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West Park Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

West Park Nursing Home is registered to provide nursing or personal care for up to 40 people. However, the registered manager told us they never admit more than 37 people. The home has two floors accessed by a passenger lift and stairs. There are 32 bedrooms for single occupancy and 4 shared bedrooms; some of the shared bedrooms have been made for single occupancy to give people more space as they required specific equipment. There is a large lounge/dining room on the ground floor and bathing facilities on both floors.

The service had a registered manager. 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 full comprehensive inspection on 9 July 2015, we rated the service as Requires Improvement overall. This was because we wanted to make sure improvements were sustained over a period of time following an Inadequate rating in January 2015. At this full comprehensive inspection we found improvements had been made and sustained. There were 30 people using the service at the time of this inspection; four people were in hospital which brought the occupancy down to 26 although people were due to be discharged back to West Park shortly.

We found the service was safe for people who lived there. Staff had received training in how to safeguard people from the risk of harm and abuse and knew how to raise any concerns. People had risk assessments which helped to guide staff in how to minimise risk whilst helping them to maintain their independence.

We found people had their needs assessed and plans of care were developed which helped to guide staff in how to deliver individualised care to them in line with their preferences.

People's health and nutritional needs were met. We found staff contacted health professionals in a timely way for advice and treatment. The menus provided people with a varied and nutritional diet and any concerns about weight management or swallowing difficulties were discussed with dieticians and speech and language therapists. People told us they liked the meals.

We saw people received their medicines as prescribed. Medicines were ordered in a timely way, stored safely and only administered by qualified nurses or staff who had completed training.

We found people were supported and encouraged to make their own choices and decisions. When people were assessed as not having capacity to make their own decisions, the registered provider and registered manager worked with mental capacity legislation and held best interest meetings with relevant people present to discuss decision-making options.

Staff were recruited safely and in sufficient numbers to ensure that people's needs were met.

People told us staff were kind and caring to them. We observed staff had developed good relationships with people who used the service and their relatives. People's privacy and dignity were respected and confidentiality maintained. We saw that personal records were held securely and conversations with health professionals were held in private.

Records showed us staff had access to training, support and supervision. This enabled staff to feel confident when supporting people and knowledgeable about meeting their needs.

There was a quality assurance system which helped to identify shortfalls so these could be addressed quickly. We found the registered manager used this system to learn and improve practice.

The registered provider had a complaints procedure and people who used the service and their relatives felt able to raise concerns knowing they would be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were recruited safely and there was sufficient staff to meet people's needs.

Staff knew how to protect people from the risk of harm and abuse. They had received training and had policies and procedures to guide them.

People received their medicines as prescribed.

People lived in a clean and safe environment. Equipment used was serviced and maintained.

Is the service effective?

Good

The service was effective.

People's health care and nutritional needs were met. They received advice and treatment from community health care professionals when required and in a timely way. The menus provided choices and alternatives.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and worked within the law when supporting people who lacked capacity to make their own decisions.

Staff had access to training, supervision and support to enable them to carry out their roles effectively.

Is the service caring?

Good

The service was caring.

People told us they were treated with kindness and their privacy and dignity was maintained.

We observed staff had a caring approach and interacted positively and patiently with people who used the service and their relatives.

People's personal records were held securely and conversations of a personal nature where carried out in private.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed prior to admission and plans of care were produced which gave staff guidance in how to provide care that was personalised and met their needs.

We observed staff deliver care that was individual and in line with their preferences.

People had access to a range of activities which helped to provide them with social interests and stimulation.

There was a complaints procedure and people felt able to raise concerns knowing they would be addressed.

Is the service well-led?

Good

The service was well-led.

There was a quality monitoring system which enabled checks and audits to be carried out so that shortfalls could be identified and addressed.

The registered manager provided an environment that was inclusive and focussed on the needs of people who used the service. Staff were able to make suggestions and to work as part of a team.

The registered manager had developed positive links with other agencies involved in people's care and support.

West Park Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 and 20 January 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an Expert by Experience [ExE]. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and also checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection we spoke with local authority safeguarding and contracts and commissioning teams about their views of the service. We also received information from health professionals who visited the service and we checked the latest Healthwatch report from an 'enter and view visit' they completed in February 2016. Healthwatch England is the national consumer champion in health and care and ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also carried out general observations of how staff interacted with people who used the service throughout the days and at mealtimes. We spoke with nine people who used the service and two people who were visiting their relative. We spoke with the registered manager, the deputy manager (who was the nurse on duty), one senior and two care workers, the activity coordinator, the cook, a kitchen assistant, and a house keeper. We also spoke with two community nurses who were visiting the service during the

inspection.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service, These included a wound care record for a person admitted to the service with a pressure ulcer, medication administration records (MARs) for 25 people, accident reports, daily care and support recording, and monitoring charts for food, fluid, weights and pressure relief. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints and compliments management and maintenance of equipment records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living there and there was always staff around when they needed them. Comments included, "I can lock my room from the outside because some residents used to go in. There's enough staff, there's four on at night, a matron [nurse] and three care staff and you'll know what's on during the day, it's similar; it's ok", "They are all nice here; they are marvellous and I'm absolutely safe. I've got no problems at all", "Sometimes other residents come in so I put the snick on my door; it's a lot better than it used to be" and "I like living here; the staff look after me and the girls keep me safe."

Two relatives confirmed they felt their family members were safe and looked after. They said, "He is safe here; everything he needs is here and they look after him well. We have nothing to worry about; there's always someone about to help him. He's been here about one and a half years."

Every health and social care professional communicated with told us they did not have any concerns about the service. Comments were, "Yes, there are sufficient staff when I have visited and they seem skilled in supporting people", "Yes, it is safe" and "I have been in West Park on several occasions recently and have had no concerns with the staffing levels. On discussing complex cases, [registered manager's name] stated she was not willing to accept patients without a full handover and without staff having additional training. I felt that this was very proactive in ensuring that the patients they accept are safe and that the staff are able to fully meet their needs."

We found staff knew how to keep people safe from the risk of harm and abuse. Staff had completed training and in discussions, they were knowledgeable about the types of abuse, the signs and symptom that would alert them to concerns and how to report it. Staff completed risk assessments, which were updated when required and they knew how to support people without taking away their right to make decisions. We observed staff use moving and lifting equipment to transfer people from wheelchairs to comfy chair. This was completed in a safe, caring and considerate way. Staff were overheard talking to the person throughout the whole process and the person looked comfortable and safe. Another person who used the service said, "She looked happy in there didn't she?"

Staff were recruited safely and employment checks were carried out before they started work in the service. These included an application form to explore gaps in employment, references from previous employers, an interview, and a police check via the disclosure and barring service (DBS). The DBS is a national agency that holds information about criminal records. The recruitment process helped to ensure people who used the service were protected from individuals who had been identified as unsuitable to work in care settings.

We found there were sufficient staff on duty to support people. The staff rota's indicated there was a range of staff with different skills and roles. In discussions, staff said it could be busy at times but they always managed to support people's needs. The registered manager told us they had been looking at the staff rota recently and on occasions had increased staff when they were particularly busy; there was bank staff available and a budget for this. An additional member of staff had been rota'd during the day on a permanent basis from the week following the inspection. The registered manager told us the staff rota was

always under review as it was organised to suit the needs of the people who used the service. There were ancillary staff available, which enabled care staff to focus on care and support tasks. However, housekeeping and catering staff confirmed they would ensure people had drinks when they asked for them and this would not just be the remit of care staff. Staff said they worked as a team and helped each other out, for example, the house keeper said, they would go around and make beds if required.

We observed people received their medicines as prescribed. Medicines were stored appropriately, ordered in a timely way and disposed of safely. There were some minor recording issues on the medication administration records (MARs), which were addressed with the registered manager and deputy manager during the inspection. These referred to staff not consistently defining the codes used when medicines were omitted, not always having two signatures when hand writing changes on the MARs and ensuring people had clear guidance for medicines used 'when required', for example pain relief and laxatives. People confirmed they received their medicines promptly. They said, "The nurse gives me my meds; I take them while they watch", "The staff give me my tablets; they wouldn't put them down my throat if I didn't need them" and "The staff bring me my meds; they stay most of the time while I take them."

The environment was safe and clean. Equipment used in the service was maintained and checks were made on areas such as the nurse call, fire alarms and extinguishers, hoists and slings, the lift, hot water outlets, gas and electric appliances, nursing equipment and bedrails. Staff had access to personal and protective equipment such as gloves, aprons and hand sanitiser.

Good

Is the service effective?

Our findings

People who used the service told us staff looked after them well and confirmed they had visits from community health professionals. Comments included, "They will come in and say, "You look uncomfortable, would you like to move up." They always make sure I've got fresh drinks", "The domestic made me a cup of tea before she went off shift", "If I need the doctor, they get him for me. The chiropodist is due every three months and the optician comes too, and the dentist" and "The girls are very good; they look after me. My buzzer works."

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager was very knowledgeable about the criteria for DoLS, who had a DoLS authorised and which people had an application made and authorisation pending. At the time of the inspection, one person had a DoLS in place and the registered manager had made a further 10 applications to the local authority, which were awaiting assessment and authorisation. There was evidence the registered manager had followed up applications with the local authority to check on their status. This meant the registered provider and registered manager were acting within MCA legal framework.

In discussions, staff were clear about how they obtained consent from people prior to carrying out care and support tasks. They said, "We ask people if it's ok to wash them. If they decline we go back later, sometimes a different face works" and "We would keep trying and report it to the nurse or manager if there were any problems." We saw assessments of people's capacity to make their own decisions had been completed and when people lacked capacity, best interest meetings had been held with relevant people present to support decision-making.

Staff confirmed they received sufficient training to enable them to feel confident when supporting the people who used the service. The training records showed staff completed a range of training. Staff received supervision meetings with their line manager to identify training and future needs. Staff described a supportive environment. Comments included, "We do practical training such as moving and handling and fire drills, and on-line training."

We found people's nutritional needs were met. There was a nutritional risk screening tool used and people were weighed in line with the results. This meant some people would be weighed more often than others. We saw dieticians and speech and language therapists had been involved for some people with specific nutritional needs. Some people required monitoring regarding their food and fluid intake. Staff used national guidance to determine the optimum fluid intake they should aim for and this was clearly detailed

on their monitoring chart. They also used a droplet sign to remind staff specific people need encouragement to drink; the sign was in people's bedrooms and in the nurse's office. The menus provided choices and alternatives and the cook told us they would make additional meals to the menu if required. The cook was on duty to provide three hot meals a day staring with a cooked breakfast if people wanted it.

The dining area was part of the sitting room and was set out with table cloths, condiments and napkins. Some people preferred to eat in their comfy chair or their bedroom but most people used the dining tables. We observed staff support people to eat their meals in an appropriate and sensitive way. People also told us they liked the meals provided. They said, "My favourite food is omelette; they'll do me one if I want one. I'm a diet controlled diabetic", "The food here is quite good and you get choices. The cook comes round and today they asked me if I would like steak and dumplings or bacon and egg flan. They come round every day mostly", "I like living here and the staff look after me; my favourite food is scrambled egg on toast", "Food is difficult with my stomach. The consultant said if I have a good breakfast, then I should just graze the rest of the day. So I eat three days, fish, liver and mixed grill; the other days I have soup" and "I've been ill so haven't been eating much, just drinking Lucozade but I'm going to have stew and dumplings today at lunch time. They bring menus round at 10.30 am and 7.30pm. The foods really good and I'm faddy. I get fish and chips sometimes when I go out for a walk. There's a good variety." One person told us they sometimes had portions that were too big for them; this was mentioned to the registered manager to address with catering staff.

We found people's health care needs were met. One person said, "I have good access to the GP. I go to my own optician and my own dentist; my son and daughter take me." People had access to a range of health care professionals who visited the service when required. Staff made a record when they visited and what advice or treatment they prescribed. In discussions, staff were knowledgeable about how to prevent people from developing pressure sores and urinary tract infections and what action to take should these occur.

Health professionals confirmed staff contacted them in a timely way. They said, "The staff seem very proactive and will liaise with the district nursing service effectively if required", "The staff are very helpful and receptive" and "[Registered manager's name] takes on board advice and will engage and approach other health care professionals for advice and support." A comment from a GP stated, "Most impressed the last two visits with knowledge of patient and focus on his best interests under often unclear circumstances – well done." A visiting dentist stated, "The nursing home seems very well-run with residents receiving a good level of care. As a visiting dentist we always have help with the patients from the staff."

We saw thought had been put into the decoration of the environment to support people living with dementia. The registered manager told us they had contacted the local dementia academy who visited them and gave them advice. This had resulted in colour contrasting on hand rails in corridors and on toilet doors to make them more visible. Lighting was bright and appropriate. A corridor wall leading from the entrance had been made into a feature with interesting pictures and paintings of the local area such as the fountain and church in the Boulevard. There was also a picture of a shop front and other memorabilia easily recognisable as from Hessle Road, which was part of the local community. There was pictorial signage for toilets and bathrooms; these rooms also had raised toilet seats, grab rails assisted baths or showers.

Good

Is the service caring?

Our findings

People who used the service told us staff treated them well, listened to them and looked after them. Comments included, "Everyone's so good. When I'm showering the staff make sure I'm safe, they always talk through everything so I know what to expect", "The staff are highly dedicated", "The girls are great; they look after me" and "[Staff name] is magic." One person told us how staff supported them to make choices at mealtimes. They said, "They [staff] bring menus round at 10.30am and 7.30pm." One person did explain to us that they thought the young care workers were not as experienced as some of the other care workers. We passed this on to the registered manager to address in team meetings and observations of practice.

People told us the staff respected their privacy and dignity and visitors were made welcome. Comments included, "When I'm showering, the girls always shut the door. I can have visitors any time; my wife comes and visits", "They respect my privacy and dignity most of the time sometimes they need reminding" and "My daughter comes to see me all the time and my two sons every evening." A health professional said, "They [staff] always knock on resident's doors prior to allowing the nurse to enter and they explain information and why I am visiting."

A relative commented they were impressed with staff commitment and expressed relief their family member was being well cared for especially as they lived miles away. They said, "Staff are unfailingly polite and kind and nothing is too much trouble for them."

Other comments from visiting professionals included, "Staff are always pleasant in their approach and the people who live here appear happy and positive", "I would like to say what a lovely home it is, all the residents seem happy and all joining in with activities provided. The staff are all very accommodating and friendly", "Staff are always helpful and polite when nurses visit; patients are always clean and well dressed", "I have visited three times [in a three week period] for reviews and on each occasion, the staff have been helpful. Families have given good feedback stating they feel involved and communicated with" and "Staff are very welcoming and clearly have a good understanding of resident's needs and what is best for them. Staff are very caring and always work in the residents individual best interests."

During discussions with staff, it was clear they understood how to support people in a respectful and dignified way. They told us, "We knock on doors and keep people covered up [during personal care]" and "We make sure people have choices." Staff supported people to remain in the service for end of life care if this was their choice. We saw cards from relatives of people who had received end of life care; the cards were complimentary about the care and support provided by staff.

We observed staff interacted positively with people who used the service. They got down to people's level, smiled and made eye contact, chatted to them in a kind and caring way and also had a joking banter with some people. We observed two care workers assist a person out of the lounge and to the toilet. The person was anxious about being transferred and fearful of falling. The expert by experience reported, "Staff were patient, kind, compassionate and very caring in their approach, keeping their voices low but clear. They gave directions to the person regarding the use of their walking frame and helped them transfer safely." We

also observed care staff support other people to transfer from chairs to wheelchair and back again and each time the manoeuvre was completed safely and in a reassuring way for them.

Most bedrooms were for single occupancy which afforded people privacy and their own space. There were a small number of shared bedrooms; these had a privacy screen for use when required.

We saw there were notice boards which provided information to people who used the service and their relatives such as previous inspection reports, advocacy services, dates of meetings, planned visits by chiropodists, opticians and dentists, and the names and pictures of the staff team. There was the day's menu on display including pictures of the food to assist people making choices, an activity schedule and a date/day/weather information board in the lounge. People were provided with information which included a 'service users' charter' of their rights, times of meals and what services were available. We saw one person had been supported to use advocacy services to help them make important decisions.

We saw clocks in the service were set to the correct time. One person liked to sit in the entrance and sometimes even preferred to have their lunch there; they had a large clock opposite where they sat and clearly visible for them. The registered manager told us people who used the service had been involved in discussions about redecoration of the lounge, colour scheme and new pictures. They said one person also painted some of the wall plaques.

We saw staff maintained confidentiality. They completed telephone calls and discussions about people's health care needs in private in the manager's office or the nurse's office. People's health and care files were held securely in the nurse's office and medication administration records were held in the treatment room. We saw symbols were used to indicate specific information on the notice board in the nurse's office. For example, when people had a 'do not attempt cardiopulmonary resuscitation' order in place, when a Deprivation of Liberty Safeguard had been authorised or when people required encouragement to drink; the symbols helped to promote confidentiality. Records were also held in computerised form and the registered manager confirmed the computers were password protected. The registered provider was also registered with the information commissioner's office, a requirement when computerised records are held. Staff records were also held securely.

Good

Is the service responsive?

Our findings

People who used the service told us staff listened to them and responded to their needs in a timely way. One person said, "There's always someone here to help you. My walking frame is great, I never had one before I came here; it's marvellous because before I kept falling. Now I can get about myself and the toilets are only there [pointing]." One person said, "I'm sure I had an assessment; I have a folder [care file]."

People had assessments of their health and social care need prior to admission. The registered manager told us they would not admit people if they did not feel they could meet their needs. This was confirmed by comments from health professionals who visited the service. They stated, "The manager is very supportive and helpful. Also [registered manager's name] will advise if a client exceeds the limitations of the home and considers the current client group and mix of patients in decision-making regarding this" and "On discussing some complex cases [registered manager's name] stated she was not willing to accept patients without a full handover and without staff having additional training. I felt this was very proactive in ensuring that the patients they accept are safe and that the staff are able to fully meet their needs."

We saw risk assessments had been completed for areas such as falls, moving and handling, nutrition, skin integrity and the use of equipment such as bed rails, wheelchairs and hoists. The information from assessments had been used to formulate plans of care. We saw these provided staff with guidance on how to support people and meet their needs. The risk assessments and care plans were evaluated each month and updated when people had changes in their needs. Health professionals stated, "Staff appear to liaise well with the regular district nurses visiting and alert us to any issues they may encounter", "Care plans have always been to a good standard" and "They are very responsive."

We saw staff responded to people's needs in a person-centred way. We observed staff acted quickly when a person became unwell. We had observed the person looked well on the first day of the inspection but on the second day, staff were concerned and contacted the doctor. This meant the person was admitted to hospital quickly and treatment was started without delay. On another occasion, staff had documented that a person was likely to climb over bedrails so these were not to be used and sensor equipment was put in place to alert them when the person got out of bed so they could respond quickly.

We saw people who used the service had the opportunity to participate in meaningful activities. There was an activity coordinator employed three days a week from 2pm until 8pm; they had completed specific training in providing activities for people living with dementia. They told us they completed one to one sessions with people and also group work. We saw photographs and records of some of the activities people had participated in and some of the outings they had enjoyed. These included baking, quizzes, foot spas and massages, craft work, reminiscence, singing songs, table games, and coordination games such as skittles, connect four and ball games. There were visiting entertainers each month such as a regular singer/musician and drum therapy. Also trips out to garden centres, the local park and shops, and The Deep in Hull (Aquarium). Local clergy visited to share hymn singing with people who used the service.

It was clear the activity coordinator knew people very well and supported them with activities in an

individualised way being flexible with the days programme and consulting them in what they wanted to do when she was on duty. We observed two activities during the inspection and people who participated enjoyed them. The activity coordinator said, "I took one lady to where she was born, her school, a local pub she used and where she lived when she got married." The activity coordinator also described how they helped people keep in touch with relatives by 'skyping' them [face to face discussion via the internet] and how people enjoyed it when she brought her dog in for pet therapy.

The registered provider had a complaints policy and procedure, which was on display and included in the information available to people who used the service. The procedure identified how to make a complaint and who to, timescales for resolution and how to escalate to other agencies. People told us they felt able to raise concerns with staff, the registered manager or other members of the staff team. One person told us that occasionally they had clothes that went missing but that it was 'getting better'. Staff told us they tried to deal with minor issues straight away to stop them developing into complaints.

Good

Is the service well-led?

Our findings

We spoke with the registered manager about the culture of the service. They told us the registered provider was supportive, had made visits to the service and had attended a staff meeting to give positive feedback and deliver presents to staff for Christmas. The registered manager said, "We believe in individualised care. We are not an institution; this is their home" and "We develop good relationships with relatives and district nurses, we listen to people and nothing is set in stone." The registered manager spoke about valuing staff and being there to listen to issues so they can be addressed. They told us staff were provided with tea and toast for breakfast and had the option of purchasing a meal for lunch. We found the registered manager was very knowledgeable about all the people who used the service. They were observed talking to people, checking they were alright, asking about their relatives and making them cups of tea when they asked for one. There were lots of 'compliments cards' received from relatives of people who used the service; these were very complimentary about the registered manager and staff team and confirmed the culture of individualised care. One person had written in a card, "Be proud of your home, you all do an amazing job but more than anything be proud of yourselves and the people you are. You are all angels and I am so grateful you were all in [person's name] and my life."

Staff told us the registered manager was very supportive and morale was good. They said, "She [registered manager] is very good; you can talk to her", "Morale has really picked up and we work as a team", "This is the best home I have worked in. The care is good and the manager is good" and "It's brilliant working here. Management is brilliant and you can talk to her and discuss things. She is firm but fair." Staff confirmed the registered provider visited the service occasionally and they would feel able to raise issues with them if required.

There was a quality assurance system in place which consisted of audits and checks and seeking people's views via meetings and questionnaires. Audits included medicines, cleanliness of the service, environment checks and records such as monitoring charts, wound care and care plans. Care files were evaluated monthly to ensure that records such as risk assessments were updated. Action plans were produced when shortfalls were identified and there was evidence issues had been discussed with staff. There was a redecoration plan which also included renewing furniture when required. This helped to maintain the environment for people who used the service.

Meetings were held with staff, people who used the service and their relatives. The minutes of the meetings showed us people were able to make suggestions, for example, people who used the service commented on meals, outings, entertainers and theme nights. There was a suggestion box in the entrance and a 'You said, we did' poster on display which let people know how suggestions had been acted on.

Questionnaires had been completed in 2016. These covered the meals provided to people on set dates which enabled the registered manager to check which cook was on duty so issues could be raised with them. There were other surveys which included a range of topics such as the quality of care, cleanliness and activities. We saw the registered manager addressed any issues raised in the questionnaires.

We saw the registered manager had completed a diploma in leadership and management. They were aware of their registration responsibilities and notified us and other agencies when incidents occurred which affected the wellbeing of people who used the service. The registered manager told us they were keen to ensure they learned from incidents to ensure practice and the quality of service improved. We saw the registered manager had completed observations of practice in the lounge and fed back to staff when practice could be improved. The deputy manager said, "We don't tolerate poor care. I would pick up when practice could be improved, explain why to staff and they follow advice."

We found there were good communication systems in the service. These consisted on shift handover meetings, staff meetings, memos on the notice board in the staff room and supervision sessions. We observed the registered manager had an open-door policy for people who used the service and their relatives, as well as the meetings, for them to express their views.

We found the registered manager had developed good working relationships with health and social care professionals who visited the service. The visiting professionals told us they thought the service was managed well. Comments included, "The service appears well-led and responsive. They [registered manager and staff] are always happy to discuss any concerns with visiting community staff" and "If contacted, we always receive a response from [registered manager's name] and she will always have productive conversations. She takes on board advice and will engage and approach other healthcare professionals for advice and support."