tell the manager or more senior managers about any concerns. Staff were confident that the manager would take the right action.

People told us that they felt safe. One person told us, "I fell out of bed when I lived at home, I feel safe here. I have a wooden guard on my bed to stop me falling out. I prefer this, it makes me feel safe."

There was a clear financial procedures in place and records were kept to monitor and protect people's finances where staff were supporting people to access their money.

Risks to people had been identified and assessed. Care plans contained detailed risk assessments to ensure staff had clear guidelines on how to provide people with safe and consistent care. The assessments covered what action and measures were required to keep people as safe as possible, including information on the safe use of bed rails. However, in some cases specific details and guidance was not in place to show what action staff should take if the risk occurred, for example if a catheter was not draining properly or had blocked. When people had been diagnosed as diabetic there was no information in their risk assessment to say what the normal range of their blood sugar was and what to do if their blood sugar was too high or too low. There were some small instructions written on peoples medicines administration records but these could have easily been missed by staff. Staff were able to tell us what they would do if these risks did occur and were very clear on the action they would take, so this did not directly impact on people.

Staff reported accidents and incidents to the registered manager, who was responsible for ensuring appropriate action had been taken to reduce the risk of incidents happening again.

Health and safety audits of the environment and equipment were carried out regularly to make sure people were safe in the home. Regular testing of the fire alarm system and fire drills ensured that staff knew what to do in an emergency situation. The service had a business continuity plan in place to deal with emergencies, such as fire, and each person had a personal emergency evacuation plan in their rooms, detailing what support they would need to be safely evacuated from the service.

People told us that there was enough staff to meet their needs. One person said "I am never kept waiting, staff are always around." Staffing was planned around people's needs, appointments and activities. If more staff were needed for activities, or if new people moved in there were more staff on duty. There was a chef, kitchen assistants, activities staff, administration staff and housekeepers on duty every day of the week so that care staff could concentrate on caring for people. Everyone we spoke with said that staff were around when they needed them. The manager and deputy manager were on call out of hours to give advice and support.

The manager talked to people, relatives and to staff about the staffing levels and kept them under review. Each shift was planned with staff allocated to different people and to different areas of the service. Each staff member knew what they would be doing that day and staff told us that they worked really well as a team. There were staff around, in all areas of the service so they were available when people needed them. Nobody had to wait and staff had time to sit and chat with people. Nurses were given a shift twice a month when they were not on duty. They used this time to observe and coach staff and to update care plans and other records. The manager told us "The nurses do not have enough time when they are shift to do this, so we give them extra time." Call bell points were fitted in each room and some people had portable call bells that they had with them. Everyone we spoke with, who had used their call bell, said that the staff came to help them quickly.

Staff were recruited safely to make sure they were suitable to work with people at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and telephone checks were also made to referees. Checks were carried out with the Disclosure and Barring Service, who carry out criminal background checks, before employing any new staff to check that they were of good character. Staff declared any health issues that may need to be supported and any gaps in their employment history were checked. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. The nursing staff were responsible for administering medicines and senior care staff had also received training so that if required they would be able to give people their medicine safely.

Medicines were stored appropriately in locked rooms and in medicine trolleys. All the medicines were in date. Medicines with a short shelf life, such as creams and liquids, were routinely dated on opening. This was to make sure that they were given before they became unsuitable to administer. The stock cupboards and medicines trolleys were clean and tidy, and were not overstocked. Room temperatures and fridge temperatures were checked daily to ensure medicines were stored at the correct temperatures to make sure they worked effectively. The records showed that medicines were administered as instructed by the person's doctor. Some people were given medicines on a 'when required basis' this was medicines for pain. There was written guidance for each person who needed 'when required medicines'.

The records showed that medicines were administered as instructed by the person's doctor but creams applied to people's skin had not been recorded on the sheets. There were separate records kept in people's rooms where this information was supposed to be recorded, these records had not been consistently completed by staff when they applied creams. This is an area for improvement. People and staff confirmed that people's creams were applied to their skin. People told us that the staff always put their cream on.

Medicine Administration Records (MAR) charts were clearly signed and dated, and reasons for non-administration was recorded. MAR charts had been clearly and accurately completed. There were suitable procedures in place for destroying medicines which were no longer required, and records were correctly and accurately maintained. Regular checks were carried out by the deputy manager on the medicines to make sure they were given safely and as prescribed by people's doctors, when shortfalls were identified prompt action was taken to prevent reoccurrence.

Good

Is the service effective?

Our findings

People and their relatives were happy with the care and support they received.

Everyone we spoke with made positive comments about the staff, including "Staff are all very good, very kind" and "We are well looked after here, we are spoiled, we are very lucky." Another person told us "Staff are really good if you are not well and need a doctor, they called a doctor for me as soon as they noticed I was not right."

New staff completed induction training, which included shadowing existing staff. The deputy manager organised training for staff and was introducing the new Care Certificate for new staff. The Care Certificate is a recognised qualification from the government backed training organisation called Skills for Care. Two new members of staff told us about their induction and said they had learned a lot.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included face to face training, mentoring, work books and tests, competency assessments and distance learning. The deputy manager tracked completed training and arranged further training for staff. The training matrix was clear and organised and showed which courses were completed and which courses were due for renewal. Staff completed work books or answered questions and took tests that required a pass mark. Some training was provided in house, including fire awareness, so that everyone could take part in a drill. The range of courses offered to staff included subjects related to peoples' needs including dementia awareness, catheter care and diabetes.

Staff spoke with knowledge about peoples' wide ranging needs and were knowledgeable about age related and health conditions. Most of the care staff had a recognised vocational qualification in care. Nurses were supervised and their nursing competencies regularly checked. The manager and deputy manager reviewed the effectiveness of the training by observing staff and talking to people about the staff. The manager gave feedback from their observations to staff at regular one to one meetings with them. Any changes needed to staff practice were discussed at these meetings and the managers supported and coached staff to provide good care. The one to one meetings were planned well in advance so that staff could prepare.

Each staff member had a yearly appraisal when their past performance and their ambitions for the next year were discussed and recorded. The regular one to one meetings with a line manager enabled the managers to track the progress towards the staff member's objectives.

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 decisions made on their behalf must be in their best interests and be 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. The application 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, however there was no one at the service who had a DoLS authorisation in place. The registered manager advised that they had applied for a DoLS authorisations for some people but the applications had not been processed at the time of the inspection.

Staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about their care or any other big decisions, then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

A health care professional commented: "The registered manager and staff are very aware of current legislation, including the Mental Capacity Act".

Some people had (DNAR) 'do not attempt cardiopulmonary resuscitation' forms in place, to make sure people's last wishes would be upheld, but they were not always reviewed, updated or completed properly to confirm the person was in agreement. The registered manager had identified this shortfall and was going to make sure all DNAR's that needed to be were reviewed with people their doctors and next of kin. This is an area for improvement.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People had access to GP's, consultants, specialist nurses, dieticians, physiotherapists and speech and language therapists. People had regular appointments with chiropodists, dentists and opticians.

Beds with air flow mattresses supported people to keep their skin healthy and special cushions were available for people to sit on. Some people had alternating pressure mattresses for pressure relief due to being assessed as at high risk of damage to their skin, and there was a system in place to check the settings daily to make sure they were correct for each person. People who had developed pressure sores had detailed wound care plans in place to monitor whether the wound was healing or deteriorating, and to reduce the risk of them developing further skin damage. People's pressure sores were improving and had healed with the treatment being provided by the staff.

Nutritional risk assessments were completed to make sure people were receiving the food they needed. People who had been assessed as not eating or drinking enough had charts in place to record what percentage of their meal they ate and the amount of fluid taken each time. This was used to provide information to health care professionals should the person require food supplements to boost their diet. When people had lost weight, appropriate action had been taken to inform health care professionals so that people would receive the advice and support they needed with regard to their ongoing dietary needs.

We observed lunch and saw all the food was freshly cooked and people were given choices off the menu. The meal served looked appetising and people told us they enjoyed it. People had varied dietary needs such as pureed diets which were being provided. People said: "The food is good". "There is always a choice and I enjoy the food". One relative commented: "My relative has a pureed diet, each item is pureed separately, and the chef is brilliant".

We spoke with the chef regarding the menus and choices available. They were able to tell us details of people's preferences and dietary requirements, such as providing meal supplements to ensure people

received the nourishment they needed. Likes and dislikes were also recorded.

Good

Is the service caring?

Our findings

People and relatives told us the staff were kind and caring.

Everyone we spoke with told us that the staff were kind and treated them with respect. People told us "I love it here; the staff are very nice to us." A visitor told us "It is lovely here, really nice. The staff are kind and very helpful, I have had no complaints." Another visitor told us "This is a fantastic place to be, I am so pleased with it. The staff are absolutely amazing and so caring."

People told us that their dignity was protected. One person said that staff helped them to have bath, they said "The staff are so careful to make sure I am comfortable and make sure I have privacy." Another person told us, "I can only speak for myself, but everything is good here. The staff are very respectful of my wishes. I like things done in a certain way and they do everything in the way I ask. I am able to do as much as possible for myself and staff support me."

The visiting hairdresser was making her weekly visit. People were enjoying having their hair done. People were gathered in the lounge with the hairdresser and there was lots of chatting, laughing and joking. People were really engaged in the conversations and said they thought they were very lucky to have their hair done each week. One person said "You feel so much better, don't you, when you have had your hair done." Another person said "I feel lucky to have my hair done each week, I feel so much better afterwards."

Staff joined in with the conversations and they knew about people's family and friends, asking people how they were and whether they had seen their friends. Staff were talking with people about Robbie Burns, as it was Burns night, and everyone was talking about Scotland, and whether they had been there. Everyone was included in the conversations.

One person had their hair done and was moving back to their chair supported by staff. Staff were speaking to the person in a kind and reassuring way, encouraging them to move safely to their chair saying "You look lovely, you are doing really well, well done, well done." Staff took time to make sure the person was comfortable. A person appeared slightly anxious, staff asked the person if they were alright and stroked their hand and offered them a cup to tea, the person smiled and appeared less anxious.

Staff were observed making sure people had what they needed, such as tissues or a footstall to rest their legs on. They asked people if they were warm enough or did they need a blanket for their legs and if they were happy watching the channel on the television.

Staff worked together well and supported and respected each other. We spoke to new staff members. They told us "It is really lovely working here. I feel supported; I feel that I mean something." Another staff member told us "This place is amazing, I love working here, it is brilliant, I am enjoying it."

Information was given to people in a meaningful way. Staff communicated well with people and changed the way they communicated to suit people's needs. The complaints procedure and other documents were

presented in an accessible way, supported by pictures and photographs to make them more meaningful to people. People were supported to be involved in their care and to have a say about their care and support. Advocacy support was available if and when people needed it. One person was using an advocacy service to support them to air their views.

There were end of life care plans in place however, they were not detailed enough to ensure that people's last wishes would be actioned and granted. At the time of the inspection no one was currently receiving this service. There had been missed opportunities to discuss peoples care and support at the end of their life so that their wishes could be captured and recorded before they actually reached this stage. This was an area for improvement. The registered manager told us that these would be discussed with each person and developed to ensure people had the opportunity to record their last wishes. The staff had recently received some training on end of life care and were aware that this was an area that needed to be developed.

Good

Is the service responsive?

Our findings

People told us that they received the care they needed and were involved in planning their care. Staff answered people's calls bells promptly and responded to people's wishes. One person said: "The staff come quickly when I need them". People told us that if they asked the nurses or carers for something they respond immediately. One person said, "My ears were bunged up and I couldn't hear, they immediately contacted the doctor and my ears were syringed the next day". Another person said, "A carer spotted a red area under my arm, it was immediately reported and checked out by the nurse on duty".

A health care professional commented: "I cannot speak too highly of the care provided to people at St Michaels Nursing Home. The feedback from friends and family is always positive".

Care needs assessments were carried out when people came to live at the service. There were pre admission assessments, detailing people's individual needs, preferences and social needs. Families had been involved in the assessment and had signed to confirm they had agreed with the information.

Each person had a care plan which was written to give staff the guidance and information they needed to look after the person. Parts of the care plans were personalised and staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events, however this detail was not always recorded fully in the care plans. The activities co-ordinator was in the process of talking to people about their past lives and compiling a personal portfolio for everyone. This included areas like, family life, work life, childhood memories and hobbies and interests. This information would give staff a 'picture' of the person as they were before they lived at the service and staff would know what was important to them.

Some people's preferences of how they received their personal care was recorded in detail and there was guidance for staff to make sure people received the care and support they needed. Other care plans did not contain the detail needed to make sure people received the personal care and support in the way they preferred and had chosen. People told us that staff did support them with their personal care in the way they wanted.

People's weights were recorded and any significant changes were reported to senior staff for action and referral to a health care professional. The care plans were very specific when people were being supported with their nutrition directly through their stomach, and there were clear guidelines of what staff needed to do to reduce the risk of infection, and ensure the tube was working correctly. When people needed care and support to make sure their skin remained as healthy as possible the care plans gave step by step guidance on what action staff had to take.

Some people needed their fluids monitoring to make sure they were drinking enough to remain hydrated. Care plans had been updated to reflect this. The care plans did not identify how much fluid people should be aiming to drink daily. Staff were recording when the person had drinks and this was added up at the end of each day to monitor if the person had enough drink. However, when people had not drunk enough during

a day there was no guidance to tell staff what action they had to take to try and prevent people from becoming dehydrated. This is an area for improvement. Staff were able to explain that they would monitor the person closely and make sure that they were encouraged to drink more the following day. They also said that this was discussed at staff handovers to make sure all staff were aware of what they had to do.

Care plans were regularly reviewed and updated so that staff were aware of people's changing needs. A health care professional commented: "Care plans are up to date and amended as necessary to reflect changing needs. Care is person centred and relatives are able to visit when they wish".

People said they had a choice about the activities they joined in with. One person said, "I like to join in in the afternoons, especially when the bingo is on. Staff always ask me if I want to join in, the choice is mine". Another person said, "I really like to be outside, I have worked outside all my life and I miss the fresh air. When the weather is warmer the staff always take me out into the garden whenever I want to go".

The service had a dedicated activities co-ordinator to ensure that people were engaged with hobbies or activities of their choice. All of the people were encouraged to participate, whether they remained in their rooms or in the communal areas. During the inspection we observed that people were encouraged to join in with exercises and games, which were provided with warmth and jovial banter. One relative told us how the co-ordinator visited their relative regularly, even though they remained in their room; they were encouraged to do daily tasks, such as folding napkins or other activities of their choice. People told us how they enjoyed the musical events. A choir and children from the local school had visited recently. There was a cinema afternoon every week when people chose a film they would like to watch. People were also encouraged to baking, flower arranging and a variety of quizzes. The activities co-ordinator made sure that no-one missed out. When people could not leave their rooms because they were unwell or did not want to join in group activities, they had one to one time where they could have a chat or a massage or pamper session. Some people liked to be read too and they said they really enjoyed this. There was also a newsletter detailing topical events and the news.

The complaints procedure was displayed around the service, and each person was given their own copy when they first came to stay at the service. There was an easy read version in the reception area. We heard staff asking people if everything was alright for them and checking that they were satisfied and comfortable. People we spoke with said they had no complaints, but if they did they would talk to the staff. One person told us "I would complain if I needed to. I did complain to the manager once and she sorted everything out."

The registered manager talked about the importance of listening to peoples' comments and feedback and acting on them. The registered manager made observations and recorded any comments and complaints. There were clear records of all complaints with the investigation, resolution and the person's satisfaction recorded. All complainants were responded to and kept informed. The registered manager tracked complaints in case there were any common themes so that improvements could be made.

Good

Is the service well-led?

Our findings

People and relatives were satisfied with the service. They said the service was well led and the registered manager was approachable. People and relatives told us that they would not hesitate to recommend the service. One person said, "This is a very well run organisation. The staff and management are first class".

Staff said there was always a member of the management team or senior staff available when they needed them. The registered or deputy manager were on call when not on duty to make sure that staff could contact a manager if they needed support.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. Health and safety checks were carried out regularly and accidents and incidents were summarised to look for patterns and trends to reduce the risk of further occurrence.

The Quality Manager also visited the home and carried out a thorough check of the service. The report had highlighted what the service could improve on and the service had completed the action plan and implemented and improved practice to ensure continuous improvement.

People and relatives had been sent a quality survey to feedback about the service being provided in October 2015, which indicated that people were satisfied with the care being provided. The results of the survey did not show what, if any, comments had been made or what, if any, improvements had been made as a result of the survey. This is an area for improvement. Health care professionals and staff were also sent quality surveys but there were no results at the time of the inspection.

People had meetings to have the opportunity to raise any concerns and give their opinion of the service. When they raised issues, such as second choices on the menu we saw that action had been taken to address this issue. Staff had regular meetings to keep them updated with the service and they signed to confirm they had read policies and procedures when they had been updated. There were detailed handovers at each shift to ensure staff were up to date with people's current care needs.

Nursing staff had received clinical supervision and there was a supervision system in place to make sure staff received supervision on a regular basis. Staff were clear about their roles and responsibilities. They were able to describe these well and were clear about reporting any concerns or issues to the nurse or management team. If any issues were identified they said these were dealt with quickly. Staff told us there was an open culture within the service and that the management team were approachable and they were available for advice at all times.

Staff were supported by the registered manager to develop professionally to continually improve their skills, knowledge and abilities. The training programme ensured that staff were encouraged to achieve further qualifications, and understood their role and responsibilities.

The registered manager knew people well, and communicated with people in a caring compassionate way.

They led by example, which ensured that the staff team also interacted with people in the same caring manner. The staff and managers worked well as a team and supported each other to provide individual care to people living at the service. They promoted an open culture by making themselves accessible to people and available to listen to their views. Staff understood the visions and values of the service, by making sure people came first, treating them as they would want to be treated themselves, and ensuring privacy and dignity was upheld at all times.

The majority of records were in place but fluid charts did not always show what action should be taken when the person had not drunk enough fluids, and pen pictures of people's lives required more detail. This was an area for improvement. Records were stored securely to ensure people's confidentiality. Staff personal details were kept in locked offices with restricted access, and only senior staff had access to staff files. People's care plans and daily notes were kept in a dedicated office, which was key coded.

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. This meant we could check that appropriate action had been taken. The manager was aware that they had to inform CQC of significant events in a timely way. We had received the required notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.