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Broadlands Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 17 October 2018. The inspection was unannounced and was the provider's first inspection since registration.

Broadlands Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Broadlands Residential Care Home can accommodate 16 older people and people living with dementia. Accommodation is provided on two floors; a stair lift is available. At the time of our inspection 16 people were using the service.

There was a registered manager at the service who was also the provider. 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. In addition, there was a new home manager who had day to day responsibility for the service. They were in the process of submitting their registered manager application.

The provider had failed to notify CQC of information they are legally required to do. Action was being taken by the management team to improve the service. This included working on an action plan to improve infection control practice. A refurbishment plan was in place, some improvements had been made to redecoration, flooring and furnishings with further work to be completed and this was on target as per the provider's action plan.

The provider had also implemented a new recording and analysis process for accidents and incidents, to ensure action was taken to reduce the likelihood of further reoccurrence. Improved audits and checks were also being introduced to enable increased oversight of the service and to drive forward continued improvement to the service people received. Recent improvements had been made to the management of medicines and further time was required for this to be completed and fully embedded.

Improvements were being made to the staffing levels and deployment of staff, to ensure people were cared for by sufficient staff numbers. Safe staff recruitment practices were followed to ensure staff recruited were suitable.

People had their individual needs, preferences and what was important to them assessed. This included their diverse needs, including the protected characteristics under the Equality Act to ensure people did not experience any discrimination. Staff were provided with guidance of how people's needs and people were involved in discussions and decisions about the care they received.

Staff received an induction and ongoing training relevant to people's needs and support, to enable them to provide effective care. Staff were aware of how to protect people from abuse and avoidable harm.

People received a choice of meals and drinks and their nutritional needs were known and understood by staff. Independence was promoted with daily living tasks and where people required support from staff, this was provided sensitively and respectfully.

Staff worked effectively with external health care professionals to support people with their healthcare needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the principles of the Mental Capacity Act 2005.

People's diverse needs, routines, preferences and what was important to them had been assessed and care plans provided staff with detailed information of how to support people. People's end of life wishes was due to be discussed with them, to ensure their personal preferences were known and understood.

People who used the service, relatives, staff and external professionals were positive about how the service met individual needs. People received opportunities to share their experience about the service they received. Advocacy information was made available should people require independent support. The complaints procedure had been made available for people and visitors. People received opportunities to participate in activities and the management team had plans to further improve social activities.

During this inspection we found one breach of the Care Quality Commission ((Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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.

Action was being taken to improve the prevention and control of risks associated with infection and cross contamination.

Staff were aware of how to protect people from abuse and avoidable harm, but safeguarding incidents had not been reported to CQC.

Risks associated with people's needs were assessed, monitored and reviewed. Improvements were being implemented in the analysis of accidents and incidents.

Safe staff recruitment processes were used and action was being taken to ensure there were sufficient staff available.

Improvements were being made to how medicines were managed.

Is the service effective?

Good

The service was effective.

People's diverse needs had been assessed to ensure people did not experience any form of discrimination.

Staff received an induction, ongoing training and support.

The principles of the Mental Capacity Act 2005 were understood.

People received support with their nutritional and hydration needs and were offered choices of meals and drinks.

Staff worked with external healthcare professionals in meeting people's healthcare needs.

Is the service caring?

Good

The service was caring.

People received care from staff who knew them well and

respected their privacy and dignity.

People's independence was encouraged, and people were involved in their care. Advocacy information was available to people.

Is the service responsive?

Good

The service was responsive.

People received care and support that was specific to their individual needs and preferences. Staff had guidance about how to meet people's care needs.

People had access to the provider's complaints procedure and end of life wishes were due to be discussed with people.

Is the service well-led?

Requires Improvement

The service was not consistently well -led.

The provider had failed to notify CQC of events they are legally required to do.

The management team were implementing new and improved systems and processes to audit quality and safety and to drive forward continued improvements.

People, relatives, professionals and staff were positive about the management team's support and approach.

Broadlands Residential 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.

This comprehensive inspection was completed on 17 October 2018. The inspection team consisted of one inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To assist us in the planning of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought the views of the local authority care commissioners who support people to find appropriate care services, which are paid for by the local authority or by a health authority clinical commissioning group. We also contacted Healthwatch Nottinghamshire, who are an independent organisation that represent people using health and social care services.

On the day of the inspection, we spoke with four people who used the service and three relatives via telephone for their views. We used observation of staff engagement with people in communal areas, to help us understand people's experience of the care and support they received. We also spoke with two visiting health and social care professionals.

During the inspection, we spoke with the registered manager, the new manager, the cook, a housekeeper and three care staff. We looked at all or parts of the care records of three people, along with other records

relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff, four staff files, recruitment and deployment of staff, meeting minutes, policies, procedures, and arrangements for managing complaints. □

Requires Improvement

Is the service safe?

Our findings

Action was being taken to improve how people were protected from risks associated with cross contamination. People were positive about the improvements being made. A person said, "The housekeeper comes into my room and cleans and tidy's it daily." A relative said, "My relative has had a new floor fitted in their room which is nice."

We were aware the local clinical commissioning group had completed an infection control audit in July 2018. Many recommendations to improve cleanliness and prevention and control measures had been made. At our inspection, we found the provider had an ongoing action plan to meet the required improvements. Some of which had been completed and a timeframe was in place for the remaining work and this was on track. This included redecoration, new flooring, a bathroom refurbished and new cleaning schedules introduced. On the day of our inspection, we found the staff were following best practice guidance in the prevention and control of the risks associated with infection and cross contamination. This meant action was being taken to ensure people, visitors and staff were adequately protected from risks in relation to infection and cross contamination.

Safeguarding concerns or incidents had been reported to the local authority responsible for investigating. However, safeguarding's had not been reported to CQC as required. This is a registration regulatory requirement and assists us in our monitoring of services in how risks are managed. People told us they felt safe with the staff that supported them. A person said, "The quality of the service makes me feel safe and that starts at the top with the manager. The manager seems to know what kind of people to employ." A relative said, "I absolutely feel my relative is safe here. I am delighted when I visit as my relative always has a smile on his face. The staff are so in tune with everything my relative needs."

The provider had safeguarding systems and processes in place to support and instruct staff of their responsibilities to protect people from abuse, avoidable harm and discrimination. Staff were aware of these procedures. A staff member said, "I understand this I have done the training, I look out for any changes in emotions as well as physical signs, if I had concerns I would report to the team leader or manager or even the CQC." This meant people could be assured staff had the required information and training required, to protect them from abuse.

Risks associated with people's individual care needs, including health conditions had been assessed, planned for and were regularly reviewed to ensure staff had up to date guidance. People were positive that any risks were managed well. A relative said, "The staff seem to be checking on people frequently asking: Are you okay? Do you need anything?" Staff gave examples of how they ensured people were safe whilst not restricting them. A staff member said, "We have one person who is at a high risk of falls, but we don't restrict their movements we keep a close eye on them and make sure there are no hazards in their way."

Where people had been assessed at risk of falls, sensor mats were used to alert staff when they were independently mobile. Some people had risks associated with their skin that required pressure relieving mattresses and cushions, to help prevent their skin being damaged and these were in place and being used.

Risks associated with the environment such as fire and the use of equipment were monitored to ensure people's safety. Each person had a grab sheet, "This is me", stored near the exit for use in the event of an emergency evacuation. This document contained an overview of people's care and support needs. This meant people could be assured that staff understood how to support them safely to manage known risks.

The new manager told us they had introduced improved documentation to record incidents and accidents, that they reviewed following an incident occurring. This was to ensure staff had taken correct action in their response. The manager also analysed incident reports for any themes and patterns of emerging risks that required further action to reduce the likelihood of reoccurrence. An example of action taken to mitigate risks when concerns had been identified, included a referral to the community falls team for assessment. People's care plans and risk assessment details and guidance, were also updated and information shared with staff at shift handovers. This meant systems were in place to ensure the management team had oversight of risks and action was taken to mitigate risks people were exposed to.

Improvements were being made to ensure people were supported by sufficient numbers of staff that had the required skills and competency to provide safe care and support. People were positive about the availability of staff to support them. A person said, "I am independent with most things, but I do need a few checks on me. I can't ever really remember having to wait as the staff just seem to be here all of the time." A relative said, "If anyone needs anything they (staff) seem to get it straight away. The staff are busy, but I have never seen anyone left unattended."

Staff told us they felt an additional staff member was required due to people's dependency needs and had raised this with the management team. The manager had introduced a dependency audit to calculate the staffing levels required, to maintain people's safety and had identified an additional member of staff was required. Recruitment of new staff was underway and the staff rota showed how an additional staff member had been made available by the deployment of staff. For example, the management team in addition to care staff, were picking up extra shifts to cover the shortfall, as an interim measure until permanent staff had been appointed. This demonstrated the management team were responsive in ensuring staffing levels and deployment of staff were safe to meet people's care needs.

People were cared for by staff that had undergone thorough recruitment checks as to their suitability to provide safe care and support. These included references, criminal record checks, employment history and identification. Staff also confirmed they commenced employment after checks had been completed. This meant the provider as far as possible, had acted to safeguard people from unsuitable staff.

Improvements were being made in the management of people's prescribed medicines. The manager was in the process of providing staff with detailed information about people's medicines, including any allergies and how they liked to take their medicines. Whilst temperatures were taken of the medicines room, minimum and maximum temperatures were not recorded, but the manager was aware of this and taking action to address this. New audits and checks were also being implemented such as a countdown of medicines to assist in the monitoring of stock levels. Staff were having their medicines competency assessed by the manager. Staff had completed medicines refresher training and had a medicines policy and procedure to support their practice. We observed people received their medicines safely, and on the whole medication administration records had been signed by staff to confirm medicines had been administered (MAR). We noted a few gaps in MARs, but following checks and discussion with staff, concluded this was a recording issue and that people had received their prescribed medicines.

People were positive about how their medicines were managed. A person said, "The staff sort my tablets out for me and I can trust them to bring me them on time as they do everything so well." A relative said, "I am

often there when the medications are being given and the staff seem to know what they are doing and watch over the residents while they take them."

Good

Is the service effective?

Our findings

The provider used best practice guidance and care was delivered in line with current legislation. For example, recognised assessment tools were used in the assessment of nutritional needs and oral health care. Policies were in date and supported staff practice. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to any disability, age and religion were identified. This helped to ensure people did not experience any discrimination.

People were supported by staff who had an induction, ongoing training and opportunities to discuss and review their work and development needs. People told us they found the staff to be competent and that they understood their individual care needs.

The manager told us how they were in the process of implementing improvements to the staff induction and training programme. This included creating a 12 week induction pack to support current practice, including staff completing the care certificate and mandatory training with an appointed mentor and line manager. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected from staff within a care environment.

Staff were positive about their training. A staff member said, "We have lots of training, I have done my NVQ level two and three." NVQ is now known as a diploma in health and social care. The training plan showed staff had received training in a variety of areas the provider had assessed as required. The manager also told us about additional training they were in the process of arranging. Staff gave a mixed response with regard to the frequency they received opportunities to review their work and training and development needs. The management team told us and records confirmed, staff had received an appraisal of their work during 2018 and some supervision meetings. However, the management were aware staff supervisions needed to be more frequent and the manager had a plan to achieve this, including introducing staff competency assessments. This meant action was being taken to ensure staff were sufficiently trained and supported to provide effective care.

People received sufficient to eat and drink, choices were offered and staff were aware of people's individual nutritional needs and preferences. People were positive about the choices and supply of meals and drinks. A person said, "A lunch menu is displayed every day and if the meal is something that one of the residents does not like, the cook will make something else such as scrambled egg. At teatime we have sandwiches, cake, pudding and fruit and it really is very nice." A relative said, "The food always looks very nice. A menu is displayed on the board in the dining room. The food is home cooked, fresh and appetising."

We saw people experienced a positive mealtime experience. Staff were attentive to people's needs, providing encouragement and assistance where required, in a respectful and unhurried manner, creating a relaxed atmosphere. Adapted plates and cutlery were used to support people's independence.

People's needs associated with any dietary, nutritional, including cultural needs, had been assessed and

planned for. People's weight was monitored and action was taken if concerns were identified such as referrals to the GP or dietician. Where food supplements had been prescribed in the management of a person's weight and nutritional needs, people received these as prescribed. Where concerns had been identified with people having swallowing difficulties, the staff had worked with speech and language therapists to ensure people received foods appropriate to their individual needs.

People's healthcare needs were assessed and monitored. A person said, "There is no problem seeing a doctor. If I wanted to the staff would just sort it out for me and I would go over or a visit from the practice would be organised. The home does seem to be regularly visited by healthcare staff." A relative said, "They keep me informed all of the time. They contacted me to ask if I would like my relative to be seen by an optician."

A visiting healthcare professional was positive about how staff responded to people's healthcare needs. This included making timely referrals and following recommendations made. Care records showed people had access to healthcare services when they needed. A GP visited the service weekly and specialist services such as dementia outreach, supported people living with dementia. The service participated in the red bag scheme, this is an NHS initiative that improves communication between care homes, ambulance and hospital staff in meeting people's health care needs.

The provider had considered how the environment met people's needs. For example, a stair lift was used to support people with mobility needs. People had the use of two lounges and a dining room. Outdoor space was limited, but the service was located centrally in the community to local nearby green areas and shops people could access with support.

The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked mental capacity to consent to specific decisions for example agreeing to their medicines and care interventions, best interest decisions had been completed. Decisions had been completed with the involvement of relatives and health and social care professionals.

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for authorisations where required. Where these had been granted with conditions, records showed what action was being taken to meet the conditions. This meant people were not unlawfully deprived of their freedom and liberty.

Staff and had a level of understanding of MCA and DoLS. Throughout the inspection day, staff displayed the principals of MCA whilst interacting with people, by offering choice and seeking consent. A staff member said, "We always give choices to people and it's important that we listen to them"

Some people had a decision not to attempt resuscitation order (DNACPR) in place and this information was available for staff. Some people had lasting power of attorney (LPA) that gave another person legal authority to make decisions on their behalf and this was recorded and known to staff. This is important information to ensure people receive effective care and treatment.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion from staff who knew and understood what was important to them. People were positive about the care and support provided. A person said, "The staff are very kind and helpful and I just know how lucky I am to be with such thoughtful people." A relative said, "The staff are excellent. They treat my relative as if she is their own family member. I have seen the staff sit with the residents, provide reassurance, hold their hands and gently guide them. They are so lovely."

Visiting professionals were equally positive about staff that they described as, "Caring, friendly and very good."

Staff were positive about their work and showed great care, compassion and interest in the people they supported. Staff had a good knowledge of people's likes and dislikes and this indicated they had developed positive relationships with the people they cared for. A staff member said, "We have people that like to stay in their room. It's important that we respect that, we wouldn't go against that."

We saw staff were attentive and caring in their approach, whilst they were busy they made time for people and were unrushed in their approach when supporting them. We saw staff engaging with people in meaningful conversation, adapting their approach to ensure that people with varying abilities to verbally communicate were always included. A staff member said, "It's important that you get to people's eye level when talking to them, I always sit on my knees in front of people so I am at their level, they respond better that way."

Staff supported people in a caring and dignified manner during the lunchtime period. We saw how staff spoke with people as they supported them into the dining room. We heard staff say, "Are you hungry?" "Would you like to come in for lunch; it smells good, doesn't it?" One person was seen to walk towards the kitchen and a staff member immediately intervened and gently encouraged the person to walk the other way saying, "Well done, let's find you a comfortable chair to eat your lunch." People were offered a choice of orange juice, blackcurrant juice or water. One person requested an alternative drink and this was provided straight away. The staff were observed to be cheerfully making conversation and laughing with the people during lunch and checking how much each person had eaten.

We saw how a person living with dementia was unsettled during lunchtime and continued to walk around the dining room. Staff intervened on several occasions to encourage the person to sit and eat some lunch. We heard staff say, "Come and have a rest and eat your lunch." "Here you are this is a lovely chair you like to sit in." "Let's put your stick nice and safe, so that you don't have to worry about it." This demonstrated a very caring, kind and sensitive approach. The person responded positively, they relaxed and ate their meal due to the continued encouragement and perseverance from staff.

Staff promoted independence by encouraging people to do as much as possible for themselves. We saw how a person assisted with some domestic tasks, they clearly enjoyed this and were pleased to be requested to support staff.

We saw how a person living with dementia became confused about where they were living, staff were very caring, thoughtful and responsive. They listened to what the person said and gave reassurance, and used diversional techniques. The person relaxed, clearly indicating the staff's approach had provided great comfort.

People were encouraged to be fully involved in their care. This included day to day involvement in decisions about how they received their care. Relatives told us they felt involved and that communication was good. The manager had plans to involve people and or their relative where appropriate, in more formal opportunities to review the care they received.

Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection no person was supported by an independent advocate.

People received care that respected their privacy and dignity. A person said, "The staff just seem to understand our needs and our privacy, they understand that we need our own space."

Staff had received training in privacy and dignity and gave examples of how they provided care in a dignified and respectful manner. A staff member said, "If someone needs assistance with personal care we say, let's go for a walk, we would never draw attention that they required assistance with personal care in front of others."

People's records stored securely to ensure their confidentiality. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information.
There were no restrictions on people's family and friends visiting them. "I come and go and visit whenever I wish to, and I like that the staff are always so welcoming and friendly. If we need to go somewhere private the staff will organise that." Another relative said, "I can be flexible about the times I visit and do so. Whenever I am in the home the care is just the same and doesn't vary at all."

Good

Is the service responsive?

Our findings

People's care records contained an initial assessment of their care needs. People confirmed they had been involved in a pre-assessment before they moved to the service. A relative said, "The staff asked me all sorts of things when my relative was admitted. They gave me the opportunity to talk about my relative and really wanted to know what they could or couldn't do and about their likes and dislikes. I was also asked about things such as seeing the hairdresser or the chaplain."

Following an assessment, a range of risk assessments and care plans were developed that provided information and guidance to staff about the person's ongoing care and support needs. This is important information for staff to support them to provide an indivisionalised service based on people's needs, routines and preferences. A relative was positive about the level of detail staff had in understanding their needs. This relative said, "The manager gave me my relative's ten-page care plan to read and comment on. It is very comprehensive and included things like how my relative likes to get up and how my relative likes to spend the day. The care plan included all of my relatives likes and dislikes, interests and photographs of the family."

At the time of our inspection, the manager was in the process of implementing new care plan documentation, they told us they were confident this would further enhance the guidance for staff. We found there was a good level of detail that included people's personal history such as education and employment, important places and people, hobbies, family and friends, including pets, and a who's who using photos and special dates.

Staff were confident they had the required information to provide care that was individualised. A staff member said, "It's important to know the history of a person then you can talk to them about it." Another staff member said, "Knowing people's likes and dislikes means you can do something that means a lot to them, just finding someone's glasses can mean a real difference to someone's day."

It was evident from staff they understood what was important to people. A staff member said, "One person really loves their clothes, they worry all the time they are in the laundry, I always go and get them for them to save them worrying until they are delivered later in the day."

Staff gave examples of how they had supported people with activities and opportunities that were important to them. A staff member said, "I took a person out for a walk just down the lane, they were so happy, talks about it all the time." Another staff member said, "There's one person who I support to ring their family, this is very important to them and their family."

People's communication and sensory needs had been assessed and care plans provided staff with guidance of people's needs. The management team told us they were aware they had a responsibility to ensure information was provided in different formats to support people's sensory and communication needs. They were in the process of sourcing information in large print and easy read. The complaints procedure was available in large print and pictorial menus were being developed. This meant the provider had considered

the requirements of the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

People's diverse needs including their preferences in relation to religious, spiritual and cultural needs were known and understood by staff. People received opportunities to participate in activities provided by staff and external entertainers visited. The manager told us they had plans to further develop the social activities to ensure these represented people's interests and hobbies. Whilst people told us there were some activities this was limited. A person said, "Someone comes in about every two weeks and plays the piano and we sing which is really nice." A relative said, "The staff organised a barbeque recently and all of the residents and relatives were invited to attend which was good. I have seen photos of my relative joining in some dancing which was lovely and that made me happy." Staff told us what activities they offered but felt this needed to be improved upon. A staff member said, "We have various activities, we have a lady who comes in twice a month to do Zumba, the hairdresser comes weakly, we do beauty sessions with the ladies, I bring in broken jewellery and we make it in to something else." Another staff member said, "We play board games and a man comes in the play the piano, we don't get out much due to the staffing levels."

People told us they felt confident to raise any concerns with the staff and could easily contact the office and speak with the management team. A person said, "There would not be a problem if I needed to complain. I cannot remember ever having to complain, but if I did I know that any issue I had would be resolved." A relative said, "I have not had to worry about anything and have not had to complain about anything. If I did need to complain I would go straight to the manager or person in charge at the time. All of the staff work well with me to get the best for my relative, they are very supportive."

The provider had made available the complaint policy and procedure and staff were aware of their role and responsibility in responding to any concerns or complaints. Where a concern or complaint had been made this was fully investigated as per the provider's policy.

At the time of our inspection no person was receiving end of life care. The manager told us they were aware they needed to provide staff training in end of life care, to support them in clearly understanding what they needed to consider when providing care now. The manager was aware people's end of life wishes needed to be discussed with them and had plans in place to do this as part of a review of people's care plans.

Requires Improvement

Is the service well-led?

Our findings

Providers are legally required to notify CQC of notifiable incidents, this includes any safeguarding concerns and the outcome of DoLS applications. This information assists CQC to monitor services. During the inspection we identified the provider had failed to notify CQC of five DoLS authorisations that had been granted and two safeguarding incidents.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People who used the service, relatives, staff and external professionals were positive about the management team and their leadership approach. A person said, "I have never had any hesitation in talking to the manager. They are very good and very approachable." A relative said, "The manager has not been here long and the dealings I have had with them so far have been very good. When they first started they made a point of coming over to introduce themselves and chat with me. I have also seen them supporting the staff with care." Another relative said, "The manager is very nice and approachable. They recently came and discussed my relative's care in length with me which was really reassuring, and I came away feeling even better than I did before. I feel my relative is in such capable hands."

A comments book was in the entrance at the service for people to provide any feedback. The three most recent comments between July and September 2018 detailed: "Thank you for looking after relation. Lovely staff and they have loved living here. Highly recommend." "Really pleased that my relative has settled in. I always receive a warm and friendly reception when I visit, or my friends visit." "I have been very pleased with the care my relative has received. All the staff are most caring and my relative seems quite settled. Everyone is looking after my relative wonderfully well."

Staff told us they found the new manager to be very knowledgeable, supportive and approachable. A staff member said, "Oh yes they are very good, very approachable and will listen to us." Another staff member said, "You can raise concerns and they act on it, I raised an issue about someone and they raised it at ward round with the GP."

A whistleblowing policy was in place, which gave staff the guidance needed to report poor practice. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The new manager was in the process of introducing new and improved systems and processes to monitor quality and safety. This included new communication procedures, staff competency checks, new care plan documentation and improvements to managing medicines. This meant action was being taken to ensure the essential care standards were being met. Audits were also completed on the environment and equipment to ensure health and safety standards were being met.

Staff were clear about the provider's values for the service and we saw staff practiced these in their everyday work. A staff member said, "It is all our aim and vision to help the residents live a normal as life as possible,

we have routine here, but people can do as they please whatever makes them comfortable."

The provider had quality assurance procedures in place that enabled people to share their experience about the service. This included resident meetings, a comment book and an annual survey whereby people and their relatives or representative were invited to feedback their views and experience about the service. An example of action taken by the provider in response to feedback received was a canopy at the front door.

The new manager and current registered manager told us they kept up to date with best practice guidance and health and social care legislation, by receiving CQC and local authority alerts and attending local provider forum meetings. The staff had a good working relationship with the local GP practice that supported them and other specialist health and social care professionals. The service was located central in the local community and the management team had plans to further develop local links with the community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had failed to submit statutory notifications to inform CQC of notifiable incidents.