

MCCH

The Gables

Inspection report

2-4 Blackheath Park
Blackheath
London
SE3 9RR

Tel: 02088528799

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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

We undertook an unannounced inspection on 7 September 2017 of The Gables. The Gables provides accommodation and personal care for up to 16 people with learning disability, autism and physical disability. At the time of this inspection, the service was providing care and support to twelve people.

There was 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 2008 and associated Regulations about how the service is run.

At the last inspection on 14 May 2015 the service was rated Good.

The premises were clean and tidy. There was a record of essential maintenance carried out at the home. Bedrooms had been personalised with people's belongings to assist people to feel at home. However, the water temperatures of three hand basins in people's bedrooms had reached temperatures above the recommended safe water temperatures. The registered manager took prompt action during and after the inspection to fix the issue.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Care plans were reviewed and were updated when people's needs changed.

Relatives informed us that they were satisfied with the care and services provided. Relatives also told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal. Some gaps in medicines records were identified however these were resolved promptly.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which

applies to care homes. The home had made necessary applications for DoLS as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. Records showed that the relevant authorisations had been granted and were in place.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a management structure in place with a team of care workers, assistant team leader, the registered manager and provider. Staff spoke positively about working at the home. They told us management were approachable and the service had an open and transparent culture. There were systems in place to monitor and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Water temperatures in some outlets in the home were above the recommended safe temperatures. The registered manager took prompt action during and after the inspection to resolve the issue and ensure recording of water temperatures was improved.

Risks to people were identified and managed so that people were safe.

Appropriate arrangements were in place in relation to the management and administration of medicines. Some gaps were identified but resolved promptly by the registered manager.

Appropriate employment checks were carried out before staff started working at the service.

Requires Improvement 

Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt supported by their peers and the registered manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People's health care needs and medical history were detailed in their care plans.

Good 

Is the service caring?

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of care meetings had been conducted with people in which aspects of their care was discussed.

Good 

Is the service responsive?

Good 

The service was responsive. Care plans included detailed information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. People using the service and relatives spoke positively about the management of the service.

The service had a clear management structure in place with a team of care workers, assistant team leader, the registered manager and provider.

Staff were supported by management and told us they were approachable if they had any concerns.

The quality of the service was monitored. There were systems in place to make necessary improvements.

The Gables

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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were twelve people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day.

We spoke with four relatives and an advocate. We also spoke with three care workers, the assistant team leader and the registered manager. We reviewed four people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Relatives of people using the service told us they felt their family member was safe in the home and had no concerns about people's safety. Relatives told us "No concerns about [Person's] safety", "I am happy with the place. I know [Person] is safe. I am confident they are happy. I have no worries."

Health and safety checks were completed to ensure the home was maintained. Fire, gas, electric checks, hoists, mobility equipment and legionnaires testing had been completed. Risk assessments were in place for each person outlining the risks and support people would need in the event of a fire. Accidents and incidents were recorded and appropriate action had been taken in response to them. The registered manager also showed us an emergency grab bag they had available in the home in case of an emergency which contained emergency contact details, contingency plans, fire marshal equipment and torches.

The registered manager told us thermostatic mixing valves were fitted on water outlets in the home to ensure the water temperatures were controlled and did not exceed the recommended safe water temperatures. Water temperatures should not be above 44°C as this places people at risk of scalding. We found all the communal bath and showers rooms were within the safe water temperatures range. However the water temperatures of three hand basins in people's bedrooms were above 44°C. The water temperature for one of the hand basins read as 61.7°C.

During the inspection, the registered manager took prompt action and ensured the water from the water basins was isolated so they were no longer in use which immediately minimised the risk of people being potentially scalded. Shortly after the inspection we were advised by registered manager that the thermostatic mixing valves had been replaced and provided evidence of temperature readings of the three hand basins were now within the safe temperature range.

We discussed with the registered manager that the high temperatures has not been picked up despite weekly checks being conducted and there were no records that the water temperatures were being tested before personal care was being provided to people using the service.

The registered manager advised of the measures, she put in place after the day of the inspection to ensure internal systems were effective. These included staff advised to take temperatures of all water outlets before supporting people with their personal care. New monitoring forms were in place for staff to record the temperatures. Risk assessments were updated and extra water testing equipment has been ordered to make sure there is adequate appliance testing equipment throughout the building.

Medicines were stored appropriately and there were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines. Staff received training and medicines policies were in place. Medicines competency assessments were in place to ensure care workers were assessed as competent to support people with their medicines. Medicines audits were completed by the local pharmacy and records showed no major concerns had been identified. Checks were completed by staff during handover sessions. Records showed that if any medicine errors had been identified, this had been promptly

reviewed by management staff and appropriate action taken such as staff supervision, additional training and reviewing policies.

We reviewed people's Medicines Administration Records (MAR) and found the majority of medicines records were completely accurately. However we noted one gap on a person's MAR sheet on the date of the inspection. We discussed this with the team leader who assured us that the medicine had been taken but would review why the MAR sheet had not been completed.

We also noted there were some gaps on people's MAR sheets concerning their application of topical creams. We noted the instructions for the creams were unclear as it stated 'As directed' however there was no further information detailing what this meant. We raised this with the assistant team leader who showed us correspondence which she had sent to the GP to seek clarification on this. They were still awaiting a response from the GP on this but would implement the administration according to what the GP advised as soon as this was received. The registered manager also confirmed that these were creams that were previously used by people so staff were aware of how the creams were applied.

Shortly after the inspection, the registered manager confirmed they had received clearer instructions from the GP and PRN protocols for application direction were being drawn up. The service also has an internal specialist nurse who was going to review these and attend a staff meeting to go over with staff their responsibility of signing MAR sheets.

The service had effective risk management in place to help minimise the risk of harm and serious injury to people using the service. Risks to people were assessed and identified according to people's specific needs. Comprehensive risk assessments were completed for each person in relation to accessing the community, moving and handling, choking, swallowing difficulties and pressure sores. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for care workers on how to support people safely. Behaviour support plans and proactive strategies were also in place for people, who at times, may display behaviour that challenged the service.

During the inspection, we observed people were supported with their mobility by using equipment which included wheelchairs, walking frames, bed rails, bath/shower equipment and bath hoists. People's care plans detailed the risks associated with falls and using the equipment and the support needed from staff to ensure people were kept safe from serious injury. We found the service took appropriate action in response to minimising the risk of falls in the home and identified any patterns or trends to ensure appropriate measures were in place to prevent the reoccurrence of a person falling. For example, one person using the service experienced falls at night when getting out of bed. A referral was made to Occupational Therapy and assistive technology was used. The person had a silent sensor fitted in their room that alerted staff when the person was getting out of bed. This ensured staff were aware and able to support the person promptly. As a result of this action taken, there had been no falls recorded since for this person.

Records showed and staff confirmed they had received training on safe moving and handling practices. One care worker spoke positively about the moving and handling training they had received. They told us, "We were shown what to do and we had to use the hoist ourselves so we knew what it felt like. I am comfortable with using the equipment. I also have a nursing home background."

There were effective recruitment and selection procedures in place to ensure prospective employees were suitable and did not pose a risk to people using the service. Records showed appropriate checks had been undertaken.

Records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse and whistleblowing procedures.

There were adequate numbers of staff on the day of the inspection to provide people with the care and support they needed. The atmosphere was calm in the home and staff were observed not to be rushed. We observed staff were able to support people to attend appointments and facilitate community outings. There was good teamwork and communication amongst the care workers who were aware of their duties and supported each other where necessary.

Care workers told us there was enough staff and they did not feel pressured to carry out their duties. They told us, "We have enough staff. Some new staff have been recruited and that has helped. We do not use agency staff and use regular bank staff", and "There is enough staff. No pressure here."

People using the service needed to be supported with their finances as they did not have the capacity to do so themselves. Care plans detailed the level of capacity people had in relation to their finances and the level of support they would need from staff with managing their monies. Where needed, family members supported people with their finances. Records showed people's money was accounted for and there were records of financial transactions. The registered manager and provider had conducted regular checks and signed off the balances to evidence they were correct. Although there were some checks in place, there was a lack of external auditing conducted to ensure people's finances were being managed safely and appropriately. The registered manager told us they would review this and liaise with local authorities to ensure this was in place.

Is the service effective?

Our findings

Relatives spoke positively about the staff. They told us "Staff are consistent. Some are really nice, genuinely nice and fond of [Person]. "Staff are lovely" and "Staff are pleasant."

Care workers spoke positively about working in the home and told us they were well supported by management staff and their colleagues. Comments from staff included, "I enjoy working here. Very good management. Very approachable", "We get the support we need", "I feel comfortable talking to them [management staff]. On the whole it is very rewarding. There is enough staff and flexibility. They leave it to us and there is good teamwork" and "There is good teamwork. We are organised and know what we are doing."

Records showed care workers received on-going training to ensure that they developed and maintained their skills and knowledge. Records showed staff received supervision and appraisal to review and monitor their performance. Care workers spoke positively about the training they received. They told us, "We have a mixture of training. Classroom based, e learning and we get updates from the management staff as well. Training is good. We do learn", "Training we have it in house and classroom based. It does help do our job. Its brilliant", "There is always training here. I have been on loads of training", and "We have had challenging behaviour training and we do moving and handing once a year."

There were policies in place and care workers had received training on the Mental Capacity Act 2005 (MCA). Where people had been assessed to lack mental capacity to take particular decisions, records showed decisions were made on their behalf in their best interests, which had involved the person's next of kin and relevant healthcare professionals. Standard DoLS authorisations were in place for people using the service as it was recognised there were areas of people's care in which their liberties were being deprived to ensure people were supported appropriately. An advocate for three people using the service spoke positively about the service. They told us staff were always willing, responded well to people's needs and relevant paperwork was always completed on time.

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records that demonstrated they were supported to access health and medical services when necessary. Health Passports were also in place which showed detailed information about people's healthcare needs, medicines, allergies, likes and dislikes and areas they needed support. This ensured people received the appropriate support and least disruption to their care if and when they needed to be admitted to hospital. A relative told us "[Person] regularly attends the GP and I get an update every time."

People were supported with their nutrition and hydration needs. We observed food was freshly cooked for people. The assistant team leader told us there was a weekly menu in place based on what people enjoyed. However, when people did not want what was on the menu, alternative meals were provided. Daily logs were completed detailing what people had eaten each day. When speaking with staff, they were aware of people's requirements in relation to their food and drink. When there were concerns to do with people's nutritional needs or swallowing the service involved community healthcare specialists, such as dieticians and speech and language therapists to ensure these needs were met. Staff were able to tell us about

people's nutrition and hydration needs in detail. They told us "[Person] had been referred and the guidelines are there. We soften their food so [person] can eat comfortably" and "[Person's] food is pureed and we make sure [person] is positioned in a certain way to make swallowing easier for them."

On the day of the inspection, we found the premises were clean and tidy. Maintenance checks of the home were conducted to ensure fixtures and fittings were completed. However, the appearance of the home was dated and tired looking. The home is an old building and the wear and tear of the premises was visible. Some parts of the home were not well lit and we noted chipped paint and old décor. The registered manager told us they tried to do as much as they could and some parts were difficult to maintain due to cost and it being a listed building. However, she told us that any maintenance issues were resolved when needed.

Is the service caring?

Our findings

Relatives spoke positively about the way their family members were cared for. They told us "[Person] actually calls The Gables 'home'", "I am quite pleased. [Person] is always clean, they eat well and is fond of the staff" and "I feel [Person] is very well looked after

During the inspection, we observed staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were kind, attentive and spoke in a gentle and pleasant manner to people. Staff approached people and interacted well with them.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity especially when providing personal care. Care workers told us "I knock the door, explain to them what I am doing and ask them if they are okay for us to carry on. Ensure the curtains are drawn. You let them know what you are doing so they understand" and "I make sure the door is closed. I speak to them and ask what they want to do. Some areas you can encourage them to do it themselves. I speak to them and always ask if they are okay."

People could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. People were able to spend time in private if they wished to. All bedrooms were for single occupancy and had been personalised with people's belongings, to assist people to feel at home. Relatives spoke positively about people's bedrooms. They told us "Room is clean, the bedding is clean. [Person] seems happy", "[Person] had a room upstairs but there was some issues, but they moved [Person] downstairs. [Person] is happy and has all the things they like, music and pictures. [Person] has all that. I am very pleased" and "[Person] has a lovely room, very spacious."

Care plans set out how people should be supported to promote their independence and detailed what people could do for themselves and areas where they needed support. When speaking to care workers they were able to tell us how they encouraged people's independence. They told us "Some people can make their lunch and [Person] can make their tea. For example they will take the milk and put the teabag in the cup. [Person] puts in one sugar. They are capable, we learn from them and are there to support them when they need it" and "I lay out the outfits on the bed and [person] can pick what they want to wear. You have to be flexible and adaptable to them. They can and do choose for themselves."

Some people using the service were unable to verbally communicate with us. However, people's care plans contained information which showed how people communicated and how staff should communicate with them. During the inspection, we observed staff interacting well with people. They spoke with people in ways that they were able to understand.

We found that staff were very knowledgeable about how people communicated and specific gestures people would use. They told us "Some people you can tell by their body language but most people can understand. For example, if you show person their shower bag and they take it, you know they are ready to have their personal care. You watch how they respond and you make them feel comfortable", "[Person] will

hold your hand and take you to where they want. Sometimes [person] takes the cup out if they want something to drink, They point and let you know", "[Person] makes a lot of noise if they are in pain and not comfortable" and "[Person] taps their fingers on their hand for the toilet."

There were arrangements in place to ensure people were involved in expressing their views. Records showed there had been formal review meetings with people using the service, their relatives and local authority representatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. Relatives told us "We go through the care plan and they send me a copy. Everything is agreed" and "They always keep me updated. [Assistant team leader] is very very good."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were person-centred and comprehensively detailed the support people needed with all areas of their care. The care plans were very well written. We saw that people's care preferences were reflected in their care plans and included information such as the person's habits, daily routine and how they wished to be supported. Corresponding risk assessments were also in place to ensure any risks were identified and measures in place as part of their care to ensure people were kept safe.

We also noted care plans contained comprehensive guidance in relation to people's specific needs so staff were aware of the appropriate support needed to keep people safe and minimise the risk of harm in relation to these areas. For example, for one person, there was an Epilepsy Management plan in place which clearly detailed the warning signs, medication and action to be taken in an emergency. For a person, who needed support with their mobility, there were guidelines which detailed how to use the wheelchair and other mobility aids the person used.

Detailed information was in place for a person who was at risk of choking which included information on choking recognition and action staff needed to take if the person experienced a choking episode. Comprehensive guidelines were also in place detailing the safe management of pressure ulcers. The guidelines detailed the factors that increased the risk of developing pressure ulcers, ways in which this can be prevented such as changing position, regular checking of the skin and the different grades of pressure ulcer that can occur.

When speaking with staff, there were very aware of the support people needed and followed the guidance as per people's care plans. For example, when speaking with care workers about pressure ulcers, they told us, "We don't leave [person] in their wheelchair. We make sure [person] goes to bed to relax and this also offers a change in their position. [Person] also has a pressure relieving cushion by the occupational therapist. We always look out for redness of the skin and [Person] has been seen by the GP in relation to the frailty of their skin" and "We look for any redness of the skin and use the pressure cushions. Any issues we call the district nurse." During the inspection, we noted this was detailed in the person's care plan and we observed the person was taken to their room to lay down to ensure the person was not sitting for long periods of time which helped minimise the risk of pressure ulcers developing. There were also guidance and pictures of night time positioning as advised by a healthcare professional to ensure the person did not experience any discomfort whilst sleeping.

In one person's care plan we noted to support the person safely with their high walking frame, staff were to follow the person behind them to ensure the person was safe from falling. We observed a care worker patiently supporting the person in this way but also promoted their independence by gently prompting the person to do what they could themselves and promptly supported the person when they indicated they needed support.

Records showed and care workers told us that there was a handover after each of their shifts and daily

records of people's progress were completed each day. We noted staff were well organised and had a specific structure in place consisting of 'Personal Assistants (PA)' and care workers and staff spoke positively about the structure. They told us "I am involved with the paperwork. I make sure we plan and organise the shift to make sure the work is done and staff know what to do", "We do have good supportive teamwork here" and "You get to know people and spend time with them. I always asked questions when I started, the staff were really good like that."

This demonstrated that the provider and registered manager were aware of people's specific needs and provided appropriate information for all care workers to enable them to provide the appropriate support people needed. This was evident when speaking with staff, we found they were very knowledgeable about people's needs. During the inspection, we observed staff provided the appropriate support to people promptly, patiently and in a caring manner. People using the service were observed to be comfortable around staff and openly indicating whether they needed anything at any time.

People were supported to take part in social and cultural activities and maintain links with the community. During the inspection, some people attended a day centre and others spent time in the community. In the evening people using the service were participating in a karaoke session and we observed people had joined in the singing and some people were dancing.

The service organised a number of activity events for people which included summer and Christmas parties. The home had a good relationship with the local church and some people were supported to attend church mass every week. The registered manager told us the church arranged a Carol service and a narrated explanation of the meaning of Christmas at the service each year and people were fully involved and even helped prepare tea and biscuits for everyone to enjoy.

The registered manager also told us the service had arranged a 'cultural day' this summer for people and their family and friends. The day was planned with activities, music, fancy dress and star performers such as Irish dancers and an Elvis impersonator. The event took place in the garden and we were told by the registered manager that as the people enjoyed the day so much, this would now be turned into an annual event. Relatives spoke positively about the day and told us, "The cultural day was good. Everybody dressed up in their own cultural dress. That was good. It was a really nice time. They have Christmas parties. They employ a lady who does music sessions and encourages people to join in. You couldn't ask for better."

People were able to visit family and friends, receive visitors and were supported and encouraged with maintaining relationships with family members. The service also has coffee mornings and invited family and friends. Relatives told us "We see [Person] regularly, we pick them up. [Person] is coming to see us this afternoon!". "Yes we have coffee and biscuits. It is a nice layout" and "[Person] goes swimming regularly, we have coffee morning, parties, they do nice things."

There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Records showed that when complaints had been received, these had been responded to appropriately and resolved. Relatives we spoke with had no complaints or concerns about the service. They told us "The service is very good. [Person] is very happy there. We've not really had any problems. I've never had a complaint."

Is the service well-led?

Our findings

Relatives spoke positively about the service and the way it was managed. They told us "Service is very good. Excellent!". "The service is good and I have not had any concerns", "The way it is run, it's wonderful. I am happy with the way it is. It is well run" and "It is working well at the moment."

Relatives also spoke positively about the management staff. They told us, "[Registered manager] is very nice and she is experienced", "She listens and anything we raise she will take on board.", "We have never had any concerns but we know we can go along and discuss it with the management staff" and "[Registered manager] is nice and very pleasant. I would know where to go if I needed to raise any concerns but I have never had a problem."

We found the registered manager to be knowledgeable about people's needs. She knew about important operational aspects of the service. The registered manager ensured staff received the appropriate support and training to ensure they were suitably competent to support people effectively.

The service worked closely with health and social care professionals and other agencies to make sure people received the service they needed so they achieved positive care outcomes. We noted compliments received from a healthcare professional stating how well a particular member of staff worked with one of the people using the service to meet their needs.

Systems were in place to monitor the service. Checks were carried out by the registered manager of the home. The home had a 'walking route' in place which covered checks completed on the home covering housekeeping, heating, electricity, security, bedroom checks and kitchen areas. Records also showed unannounced night visits conducted by the registered manager and service co-ordinator. Records showed the last visit was conducted on the 2 June 2017 and no major concerns had been identified.

Comprehensive audits and health and safety audits were completed by the provider which covered all aspects of the home such as premises, health and safety, medicines, care plans, risk assessments, finances, staff records and training. Areas of improvement and actions to be taken were highlighted for the service to action and records showed an action plan in place by the service which addressed the areas raised.

People using the service and relatives had the opportunity to complete feedback questionnaires. Records showed feedback about the service was generally positive and any actions needed to be taken were noted and acted upon. The registered manager told us and records showed that they had introduced residents meetings with people using the service. Minutes of these meetings showed topics such as activities, how people felt living at the service and fire evacuation. How people responded was clearly documented.

The registered manager told us and documentation showed the service was involved with a number of community initiatives involving people using the service. For example, the service has been working with a group called 'The Challenge' this year (Young people Volunteering from national service citizen). The group of young people came into the service to work with people using the service. One person expressed they

wanted to do art so an art workshop was carried out over two days in July.

Also with The Challenge, the service was involved in fundraising. People using the service were supported to choose an event they would like to hold and then the young people would go about raising funds for the occasion. A BBQ was the favourable option so this went ahead in July. The registered manager told us the day was enjoyed by everyone and a good amount of funds had been raised.

The service also worked with the local authority and offered work experience placements for young people. The registered manager told us this went very well and people really enjoyed having the interaction with young people and the service had been asked to provide placements again this year.

Care workers spoke positively about the organisation and the open and transparent culture within the home. They told us "They are very good to work for and I respect the way they work. I feel comfortable", "It's an open place. Everyone is free to talk", "To support us we have HR, a staff helpline and the senior operations manager (SOM). You can speak with the SOM and they come here as well" and "Things are working okay if you need something, you report it and things gets fixed. I am happy here." During the inspection, we observed staff communicated well, supported each other and worked well as a team.

Care workers also spoke positively about the registered manager and told us "She is doing her best to support us", "She is supportive and very approachable", "She makes you feel comfortable and is professional", "[Registered manager] will help. She is brilliant. She does listen and understands you. She knows the job and is very positive" and "She handles everything if we have any issues."

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care workers told us, "We have discussions at our team meeting about updates on people using the service, their appointments and any concerns or issues. Staff contribute to the meeting and suggest things for the agenda. Any contributions and questions are always welcome" and "You can ask questions. We communicate well. It's good like that, you can speak and they always keep us updated."

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.