Claremont Care Limited

Beaumaris Court Care Home

Inspection report

Beaumaris Road
Newport
Shropshire
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Tel: 01952814777

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Our inspection took place on 6 July 2016 and was unannounced. At the last inspection completed on 23 April 2015 we found the provider was meeting all requirements of the law. We did however identify improvements were required. We rated the service as requires improvement overall. During this inspection we looked to see if improvements had been made and sustained.

The service did not previously have a registered manager 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. We found the service had appointed a registered manager.

At the last inspection we found further improvements were required to ensure sufficient staffing. During this inspection we found some improvements to staffing levels had been made and the provider continued to actively recruit staff.

At the last inspection the provider had not fully developed their quality assurance processes. During this inspection we found improvements had been made and the provider was continuing to develop these processes.

Beaumaris Court Care Home provides accommodation, personal and nursing care for up to 30 older people. At the time of our inspection the registered manager told us there were 26 people living at the location.

At the time of this inspection the provider was in administration and the management of the service was being overseen by another provider.

People told us they felt safe. We looked at people's care records and saw that people had detailed risk assessments and plans in pace to manage risks in order to keep people safe. However, we found inconsistencies in the recording of care and support activities such as repositioning people where there were concerns relating to fragile skin. Records did not always reflect the needs of risk and this meant that there was a risk that people were not receiving appropriate care.

People received their medicines as prescribed and were given medicines by staff who were suitably trained. People's medicines were stored safely and at the recommended temperatures.

People received care and support from a suitably trained staff team who had been recruited safely. Staff were subject to regular spot checks to ensure that they were competent to provide care. The registered manager had systems and processes in place to ensure that staff were kept up to date with their core training.

People were asked for their consent to care and support and the principles of the Mental Capacity Act 2005 were being followed. Staff had a good understanding of the MCA but were not always aware of which people were subject to a DoLs.

People enjoyed the food available to them and were supported to have sufficient to eat and drink. Mealtimes appeared to be enjoyable and flexible and people had a choice of what they ate and drank. People's specific dietary needs were catered for and specialist professional advice was being followed.

People were supported to access healthcare services when they needed to. People were supported by a staff team who were able to recognise changes in people's health and well-being and knew how to report and respond to any changes.

People were supported by a staff team who showed kindness and compassion. People were supported to make decisions about how their care and support was provided. People were also supported to make decisions about how they spent their leisure time. People had choice and control over how they lived their lives.

People were treated with dignity and respect. The location had a dedicated dignity champion who delivered dignity awareness training sessions to staff. This member of staff also completed spot checks on staff's ability to deliver care and support to people in a dignified way. People were encouraged to maintain their independence and were supported to maintain relationships that were important to them.

People and their relatives told us they did not feel actively involved in the planning and review of care. The registered manager told us that they had recently implemented a new scheme to try to improve this area of practice. We looked at records which confirmed that work in this area had commenced, however it was too early to establish the effectiveness of this.

People were supported to take part in a range of activities which they enjoyed. The provider employed a dedicated activities co-ordinator. People told us they were able to engage in a range of activities and relatives told us they were able to take part when they liked.

People were supported by a staff team who knew peoples care and support needs well and had an understanding of people's likes and dislikes.

People and their relatives knew how to make a complaint and felt confident that complaints would be effectively managed. We looked at complaint records and saw complaints were logged, responses recorded and actions taken to improve practices had been documented.

People liked living at the home. People, relatives and staff felt involved in the development of the service. People and their relatives knew who the registered manager was and staff felt supported by the registered manager.

The registered manager had systems and processes in place to monitor and analyse the quality of the service, and they used information from quality checks to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's daily records were not always kept up to date. Improvements were being made to recording practices however further improvements were required.
People were supported by adequate numbers of staff and the provider was continuing to improve staffing levels through recruitment.
People felt safe and their relatives told us they had no concerns in relation to safety. People received their medicines safely and as prescribed and medicines were stored safely.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who were suitably trained and had the skills required to support people effectively. People were asked for their consent to care and support and the principles of the Mental capacity Act were being followed.
People were supported to meet their nutritional needs. People had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by a staff team who treated them with kindness and respect. People were cared for in a dignified way and their independence was promoted. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive

People were supported by a staff team that knew their needs and preferences.
People were supported to take part in activities they enjoyed.
People and their relatives knew how to make a complaint and were confident that complaints would be dealt with

appropriately. The provider had systems and processes in place to monitor and analyse complaints and information was used to drive improvement.

Is the service well-led?

Good

The service was well led.

People liked living at the home.
People, relatives and staff were given opportunities to provide feedback and make suggestions and felt involved in the development of the service.
The registered manager had systems and processes in place to monitor and analyse the quality of the service and information from quality checks was used to drive improvement.

Beaumaris Court Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 6 July 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor. The specialist advisor was a nurse who had experience of wound and pressure care.

Before our inspection, we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a document that CQC asks providers to complete to give some key information about the service. The PIR tells us how they are meeting the standards and about any improvements they plan to make. We looked at this information as part of our planning. We also reviewed statutory notifications the provider had sent to us since the last inspection. Providers are required to send us notifications to inform us of certain events and incidents, such as serious injuries sustained by people living at the service. We also contacted the local authority safeguarding team and service commissioners to gather information they held about the service. We considered this information when we planned our inspection.

During this inspection, we spoke with five people who used the service and two relatives. We also spoke with three visiting professionals. We spoke with five care staff, the activities coordinator, the cook and the registered manager. We observed how staff interacted with the people who used the service throughout the inspection.

We looked at seven people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at staff records and records relating to the management of the service. These included complaints, accidents and incident records, medicines records

and the provider's self-audit records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. Relatives we spoke with told us that they felt their family member was safe. One relative told us, "[Person] is safe, [person] was having falls, but now they are supported by staff to get about and they have walking aids provided". Another relative told us, "[Person] is most definitely safe". People felt safe and relatives had no concerns in relation to their family member's safety.

People's individual care plans contained detailed information about their risks and how to keep people safe. For example, falls risk assessments had been completed for people at risk of falls and weight monitoring was being carried out for people at risk of poor nutrition. These plans were being updated as people's needs changed. However, staff were not always consistently recording the action they took to protect people from the risk of harm. For example, there were gaps in some people's repositioning charts which meant we could not establish whether people had been turned according to their needs as identified in risk assessments. When people have been identified as being at risk of developing sore skin, it is important staff monitor and support people to prevent the risks associated with this. Prior to our inspection the provider notified us of a person who had developed a pressure sore. We spoke with the registered manager about this event and the gaps in the turn charts during our inspection. We were they had recently introduced new systems to improve and monitor this area of practice and we saw these were in place. The registered manager agreed to monitor staff record keeping to ensure they were documenting the care being delivered.

We saw staff were using the providers policies for keeping people safe. For example, care staff told us how they reported accidents or incidents, how they completed report forms and how these were used to update people's risk assessments. We looked at people's care records and saw that where an incident or accident had occurred their risk assessments had been updated.

During our last inspection we found that further improvements were required to ensure there were sufficient staff to meet the needs of people living at the home. During this inspection we found although improvements had been made some people felt there were not always enough staff to respond to their needs and requests. One person we spoke with told us, "They [staff] are always in a rush in the mornings, there is not enough staff everyone wants something". They also went on to tell us, "There are a lot of agency staff". Another person we spoke with told us, "Sometimes if it's busy in the morning I have to wait for someone to come and get me up". One staff member we spoke with told us, "Sometimes we get understaffed, for example if someone goes off sick, it can take some time to get cover arranged". They also told us, "Staffing levels are manageable, but we don't have much time to just be able to sit and talk to people". Another staff member told us, "I don't feel there is enough staff, weekends are poorly staffed and some days we have no permanent staff at all, only agency staff". A third member of staff we spoke with told us, "We are very task orientated, we can respond to people's requests promptly, but we don't have enough time to spend chatting with the residents". However during this inspection we saw there were enough staff to support people and respond to their needs. For example, we observed staffing levels were sufficient to allow staff to spend time with people and provide assistance whilst eating and drinking. We saw staff took the time to support people to eat and drink at their own pace. We saw people who were cared for in bed

were responded to promptly when calling for assistance. We spoke to the registered manager about what people and staff had told us about staffing levels and they informed us that they had recently recruited new staff. They told us that they would very soon have a full team of permanent staff. Staffing levels had improved since the last inspection and the provider was continuing to increase staffing levels through recruitment.

People received support from staff who had a good understanding of how to protect people from the risk of harm and abuse. Staff were able to tell us how to recognise signs of abuse and had received training in keeping people safe. Staff were aware of the provider's policies in keeping people safe and told us how they were confident to report and record anything which caused them concern about people's safety. People were supported by staff who knew how to keep them safe from harm and abuse and were confident to report any concerns relating to peoples safety.

People were supported by staff who had been recruited safely. The registered manager told us, "Keeping people safe starts with recruitment". They told us references and checks with the Disclosure and Barring Service (DBS) were completed for all staff. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff confirmed that reference and DBS checks were completed prior to starting work at the location, and the staff records we looked at also confirmed this. We spoke with a visiting professional who was providing private healthcare to a person, they told us, "I liked the fact that they DBS checked me, other homes don't always ask for that". The provider had safe recruitment practices.

People received their medicines as prescribed. One person we spoke with told us, "I get my medicines". Another person told us, "They [staff] check that you take your tablets". One relative we spoke with told us, "I have no concerns about medication being given to [person]". Staff told us that people received their medicines on time and as prescribed. One staff member told us, "I don't have any concerns about people getting their medicines". We looked at medicines administration records (MARS) and saw that people were getting their medicines as prescribed. People received their medicines by staff who had been suitably trained and had been assessed as being competent to administer medicines. The registered manager told us staff competency was being checked regularly and staff records we looked at confirmed this. People's medicines were stored safely for example in a lockable trolley that was stored in a locked room. The medicines storage room was kept at safe temperatures to ensure the efficiency of medicines was not affected. Staff were checking the storage temperatures of medicines. People's medicines were managed appropriately and people received their medicines safely.

Good

Is the service effective?

Our findings

People were supported by a staff team who received sufficient training to effectively support people with their care and support needs. One person told us, "The staff are well trained they seem to know what they are doing". Staff told us about a recent dignity awareness training session they had attended and how they were using the new knowledge in their practice. One staff member told us, "It has made me more aware of how people might feel when being cared for, I really think about how it must feel for them now and put myself in their shoes every time I provide support". Another staff member told us how they had started to use dignity blankets when using hoists. The registered manager had systems in place to ensure people were kept up to date with training. We looked at staff records and saw staff were supported to keep up to date with core training. Newly appointed staff were encouraged to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. Staff told us that they had regular one to one sessions with the registered manager where they were able to discuss their practice, raise concerns or ideas and discuss training needs. People were supported by a staff team who had the skills and knowledge to deliver care and support and used training as an opportunity to develop their practice.

People were supported by staff who sought their consent to care and support. One staff member told us, "I always ask [people] if they are ok for me to support them". They went on to tell us, "If someone refused care I would never force them, I might try to see if they would let another person provide the care or come back at a later time and try again". We observed staff asking people for their consent before care and support was provided. For example we saw people were asked if they would like an apron putting on before they ate. We also saw one person struggling to eat their food independently. A member of staff noticed this and asked the person if they could sit with them and help them. People were asked for their consent before care and support was provided.

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. We saw the provider carried out appropriate assessments of people's capacity. For example, we saw where people lacked capacity; a capacity assessment had been completed. However, capacity assessments did not always take account of the specific decisions that people were not able to make for themselves. We saw that people were not unnecessarily restricted, for example people were able to move around the location freely and were able to access the garden areas when they wanted to. People were taken out into the local community and we saw people were able to visit the local town centre on their own where staff supervision was not required. We looked at people's care records and saw that decisions that were required to be made in people's best interests had been recorded and the appropriate individuals, for example relatives, had been consulted with.

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). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw that the provider had made appropriate applications where it was deemed that a person was being deprived of their liberty. Staff were able to tell us when a person's liberty might be being restricted and were able to tell us about the processes that needed to be followed to deprive people of their liberty.

People were supported to have sufficient to eat and drink. People told us they could ask for something to eat and drink when they wanted to and they enjoyed the food. One person told us, "I can get drinks when I want I only have to ask". Another person told us, "The food is perfect we don't want for anything". One relative we spoke with told us how their family member was not eating sufficiently. They told us how the care staff kept offering choices to encourage the person to eat more. One staff member we spoke with told us, "People can just ask when they want a drink and we will make them one". We saw that people had access to jugs of water and squash in their rooms and were offered choices of hot drinks throughout the day.

People told us that they could choose what they wanted to eat, when they wanted to eat and where they would like to eat. One person told us, "There is always a choice of food, I don't like chicken but there is always an alternative, the chef makes me something else". One relative told us, "They come round every day and ask [person's name] what they want to eat". We observed the chef speaking with people to ascertain what they would like to eat at lunchtime. People were offered additional helpings of food and drink. We saw where people had not finished their meals they were asked if they enjoyed the food or if they would prefer something else to eat. We saw care staff telling the chef about people that were cared for in bed who were not ready to eat. We saw the chef plating people's meals up to eat at a later time. People were involved in making decisions about what they ate and when they ate it.

Mealtimes appeared to be a pleasant experience for people. We observed lunchtime and saw that tables had been laid with cutlery and condiments and floral decorations. People seemed to be enjoying the food. We heard one person say, "I really liked that", and another saying, "The fish was absolutely gorgeous". People were greeted as they came into the dining area and we saw people did not have to wait for their meals. We observed people who were being supported to eat and drink were supported at a pace they were comfortable with. The care staff were observed asking people if they were ready for some more food before offering a spoonful to the person. People's specific dietary needs were catered for. For example we saw people having a softened or pureed diet as recommended and allergies were catered for.

People were supported to maintain their health. We saw that people had access to a range of health professionals such as, GP's, opticians, occupational therapists, podiatrists and chiropodists. During our inspection we saw three health professionals visiting people at the location. One professional told us they had good working relationships with the staff team and staff were implementing any recommendations they provided. They told us, "The staff are great at ensuring continuity of my instructions". Staff reported any changes or deterioration to people's health and told us that they would refer any concerns to the GP. People had access to a variety of health professionals when they needed them and were supported by staff who knew how to identify and respond to a change in people's health needs.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person we spoke with told us, "The staff are good they look after us well, they keep us happy". Another person told us, "I can get impatient, if my routine is disrupted and they are so patient with me". One relative we spoke with told us, "The carers are very obliging, there are some super staff, they are very caring". Another relative we spoke with told us, "I've never known a home like it, it a lovely atmosphere and they [staff] work hard I'm booking my bed". One staff member told us, "It's like a family here, staff genuinely care". Another staff member told us, "I came into this profession because I care and I want to help people". We observed positive caring interactions between people and staff and we saw that staff took the time to talk with people whilst carrying out care and support. For example we observed a member of staff entering a person's room. We saw the staff member saying hello, complementing the person on their clothes and asking them if they were ok and if they wanted or needed anything.

We saw people were offered a range of choices throughout the inspection. People told us they could choose when they got up in the morning and what time they wanted to go to bed. They told us they had a choice of food and drink and could choose what they did with their leisure time. One staff member told us, "Sometimes I will open someone's wardrobe door so they can see what clothes they have, I will ask them what they would like to wear". We observed a staff member attending to a person who was cared for in bed. They asked them if they needed anything and if they were comfortable and responded to their requests. People were able to personalise their own spaces. We spoke with a visiting professional who told us, "The facilities here are great. [Person] was allowed to bring in their very large TV, they are very flexible". We saw people had personal items in their rooms such as ornaments and photographs. People were able to have choice and control over how they lived their lives.

People were supported and cared for by a staff team that treated each person with dignity and respect. One person told us, "They [staff] always respect your privacy, they always knock on the door before they come into your room". Another person told us, "My privacy is maintained perfectly". A third person we spoke with told us, "They respect leaving you, if you're asleep or doing something". One relative we spoke with told us, "They treat [person] with respect and they are really up on dignity". We saw staff knocking on doors before entering people's bedroom and closing people's doors when supporting people with personal care. The location had a designated dignity champion. The designated dignity champion told us, "I developed a simple system on resident's doors to enhance their dignity during care". We saw that staff made use of the signs on people's doors when carrying out personal care. The designated dignity champion delivered regular dignity awareness training to staff and we saw they carried out spot checks to ensure they were providing care and support in a dignified way. The staff member told us, "During the training I ask them [staff] to try drinking out of a plastic beaker, which isn't pleasant, to know what it's like. I have now purchased a total of 34 china cups now, which many residents prefer to drink from". People were supported by staff who showed respect and cared for them in a dignified way. The registered manager had implemented systems and processes to ensure that staff carried out care in a way that maintained people's dignity.

People were encouraged to be independent. A person we spoke with told us, "They have to do things for me, but they let me be as independent as I can". One relative told us, "[Person] is always encouraged to walk to the toilet [themselves]". One staff member told us when they supported people with personal care they always asked people if they would like to wash the areas they could for themselves, such as their hands and face. We observed lunch time and saw that people had equipment in place to enable them to eat independently. People's independence was promoted.

People told us about friends and family who visited and how they were able to visit at any time. One person told us, "Friends come to visit me, there are no restriction on when they can come". One relative we spoke with told us, "There are no restrictions on visits, I can come when I like". People were supported to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

People were supported by a staff team who knew their needs and preferences well. Staff were able to tell us about people's care and support needs and how they liked their care delivered. One staff member told us, "I ask what people like and dislike". Another staff member told us, "I have conversations with people so I can find out about them, and the things they liked to do in the past". We looked at people's care records and saw each person had detailed records of their likes and dislikes and personal preferences. People told us how their preferred hairdresser, optician, chiropodist could come to the home to provide services if they wanted to. The registered manager had good internal communication systems in place to enable staff to effectively share information relating to the people living at the location. For example a daily handover meeting was held to provide information about people's changing care needs to staff coming on shift.

Some people and their relatives told us they did not always feel actively involved in the planning and review of their care. One relative we spoke with told us, "I've not been involved in [person's] care planning or invited to any reviews". We spoke with the registered manager about this and they told us that they had recently implemented a new system to improve the quality of care and to try and involve people and their relatives more in the planning and review of care. Records showed the staff team were now using the new systems to actively involve people in care plan reviews.

People enjoyed the activities that they took part in. During the inspection we saw the weekly poetry club taking place. We saw people laughing and joking about some of the poems they had read or heard and facilitated discussions were taking place about the prose they had read. For example we observed the facilitator asking people if they were a worrier in response to a poem they had read. People were sharing their experiences of worrying and how they overcame them. People talked about their childhood and were observed to be enjoying reminiscing about their pasts.

The provider employed an activities co-ordinator to ensure that people could access a wide range of activities and were supported to follow particular interests. During the inspection we heard people talking about the activities coordinator they said, "What would we do without [activities coordinator], they keep us going". One relative we spoke with told us, "The activities coordinator is excellent". They told us about all the activities their family member had been involved in to include special dinners to celebrate Mother's Day and Father's Day, being taken out for Christmas lunch and coffee. They also told us, "We are always welcome to join in with any of the activities". We saw the staff were planning a summer fayre and a tribute band had been arranged to come and play in the afternoon. We saw people involved in preparing for the summer fayre by wrapping gifts and labelling prizes for the tombola. People had access to a range of activities and were encouraged to get involved in the preparation of activities and events.

We spoke with the activities coordinator who told us how they ensure that people's needs and interests were catered for when organising activities. They told us how they planned activities for people living with dementia, they told us, "Anything is possible if you know where the resident is, on their dementia journey". They told us how they would plan activities relating to the year that a person felt they were living in. The activities co-ordinator told us how they tried to engage everyone in some form of activity, which included

those that were cared for in bed. They told us, "I work with residents who are cared for in bed, who are able to engage even a little, with DVD's, magazines, and newspapers".

People's cultural and religious beliefs were taken into account. Staff told us a local church visited on a weekly basis to say prayers and sing hymns with people who wanted to practice their religion.

People's communication methods were considered and adjustments made to enable them to communicate their wishes and preferences. For example, we observed the poetry club taking place. We saw the poems were provided in written form, in larger font and were also read out. This was to ensure that those who had poor sight or poor hearing could enjoy the activity. One staff member told us how some people sometimes struggled to verbalise what they wanted so they would point at things they wanted. They told us how sometimes they would present objects for people to point to so that they could understand what people wanted. The registered manager told us they had picture cards to aid communication if they were required.

People and their relatives told us how they would raise a concern and were confident that their concerns would be appropriately investigated. One relative told us, "I would talk to the manager if I had a problem and I am confident that any complaint would be resolved". One relative told us they had made a complaint and this had been sufficiently resolved with a new system in place to manage the issues they had raised. We looked at records relating to complaints and saw that each complaint had been investigated and actions were in place to make changes to the way care and support was provided where necessary.

People and their relatives were invited to relatives meetings. One person told us, "We have residents meetings, we can say what we want, I don't really say anything but I go to listen to what is going on". One relative we spoke with told us, "They have regular residents meetings and we are invited to attend". They told us how these meeting offered people the opportunity to raise any issues or concerns they had in relation to their care and support. The provider had systems in place to ensure that people and their relatives were able to provide feedback.

Good

Is the service well-led?

Our findings

During our last inspection we rated the service as requires improvement for well led. The reason for the rating was that the provider did not have a registered manager in post and the systems and processes for monitoring the service required further improvement. During this inspection we saw improvements had been made. The provider had a registered manager in post, the rating certificate was appropriately displayed and we saw that systems and processes to monitor and develop the service had improved. The registered manager was continuing to develop these processes and improve the service.

People liked living at the home. One person told us, "I prefer this home to others I have been in". Another person told us, "If you've got to be anywhere, it's got to be here". One relative told us, "[Person] has been in lots of home and this ones definitely the best". Visiting professionals told us that the service was good. One visiting professional told us, "I get to see a lot of homes and this is one of the better ones".

People and their relatives felt involved in the development of the service. Relatives told us about residents meetings that took place. Relatives told us how these meetings offered people the opportunity to raise any issues or concerns they had in relation to their care and support. Relatives also told us how they and their family member had been kept up to date with any developments or changes. For example they told us how they had been kept informed of what was happening with provider going into administration and what was happening with this process.

Staff felt involved in the development of the service. Staff told us they had seen positive changes in recent months. For example, one staff member told us how the food standards had improved from one star to five stars due to improvements in the kitchen area and hygiene standards. One staff member told us, "We have monthly staff meetings open to all and you can have your say". Another staff member told us, "The registered manager is open minded, they are approachable you can make suggestions, raise issues and bring ideas forward". One staff member told us, "I made a suggestion about a dignity screen for the lounge area, we now have one".

People and their relatives knew who the registered manager was. One relative told us, "The registered manager is very approachable and very helpful". Staff felt supported by the registered manager. One staff member told us, "The registered manager is very good". Staff felt the registered manager was a visible presence. Another staff member told us, "The registered manager will get involved hands on if we need her to; she is a visible presence here". The registered manager told us, "If staff come to me with a problem I will always try and work with staff to find a solution".

The provider had systems in place to monitor the quality of the service. Regular internal checks were carried out and an analysis of checks was undertaken regularly. The information from these quality checks were used to drive improvement. For example, we saw that information relating to incidents were analysed and systems and processes were developed to prevent future occurrence and improve care. Staff we spoke with also told us how the registered manager briefed staff on the actions required following quality checks or feedback from people and their relatives.

We saw that the registered manager had implemented new initiatives in response to complaints. For example they told us about a recent complaint relating to people's bedrooms looking untidy and how they had implemented an allocated care worker to ensure that rooms were clean and tidy and people had everything they needed. The registered manager told us how they tried to promote an open culture in the team. They told us, "We don't have a blame culture here; we take lessons learned and use them as a means of improving the service". This showed that the provider was keen to learn from people's experiences and used feedback from people to positively develop and improve the service.

The registered manager had a good idea of what they felt needed to be improved at the service and told us about their plans to continue to develop the service. For example, the registered manager was working on a service user guide, they wanted to have the home re-decorated and were looking to have dedicated champions for various aspects of the work such as safeguarding. This showed that the registered manager was keen to continue to develop the service and improve people's experiences of care and support.