Landmark Care Homes Limited

Crann Mor 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

This inspection took place on the 11 April 2017 and was unannounced.

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 2008 and associated Regulations about how the service is run.

Crann Mor Nursing Home is registered to provide the regulated activity of accommodation for persons who require personal care to a maximum of 24 people including some people living with dementia.

People and their relatives told us they felt the home was safe. They told us that staff were extremely kind and they had no concerns in relation to not being kept safe. Staff had received training in relation to safeguarding and they were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse. The provider ensured that full recruitment checks had been carried out to help ensure that only suitable staff worked with people at the home.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required. Risks to people had been identified and documentation had been written to help people maintain their independence whilst any known hazards were minimised to prevent harm.

Staff had received training, supervisions and annual appraisals that helped them to perform their duties. New staff commencing their duties undertook induction training that helped to prepare them for their roles.

There were enough staff to ensure that people's assessed needs could be met. It was clear that staff had a good understanding about people's life histories, preferences and how to attend to people's needs.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way.

People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks. The registered manager logged any accidents and incidents that occurred and discussed these with staff.

Staff supported people to eat a range of foods. Those with a specific dietary requirement were provided with appropriate food. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private. People took part in a variety of activities that interested them. People's relatives and visitors were welcomed and there were no restrictions of times of visits.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People's preferences, likes and dislikes were recorded.

If an emergency occurred or the service had to close for a period of time, people's care would not be interrupted as there were procedures in place. There was an on-call system for assistance outside of normal working hours.

A complaints procedure was available for any concerns and this was displayed at the home. No complaints had been received since the inspection of 2016.

Quality assurance audits to ensure the care provided was of a standard people should expect had been undertaken. Any areas identified as needing improvement were attended to by staff.

Staff informed that they felt supported by the registered manager and they had an open door policy and were approachable.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People and their relatives were involved in their care.

The provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were attended to by staff. People, relatives and associated professionals had been asked for their views about the care provided and how the home was run.

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 were aware of the signs of abuse and the process to be followed if they suspected or witnessed abuse.

There were enough staff deployed to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

The provider had carried out appropriate checks to ensure staff were safe to work at the service.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager to discuss their performance.

Staff had an understanding of the Mental Capacity Act (MCA) and their responsibilities in respect of this.

People were supported with their health and dietary needs. Healthcare professionals were involved in people's care or the service liaised with them.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to make their own decisions.

Relatives and visitors were welcomed and able to visit the home at any time.

The environment supported the needs of people.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were written with people and their relatives.

People had opportunities to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed to help ensure the care provided was of good quality. There was a system in place to ascertain the views of people about the care and support they received from the service.

There was a registered manager in post and a staff structure where everyone was aware of their roles.

Staff felt supported by the registered manager who had an open door policy.

Crann Mor 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.

This inspection took place on 11 April 2017 and was unannounced. The inspection was undertaken by two inspectors, an Expert by Experience and a specialist advisor who was a specialist in nursing care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

As part of the inspection we spoke with six people, three members of staff, four relatives and the registered manager. We looked at a range of records about people's care and how the home was managed. We looked at eight care plans, six medicine administration records, risk assessments, accident and incident records, complaints records, four recruitment training records audits that had been completed.

We last inspected Crann Mor Nursing Home on the 12 April 2016 where we identified concerns. At this inspection we found actions had been taken to ensure the Regulations had been met and the home had improved.

Good

Is the service safe?

Our findings

People told us they were safe living at Crann Mor. One person told us, "Yes I do feel safe, I mean why wouldn't I." Another person told us, "I do feel very safe here". Relatives were confident that their family members were safely cared for. One relative told us, "Yes, my [family member] is very safe, staff are very good and they treat [family member] very well". Another relative told us, "Of course yes, [family member] is definitely safe here". We observed that people looked relaxed and happy with the staff.

At our inspection in April 2016 we found a breach of regulation 15. The premises and equipment at the service had not been appropriately cleaned or maintained. During this inspection we found the provider had made the required improvements to address this breach of regulation.

The environment was very clean and tidy. Daily cleaning records were maintained for parts of the home and regular audits were undertaken by the registered manager. All sinks, baths and toilets were clean and free from any stains. The home had been refurbished with new carpets, brightly decorated walls and appropriate lighting. The windows on the first floor had been fitted with window restrictors that help to maintain the safety of people. People lived in a safe environment because the provider had ensured all equipment at the home had been serviced on a regular basis. Records showed that the hoists and lifts had been serviced in line with the manufacturer's guidelines and the fire safety equipment had been regularly tested and serviced.

People were kept as safe as possible because potential risks had been identified and assessed. Staff knew what the risks were and the appropriate actions to take to protect people. Care plans contained risk assessments and included risks in relation to mobility, falls, waterlow (a score highlighting the risk of skin breakdown), nutrition and pressure care. For example, one person had a pressure sore and a skin integrity risk assessment was in place regarding being cared for in bed. The person was on a pressure relieving mattress, and was being turned onto alternate sides, especially at night, as during the day they preferred to lie on their back. This ulcer was being dressed with a granuflex dressing which could be left in place for one month. Records showed that re-positioning had been completed in line with the person's care plan, and the pressure mattress setting was recorded. These records were reviewed on a monthly basis and information was updated where required.

People benefitted from a service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and to act on these to keep people safe. The provider told us in their PIR that the safeguarding policy and procedures were in line with current best practice; we found this to be the case. The provider had reviewed and updated their safeguarding policy since our last inspection. They had a recent copy of the local authority safeguarding procedures that were available to staff. These provided staff with information about the types of abuse, the reporting procedures to be followed and the contact details of the local authority. There had not been any safeguarding incidents.

Staff were aware of the different types of abuse and what to do if they suspected or witnessed abuse. Staff

told us they had training in safeguarding adults and training records confirmed this. One member of staff told us, "I would report all suspicions of abuse to the manager. If I thought that action had not been taken then I would report my concerns to the Care Quality Commission (CQC) and the local safeguarding authority." Another member of staff told us, "I would report my concerns to the manager. I could also go to social services and the police." Staff confirmed that their training had included whistle-blowing, and they would follow this policy if they suspected or witnessed any abuse from a colleague.

People were cared for by a sufficient number of staff to meet their care needs safely. We observed that staff were able to take time to attend to people's needs. When people asked for help staff were able to respond quickly. The registered manager told us that there were a minimum of four staff on duty throughout the day plus one registered nurse (RN). The night duties were covered with one RN and two waking night staff. This was confirmed during discussions with staff and relatives and the viewing of the duty rota for the previous four weeks. People told us that staff were always available when they needed them. One person told us, "It's the same staff, they have night nurses as well." Another person told us, "Yes it's the same staff all the time." Relatives confirmed that there were sufficient numbers of staff each time they visited the home One relative told us, "Well, whenever I come to see [family member], I always end up seeing the same people who work here, my [family member] is satisfied to have the same carers around every day."

The provider carried out appropriate recruitment checks which helped to ensure they employed suitable staff to work at the home. The provider told us in their Provider Information Return (PIR) that staff undergo the necessary recruitment checks before commencing their employment. We found this to be the case. The provider had obtained appropriate records as required to check prospective staff were of good character. These included a full employment history with explanations for any gaps in employment, two written references, proof of the person's identification, and a check with the Disclosure and Barring Service (DBS). Staff told us that their recruitment was thorough and confirmed that they had to submit all the documents as required.

Medicines were administered, recorded and stored safely. All medicines received into the home were clearly recorded and records of medicines returned to the pharmacy were maintained. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. They also included the contact details of the person's prescribing GP. People received their medicines when required and as they were prescribed by their GP. People told us they always got their medicines when they needed them. One person told us, "They bring my medicine to me; I just need help in giving it to me, not to take it". Relatives told us there had never been a problem with medicines.

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. Comments included: "They seemed to be well trained, but definitely doing a good job " and "I think they are very well trained, yes." Relatives thought staff had received the training they required. One relative told us, "Oh yes, I don't think we need to worry about that, they are trained and perform to the best of their ability." Another relative told us, "The girls are well trained."

At our inspection in April 2016 we found a breach of regulation 11. The registered provider had not ensured all staff had acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) for people living at the service. During this inspection we found the provider had met this Regulation.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is 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.

The provider told us in their PIR that staff act in accordance with the MCA and DoLS. We found this to be the case. Care plans contained evidence of compliance with the Mental Capacity Act (2005). Mental capacity assessments had been undertaken and they were decision specific. For example, one person lacked the mental capacity to consent to having bed rails, an MCA assessment was carried out and a best interest decision documented that it was in their best interests to have bed rails in place to keep them safe. DoLS application forms had been completed and sent to the local authority for approval.

Staff were knowledgeable about the MCA and the processes to be followed. They were aware that they had to assume that people had the capacity to make their own decisions unless it was otherwise proven. Staff told us they always gained people's consent before undertaking tasks with them. One member of staff told us, "I talk to people and explain everything and give them choices where they can." Staff told us that people decide what time they want to go to bed and get up in the morning, the food they want to eat and the clothes they wish to wear. This was confirmed during discussions with people. Staff told us, and records confirmed that they had received training in relation to the MCA and DoLS.

At our inspection in April 2016 we found a breach of regulation 14. The registered provider had failed to ensure people received appropriate support which included encouragement as well as physical support when needed whilst eating their meals. During this inspection we found the provider had met this Regulation.

People told us they liked the food. One person stated, "Yes I do like the food and I don't have to cook it". Another person told us, "Yes, I eat it." Relatives were also complimentary about the food provided. One relative told us, "Yes [my family member] likes the food I have no doubts about that." Staff attitude was

positive because staff showed encouragement for people to eat their meals. Staff provided one to one to people who required this support. Staff were patient kind and sat with people during lunch. We observed during lunch time in the lounge/dining room that the atmosphere was calm, settled and background music played. There was a dining room table with seating but people chose to eat their meals in their chairs with individual tables by them. People who chose to have their meal in their bedrooms were also supported by staff. One member of staff talked calmly to a person who they were supporting. The member of staff asked the person, "Did you enjoy that [the meal]." The person responded with a 'yes.' The member of staff asked the person if they would like a drink before eating their dessert. We noted another person declined to have the dessert. The member of staff calmly stated that it was a chocolate gateau that the person had liked this before. They encouraged the person to try a small spoon of the dessert. The person then proceeded to eat the rest of the dessert on their own.

The lunch was hot and well presented, including soft/pureed meals. The meal was balanced with meat and fresh vegetables and there was certainly plenty of food for people. We noted that people ate most of their food; there was minimal amount of food left over.

People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes. A choice of food was offered for the evening meal and breakfast; however, an alternative meal was not recorded on the menu for lunch. We discussed this with the chef and registered manager who told us that alternatives were always offered. We observed this during our inspection. One person had asked for an alternative meal and this was provided to them. The registered manager told us that alternative meals for lunch would now be included on the menu.

People were attended to by staff who had received training that helped equip them with the skills and knowledge to care for people effectively. Staff told us they had access to training and they had completed all of the mandatory training. We saw evidence of training in staff files. This training had included safeguarding, first aid, moving and handling, infection control and dementia. Staff were able to say what they had learnt from their training how they put it into everyday practice. For example, one member of staff told us that the dementia training had taught them about the different types of dementia, to be patient with people and treat them care and understanding. Records showed that new staff undertook induction training when they commenced their role.

People were supported by staff who had supervision (one to one meeting) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

People's changing needs were monitored to make sure their health needs were responded to promptly. People had access to health and social care professionals. People told us that they always saw the GP, chiropodist, opticians and other healthcare professionals when they needed to and records maintained at the home confirmed this. One person told us, "From time to time I see the GP, he usually comes on Tuesdays." Another person told us," Yes I get to see the Doctor. "One relative told us," I know [family member] sees the GP regularly, I know [family member] is well looked after here". Records of appointments were recorded in people's care files. For example, one person's care plan contained information from a recent visit to the optician and a glasses prescription. There was also on going correspondence with other healthcare professionals.

Good

Is the service caring?

Our findings

People told us they were happy living at the home and with the staff who were caring towards them. Comments from people included, "Yes they [staff] are very caring, they call me by name," and "Oh yes, staff are very good here." A third person told us, "Yes staff listen to me, I mean they are very busy too, generally speaking they are very good". Relatives told us that staff had a caring attitude. Comments from relatives included, "Oh yes, they treat X really well and everyone knows each other here," "Staff are caring yes," and "Oh yes; I think all relatives don't have to worry about that." People were treated with kindness and compassion in their day-to-day care. People were relaxed throughout our visit and conversing with staff in a friendly manner.

People received care and support from staff who had got to know them well. Staff called people by their preferred names, as recorded in their care plans, and the interaction was relaxed and unhurried. During our observations we noted that all staff took time to talk to people. For example, one person required transferring through the use of a hoist. Two members of staff undertook this activity and they did it at the person's own pace. Staff informed the person throughout the whole process of what was happening, if they were ready to be hoisted and told the person to take their time.

Staff had the information needed to get to know people. One person's care plan had a detailed family history. It stated that they had siblings and one had passed away. It detailed the work the person did when they were in one of the armed forces and that they had has always been interested in bicycles. During discussion it was clear that a member of staff member knew about this and how to support the person with their personal care needs. The member of staff was able to describe what was recorded in the person's care plan. Staff told us they got to know people through reading their care plans and talking to them. One member of staff told us, "I observe and talk to people. The care plans are useful too." Another member of staff demonstrated a good knowledge of how to provide support to people. They were able to tell us the names of a specific person's family, their children and grandchildren, the music they enjoyed and how liked to spend their time. They were very knowledgeable about person's likes and dislikes.

People's dignity was respected by staff. People told us that staff always respected them and their privacy. One person told us, "Yes they [staff] do treat me with respect and dignity; before they come in they knock on the door." A relative told us, "Oh yes, X is respected at all times you know, they also knock the door and they ask permission to come in." We observed staff knocking on bedroom doors before entering and closing doors when they attended to the personal care needs of people. One member of staff told us, "We always knock and wait for an answer. We attend to people's personal care needs in the privacy of their bedrooms." This was confirmed during discussions with people and through our observations.

People's Religious and cultural needs were met by staff. We were told that people living at Crann Mor nursing home were all Christians and that people's religious needs were catered for by weekly visits from members of the local church, as well as Holy Communion by the Priest. People could attend these services if they wished to.

Staff told us that people were encouraged to be as independent as possible, for example, to wash themselves as much as they were able to. People and their relatives told us that staff always encouraged them to be independent and to do as much as they could for themselves such as washing and dressing. People's care records provided information in regards to what they were able to do for themselves.

People told us that they made decisions every day. One person told us, "I have enough choices here, no problem with that." Another person told us, "Yes they [staff] respect my choices." One person's care plan informed that they liked to get up later in the morning and have their breakfast, this was their choice. We observed this during our inspection. The person told us they preferred to get up later in the morning. They also told us that they choose what time they wanted to go to bed. Relatives confirmed that their family members always made decisions for themselves. One relative told us, "My [family member] has enough choices here; they can do whatever they want really."

The home was spacious and allowed people to spend time on their own if they wished. The environment had been decorated in bright colours and appropriate signage had been provided. Each person had a large sign on their bedroom door that included their name and a photograph of the person. Communal areas also had clear signage that helped people to navigate their way around the home.

Relatives told us they could visit the home at any time. They told us that they were always made to feel welcome by staff.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Staff told us that they got to know people through reading their care plans and being with them. One member of staff told us, "I read all the care plans and the information we need to meet peoples' needs is there." Staff were able to give an accurate account of the contents of people's care plans and how they would support a person.

At our inspection in April 2016 we found a breach of regulation 9. The registered provider had failed to ensure that people received care and treatment that was appropriate to meet their individual needs and preferences. During this inspection we found the provider had made the required improvements to meet this Regulation.

People's needs had been assessed before they moved into the home to make sure they could be met. Care plans had been produced from the assessments and had been reviewed on a monthly basis. Not all people could recall if they had a care plan. One person told us they knew about their care plan and that it informed staff how they preferred to be looked after. Staff told us that care plans were written with people and their relatives and they were reviewed on a monthly basis.

Care plans were person-centred and reflected people's individual needs, communication, behaviours, preferences and goals. Care plans included guidance for staff in relation to how people preferred their care needs to be met and how they like to spend their time. It was recorded for one person that they preferred to get up late in the morning and then have their breakfast. We observed this during our visit. The person told us that they liked to stay in bed in the mornings and staff respected this. Care plans also included information for managing challenging behaviour. For example, one person's care plan informed 'Staff should assess my behaviour before commencing any activity or support and understand that I may not be co-operative in any of my care support if I am in a low mood. If I start to get agitated or anxious give me some time to settle and then offer me assistance.' Each person had a 'Personal Care Assessment tool' that recorded the level of dependency. For example, for one person it was recorded that they had poor eye sight and staff needed to help the person to choose their clothes to ensure they were clean and appropriate for the weather. The same person's care plan stated that they enjoyed exchanging smiles with staff; we observed staff doing this with the person.

Staff were responsive to the needs of people. Staff were available throughout the day offering support to people as and when required. For example, during lunch one person was refusing to eat their meal, only the dessert. Staff sympathetically asked the person why they did not want their meal but the person did not respond. Staff informed the GP who was visiting on the day and saw the person. They ascertained that the person had an ulcer and prescribed medicines to help to heal this.

People were supported to follow their interests and take part in social activities and hobbies of their choosing. Care plans contained a 'Lifestyle Passport Questionnaire' for each person. This recorded how people preferred to spend their time. For example, it was recorded for one person that they enjoyed

socialising and going to the hair dressers. Records identified that they did not enjoy group activities and preferred one to one time with the activity co-ordinators. Records kept by the activities staff showed that the person had regular one to one time with staff. They also regularly offered group activities as sometimes the person would like to join in, depending on mood.

People told us they liked the activities offered to them. One person told us, "We do activities every day and I choose which ones I want to do." Another person told us, "We have plenty of activities but it is a little bit repetitive sometimes, I don't mind it at all." A third person told us, "The activity girls are brilliant and they keep us on our toes, but sometimes I just don't want to do any, it depends on my mood." Two activity co-ordinators were employed at the home, one for morning and one for afternoon activities. A weekly activity list was displayed in the lounge and included activities such as cooking class, chiropody, church visits, balloon games, arts and crafts, manicures, hand massage, one to one in rooms, pets as therapy dog visits, play your cards right, reminiscing.

Complaints and concerns were taken seriously. People and their relatives told us that if they had a complaint to make then they would talk to the manager or senior staff, but had never had the need to do so. One person told us, "Yes, I do know how to make a complaint but I never had to complain about anything." Another person told us, "I have never had to make a complaint here, staff are as good as gold." Staff told us they would listen to people's complaints and report them to the manager. Relatives told us that they had been told how and who to make a complaint to should the need arise. One relative told us, "Well my [family member] doesn't know but I and the rest of the family have been told about procedures, but this place is particularly friendly." Another relative told us, "We have never made a complaint and I don't think ever we will."

There was a complaints procedure available to people, relatives and visitors and this was displayed at the service. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were dissatisfied with the response. The registered manager told us they had not received any complaints since our last inspection.

The home had received many letters of compliments and these were displayed on a notice board in the hallway. Compliments included, "Thank you to the staff team for how you cared for [family member] when they lived at Crann Mor."

Good

Is the service well-led?

Our findings

People and relatives told us that the home was good with excellent staff. One person told us, "Yes, I think it's well managed." Another person said, "I think it is well managed, it is a good place." Relatives thought the home was managed well. One relative told us, "I think it's a pretty good home in all, but no place is perfect."

At our inspection in April 2016 we found a breach of regulation 17. The registered provider's quality assurance systems were not effective or robust to assess monitor and improve the quality of safety of the service. During this inspection we found the provider had met this Regulation.

Quality assurance systems were in place to monitor the quality and running of service being delivered. The provider told us in their PIR that quality audit systems were in place to monitor the environment, medicines, infection control, care plans, kitchen and call bells. We found this to be the case. Records of monthly audits undertaken included medicines, infection control, the environment, accidents and incidents, health and safety records and people's care plans. Action plans were developed with identified issues to make the improvements. For example, in the November 2016 audit it had been identified that there were scuff marks on the wall. This had been attended to. Another audit identified a loose radiator, this had been repaired. An infection control audit identified that the dishwasher needed cleaning. This was actioned and kitchen staff ensured the dishwasher was now cleaned on a weekly basis. Care plans were clearly written and the audits focused on areas such as the involvement of people, short term plans created for when people were ill, social activities, DoLS and medicines. No issues had been identified with the care plans. This demonstrated that the quality monitoring was effective in identifying any shortfalls and leading to change and improvement.

People and their relatives were encouraged to be involved in the running of the service and their feedback was sought. The registered manager had undertaken a survey in 2016 to ascertain the views of people, relatives and care professionals about the care that they received. All comments in the surveys returned were positive. Comments included 'Crann Mor to me is like a second home,' ' [family member] has been given excellent care and is lived by staff,' and, 'The management is excellent, approachable and staff are very professional and helpful. Can be highly recommended.' There was a 'suggestion' book available on the table at the entrance to the home. The registered manager told us that this was for people, their relatives and staff to make any suggestions about the home. The book included suggestions made by people. For example, one person had stated that the tables at the home required repairing or replacing. As a result of this the provider purchased new tables for the home.

The registered manager told us that they had written to all relatives and people asking them to attend resident and relatives meetings. Unfortunately they did not receive a response from people. These meetings had been set up but no one attended them. The registered manager informed us that they would write again to try an encourage participation in this.

Staff told us that regular staff meetings took place where they discussed new ideas about working, staffing and recruitment, policies and procedures, care plans and accidents and incidents. Records maintained at

the home confirmed this. Staff told us that they felt supported through these meetings, they kept them informed and helped them in their roles when working with people. One member of staff told us, "They [management] are always open to suggestions. I recently requested another standing hoist for someone and they just arranged it." As well as the monthly staff meetings there were daily handover meetings when important information pertaining to people and the home were discussed.

There was a management structure in place that included the registered manager, lead nurse, registered nurses and support staff. This led to a structure where everyone knew their own roles and were accountable for their performance. The registered manager told us that most of the staff had been working at the home for many years and they were committed to their roles in caring for people. Staff spoke enthusiastically about their roles and how they supported people.

Records of accidents and incidents had been maintained at the service. None of the accidents or incidents resulted in serious injuries to people. The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the services. We found that when relevant, notifications had been sent to us appropriately. We noted in the accident records that there was not space to record any actions taken to minimise a repeat of such accidents. We discussed this with the registered manager who told us they would attend to this.