Rushcliffe Care Limited

Parkmanor Care Home

Inspection report

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Date of inspection visit:
25 April 2017
26 April 2017

Date of publication:
24 May 2017

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

We inspected the service on 25 and 26 April 2017. The first day was unannounced and the second announced.

Parkmanor Care Home is a registered care service providing personal care, nursing care and support for up to 40 older people. There were 37 people using the service when we visited and some were living with dementia.

There was a manager in place who was in the process of applying to become the registered manager. It is a requirement that the service has 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.

Staff knew their responsibilities to help keep people safe from harm and abuse. The manager took action where an accident or incident occurred to try to prevent a reoccurrence. Risks to people's health and well-being were assessed and monitored so that staff had guidance on how to help people to remain safe. The provider had safely recruited a suitable number of staff to provide care and support to people.

People received their medicines when they required them by staff who had received training to administer them safely.

People received care and support from staff members with the necessary skills and knowledge. Staff received good support and they knew their responsibilities. They received training in areas such as medicines, dementia care and specific health conditions that people were living with.

People were asked for their consent before care and support was undertaken. Staff knew the importance of doing this and gave people additional information where this was required to aid their understanding.

People were supported in line with the Mental Capacity Act 2005. People's mental capacity had been assessed for specific decisions. Any decision made in a person's best interest involved important people in their life. The provider had made applications to the appropriate body where they had sought to deprive some people using the service of their liberties to make sure this was agreeable. Staff understood the requirements under the Act.

People were satisfied with the food and drink available to them. Staff knew people's dietary requirements and where there were concerns about a person's eating and drinking, specialist advice was sought.

People were supported to maintain their health and close observation occurred where this was required. People had access to healthcare professionals such as to a doctor, optician and district nursing services.

People's dignity and privacy was protected and staff offered their support in caring and compassionate ways. People's friends and family could visit without undue restriction.

People's histories and things that mattered to them were known by staff. Their independence was maintained for as long as possible by staff who offered encouragement.

People received care and support based on their preferences and routines that were important to them. People and their relatives contributed to the planning and review of their care wherever possible. Staff had guidance available to them about people's preferences and care requirements.

People were mainly satisfied with the activities available to them. We received feedback that some people preferred to be reminded about daily activities. The manager said they would make sure this occurred.

The provider had made available to people and their visitors a complaints procedure that was used. Action was taken by the provider where improvements were required.

The service was well-led and it had an open approach to sharing information with other agencies. The provider learnt from mistakes and events that had occurred. There were opportunities for staff, people and their families to offer suggestions for how the service could improve. The provider and manager listened and took action based on the feedback received.

The manager was aware of their responsibilities. The provider and manager carried out quality checks of the service to make sure that it was of a high standard.

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.

People were protected from avoidable harm and abuse by staff who knew their responsibilities for supporting them to remain safe.

The provider had recruited a sufficient number of staff to meet people's care needs. Prospective staff were safely recruited and checks on their suitability occurred.

People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

Staff had the required skills and knowledge to offer good support to people.

People received care and support that upheld their rights and freedoms. Where decisions were made on a person's behalf, these were made in their best interest.

People were satisfied with the food and drink available to them. Specialist advice was sought where staff had concerns about people's eating and drinking.

People were supported to maintain their health and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People were supported in kind and caring ways by staff and their privacy and dignity was protected.

People were involved in decisions about their care wherever possible.

People were supported to retain their skills for as long as

possible.

Is the service responsive?

Good

The service was responsive.

People experienced care that was based on things that mattered to them.

People and their families had contributed to the planning and review of their care wherever possible.

The provider had arranged for a variety of activities to be offered to people to take part in should they wish to.

The provider had informed people and their visitors how they could make a complaint and they responded appropriately to any received.

Is the service well-led?

Good

The service was well led.

The provider had an open approach to sharing information with other agencies and learnt from significant events that had occurred.

Staff received good support and knew their responsibilities.

People, relatives and staff had opportunities to give suggestions for how the provider could improve the service.

The manager was aware of their responsibilities. The provider and manager carried out a range of checks on the quality of the service to make sure it was of a high standard.

Parkmanor Care Home

Detailed findings

Background to this inspection

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

The inspection visits took place on 25 and 26 April 2017. The first day was unannounced and the second announced. The inspection team included an 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 visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with nine people who used the service and with the relatives of five other people. We also spoke with the manager, a senior manager, two nurses, three care team leaders, two care assistants and the activities co-ordinator. We observed staff offering their support to people throughout our visit so that we could understand people's experiences of care.

We looked at the care records of three people who used the service. We also looked at records in relation to health and safety, people's medicines and documentation about the management of the service. These included training records, policies and procedures and quality checks that the provider and manager had undertaken. We looked at three staff files to look at how the provider had recruited and how they supported staff members.

Good

Is the service safe?

Our findings

People told us they felt safe. A relative said, "When I leave here, I know mum is completely safe." Staff knew how to help to protect people from avoidable harm and abuse. One staff member told us, "If I thought there was abuse I would go to the manager or the senior manager at head office. I could go to CQC [Care Quality Commission] if nothing was being done." Staff knew the types of abuse people could face and the signs that someone might be at risk. We saw that the provider had made available to staff a procedure for reporting abuse so that they knew their responsibilities. We saw that the manager had referred significant incidents to the local authority for them to decide if further investigation was necessary. This meant that people were supported to remain safe by staff who knew their responsibilities.

Risks associated with people's care had been assessed and reviewed. We saw that some people were at risk of injury to their skin as they could not move position independently. We also saw that people were at risk of not having enough to eat and drink as they were not able to determine when they required nourishment due to their memory difficulties. There were assessments in place to guide staff on the type of support each person required which they knew about. One staff member told us, "Every three hours for one person we reposition and they happen [to prevent skin damage]." We saw that a person's care record documented that the required repositioning occurred. We also saw that people had the equipment that was documented in their care plans as being required. This meant that there were measures in place to help people to remain safe and well.

We saw that the amount three people drank was being monitored by the provider as there was a risk they may not have enough. Although we saw that people were supported to drink well and their care records reflected this, staff members had not detailed the target amount of drink required. The manager said they would add this to people's care records to guide staff about the required amount of fluid each person needed.

The provider had systems in place to respond to accidents and incidents. We saw that when one occurred, staff offered the required support. This included contacting the emergency services where necessary. One staff member told us, "If there was an emergency, I would call the emergency call bell and staff would come straight away." We saw that staff recorded the details of each accident and incident and these were then passed to the manager to check that all of the required action had been taken. This included looking at ways to minimise the likelihood of a reoccurrence. We saw that where people had fallen, the manager had considered how to limit the risk. For example, we saw that some people had sensor mats to alert staff that a person was standing so that they could offer their assistance.

The provider and manager routinely checked the safety of the environment and equipment that people used to minimise risks to people's well-being. For example, we saw that checks occurred on the temperature of the hot water to prevent scald risks, on the fire system and on the safety of utilities such as the gas and the electric. People's equipment to help them move from one position to another was serviced in line with manufacturing guidelines. We did see that not all people had paper towels and liquid soap in their rooms. This is important to help prevent infections in nursing homes. The manager told us they would make

arrangements for these to be in place.

The provider had arrangements in place to make sure people continued to receive the care they required should an emergency occur such as a fire or loss of staff through illness. The emergency plans included information to guide staff on the amount and type of support each person would require to stay safe. We also saw that the provider had considered alternative accommodation should it be required. This meant that the provider had considered people's safety should a significant incident occur.

People, their relatives and staff were generally satisfied that there were a sufficient number of staff to offer people the care and support they required. One staff member explained that they sometimes responded to call bells by asking people to wait five minutes whilst they finished the care for another person they were supporting. The staff member stated that people were satisfied with this arrangement. One relative commented about the lunch time arrangements. They told us, "On the whole the staffing levels are good, but they certainly need extra people at lunch time to help with feeding. I have never seen so many relatives helping feed people." When we spoke with staff about this they told us it was the relative's choice to assist their family members. They also said how they would be able to assist each person if their relatives were not visiting. A staff member commented, "There are lots of people to support at lunchtime but we stagger it. People are assisted first who need it and then those more independent have their lunch. People seem happy with the arrangement. Some families come in to help but it is their choice to help out."

We found that staffing numbers were suitable and people received the care they required without having to unduly wait. The manager told us that they were recruiting more care assistants as there were vacancies at the home. A staff member commented, "Staffing levels have improved. New staff are coming through." Where new staff were recruited, the provider had carried out checks on their suitability. We found that the checks followed the provider's recruitment process. This included the provider obtaining two references that asked for feedback about prospective staff, one being from their previous employer, and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. This meant that people were supported by staff who were appropriately verified.

People received their medicines when they required them. One relative told us, "Dad gets his medicine like clockwork. In a little pot with some water and they watch him while he takes it. Even if he is rather reluctant to start with, they either leave him for a moment and come back or just chat to him and keep encouraging him to take it. I don't think they have failed yet." One person confirmed that if they were in pain, staff responded and offered medicines. We looked at people's medicine records and found that they accurately reflected the medicines that they had been offered. We saw that people's medicines were stored correctly and there were safe arrangements in place for ordering and disposing of medicines. Where people required 'as and when required' medicines such as pain relief, there were clear instructions to guide staff. We did see that people's allergies were not always recorded on their medicine records. The manager told us they would make sure these were included.

Staff knew their responsibilities for handling people's medicines safely as the provider had made available to them a medicine's policy which they followed. We observed a staff member offering people their medicines. We saw that they secured the medicine's trolley every time they left it so that people not authorised to access it couldn't. We also saw that they approached each person and sought their consent to have their medicines. They offered reassurances and were patient with people where they required additional time to take their medicines. The staff member confirmed the action they would take if they made an error. They told us that they would contact the person's doctor or emergency services should it be required. We saw that staff received training and their competency was checked yearly to make sure their

practice remained safe.

Good

Is the service effective?

Our findings

People received care and support from staff members who had the required knowledge and skills. One relative told us, "Brilliant, the staff are really good." We saw staff who were leaving their shift handing over information to staff coming onto theirs about people's care requirements. They gave information about people's changing care requirements as well as how people had been so far that day. We found that staff communicated effectively and spoke about people's care needs in ways that were both professional and knowledgeable.

New staff completed an induction before they worked with people on their own. We saw that this covered key areas of care including safeguarding, privacy and diversity. One staff member told us, "I had an induction for four days. I had a mentor, I was shown the equipment. There were two days shadowing and I still worked with staff afterwards. It was a good induction and I could ask questions." We saw that new staff were supported to complete the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

Staff received training relevant to their role. One staff member told us, "Training, it's quite good and helpful. All of it is up to date." We saw that staff completed training in topic areas such as health and safety, medicines awareness and dementia. We also saw that staff were checked yearly for their competency in delivering care as well as some training being refreshed annually. Training was also provided for specialist health conditions that people lived. We saw this training occurring when we visited. In these ways staff received guidance on how to offer good care to people.

Staff received guidance from the manager about their role. One staff member told us, "Supervision is every few months. If I ever have a concern I can always nip in and see the manager. It's nice being able to talk about any concerns and problems get sorted." We saw records that showed staff met with the manager or a senior member of staff approximately every three months. Discussions included training considerations and issues in relation to people using the service. This meant that staff received support and guidance on how to support people well.

We saw that staff sought people's consent before providing care. This was important so that people were happy to receive the support offered. We saw that staff explained to people what they were going to do and gave additional information where this was required to gain a person's consent. Where people refused care, this was respected. We saw that one person had made a decision that they did not want to be resuscitated should their health condition deteriorate further. We found that their consent to this had been recorded appropriately and staff were aware of their wishes.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. We checked whether the provider was working within the principles of the MCA.

Where there were concerns about a person's mental capacity to make a decision, the provider had completed an assessment to determine their understanding. We saw that assessments were completed in areas such as where there were concerns about people being able to consent to their care and about a move into residential accommodation. We saw that where it was determined a person did not have the mental capacity, a decision in their best interest had been made with significant people in their lives such as their family or health professional. We saw that the decisions made were based on the least restrictive option available to make sure the person's rights were upheld.

Staff understood their responsibilities of the MCA. One staff member explained about how people made decisions for themselves where they were able to. They told us, "When a resident has the capacity to make choices, for example, personal care, the clothes they want to wear, we respect it." Another staff member said, "One person was getting agitated. He wanted to go out. We try to reassure him. He has an agreement in place because he attempts to leave and would not be safe."

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). We saw that the provider had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive some people of their liberty. Staff gave us examples of restraint such as a locked front door, bed rails and wheelchair belts that could mean that people's liberty was restricted. They knew that an application might be required to determine if the measures in place were suitable.

People were satisfied with the food and drink available to them. One person told us, "The food here has got a lot better than it was and it is always hot when I get it [in room]." Another person said, "They [managers] do ask us about the food sometimes and it has got better recently, but otherwise it's the norm." We saw that people were offered drinks and snacks throughout the day and that meal times were enjoyed by people. We heard one staff member say during the lunch time meal, "Would you like salt? Would you like pepper?" and then went around with gravy offering it to people. Where people required assistance to eat and drink, we saw staff sitting with them and helping at a pace that was suitable to them.

People's dietary preferences and requirements were recorded in their care plans which staff knew about and offered people choices in line with these. Staff members told us that people's choices were respected and that they could ask for alternatives. One staff member said, "People can have a difference to the menu. We ask the day before for their choices and then in the morning to check." We saw that guidance was available for staff to follow from a specialist where there had been concerns about a person's eating and drinking. In these ways, people received the food and drink they preferred and required.

People were supported to maintain their health and information about this was shared with their loved ones where this was required. A relative told us, "I am kept informed of anything that happens to Mum, even if it is in the middle of the night. They are really good. They give me an update most days I come in. It certainly gives me peace of mind." People got the medical treatment they required when they needed it. For example, one person had become unwell and arrangements were made for them to see a doctor. We also saw that staff routinely recorded people's health observations so that changes could be identified and any necessary action taken. Where people became ill, temporary care plans were put in place detailing the care they required during the illness so that staff had the required guidance. We saw that people had accessed a range of health care services such as opticians, district nursing and local doctor's surgeries. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

Staff were kind and compassionate when offering care to people. One person told us, "Everybody is so nice. The girls [staff] can't do enough for you, they cheer me up when I get down sometimes and they really look after me. I don't know how they do it." Another said, "I don't enjoy being hoisted. It can be very undignified but the staff are kind and make sure I am comfortable and it is over with as soon as possible, so I can't grumble." We saw staff speaking politely to people when offering their care and support. Staff took time to listen to people's concerns and sat with them to offer their reassurances where this was requested. We saw that staff popped into people's rooms to chat to them briefly or to check whether they needed anything. They knocked first, waited for permission to enter a room and explained what they wanted to do before they completed a task.

People's privacy and dignity was respected. One person told us, "No-one likes to think they will ever need to be washed by someone else, but they are always very business-like and the job is done without any fuss." Staff explained how they helped to maintain people's dignity and privacy. One staff member told us, "We cover them over and knock their door before we enter. We speak with them about what we are doing." We heard staff discreetly asking people if they required assistance to freshen up and they made sure that doors to people's rooms were closed whilst offering this support.

We received feedback about the timing of the cleaning the floors. One person told us, "Do they really have to hoover the corridors at lunch time?" A relative said, "I find it intrusive for Mum when they hoover corridors right outside the dining room while they are having lunch. Is that necessary?" We spoke with the manager about the time cleaning took place and they said they would look into the feedback we offered.

We saw that people's care records were stored safely to restrict those not authorised to see them from having access. We also saw that staff were careful when discussing people's care requirements. These discussions took place privately to make sure that people's sensitive and confidential was not overheard by those who should not hear it.

People were involved in decisions about their care wherever possible. We saw that one person used specialist communication methods. Staff were able to understand these and took great care to make sure that what they were saying was understood by the person. We also saw that people were asked about their choices for meal times. We saw that pictures were available of different foods to aid people's understanding. We did not see these consistently being used and this was something the manager said they were looking to develop. Where people may have required additional support to make decisions, the provider had information available on advocacy services. An advocate is a trained professional who can support people to speak up for themselves. In these ways, wherever possible, people were involved in making decisions about their lives.

Staff knew about people's life stories and things that mattered to them. They told us how they got to know people well. One staff member said, "You sit with [person] and have a conversation. She likes company and she can tell you what she prefers and how she would like to spend her time." Another staff member told us,

"If there is a new resident there is a 'getting to know you' form that asks about their religion or whether or not they are vegetarian, etc." We found these forms to be in place and detailed people's histories and interests which helped staff to develop good relationships with people.

People were supported to retain their skills where they were able to. We saw that people were encouraged to eat for themselves where they could and were prompted by staff to do so. We also saw that people were assisted to walk where they were able to and staff gave them encouragement to motivate them. We read in people's care records tasks that people could do for themselves so that staff had the required guidance when offering their care and support. This was important so that people retained their skills for as long as possible.

People's family and friends were able to visit without undue restriction. A relative told us, "I can visit anytime I like really, and I do. My welcome is always the same. Genuine." This meant that people were able to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

People received care that was based on their preferences and requirements. One person told us, "I can get up whenever I want. I had breakfast in bed this morning as I was feeling sluggish." We saw that staff responded to people's specific care requirements. One staff member was supporting a person to eat who was living with dementia. At first the person refused any help with their food. However, due to the skills of the staff member, they gained the person's attention and permission and then assisted the person to eat without the person becoming distressed. We saw that staff responded quickly to requests for assistance and listened to what people wanted. We also saw that the provider had adapted the environment to meet the needs of people with memory difficulties. For example, there were signs on doors to indicate what was behind them. In these ways people could be sure that they would receive care based on things that mattered and were important to them.

Before people moved into the home, the provider carried out a pre-admission assessment. These are important so that the provider can be sure they can meet people's care requirements. We saw that when people moved in, a comprehensive care plan was written with them or their representative wherever possible. These contained the level of support each person required as well as routines that were important to them. These are used by staff to guide them on how people's care should be delivered. We saw that people's care plans were detailed and contained information in topic areas such as people's preferences for specific bedding and their likes and dislikes. A 'getting to know you' document was also completed which included information for staff on people's hobbies, festivals that they celebrated and their work history. When we visited, we saw staff following people's care plans. They also spoke to people about things that mattered to them. This showed they knew about each person's specific care requirements and interests.

We saw that people's care plans were reviewed monthly or sooner if there was a change to their care requirements. The provider had invited people's families to review their relative's care plan to make sure the information was up to date to guide staff. The manager told us that most people were not able to contribute to their review due to their health difficulties but that relatives were asked to be part of it where this was agreed.

People were mainly satisfied with the activities offered to them. When describing a canal boat trip that people had undertaken, one person told us, "It was busy with people and we had fun." We saw that there were activities coordinators employed from Monday to Friday each week. During our visit we saw the activities coordinator go around to people to offer them their time and to engage in activities that people were interested in. For example, we saw in one person's care plan that they enjoyed reading magazines and we saw staff helping them with this. We saw that people were supported to access local shops and facilities in their local area with the support of staff. We also saw that an activities timetable of events was on display which showed regular and varied events planned.

We received some feedback about people not always knowing about activities occurring that we shared with the manager. One person told us, "Oh. I don't know anything about that [gardening activity]. I wish they would tell me when things are on. I need reminding." They also told us that they were not always aware of

trips that had occurred. The manager told us that they would remind staff to let people know every day about the activities available to people to enquire if they were interested in taking part.

People and their relatives knew how to make a complaint or to raise a concern should they have needed to. One relative told us, "I have raised concerns before and most of the time, things change, but I am more confident since this last manager appeared. She has a very nice way about her." We saw that the provider's complaints procedure was displayed and outlined the process they would take to respond to any received. We saw that three complaints had been received in the last nine months. We saw that the provider had noted the action they were taking to make improvements and issued an apology where this was required.

Good

Is the service well-led?

Our findings

People and their relatives told us that the service was well-led and we found this to be the case. Relatives were encouraged by the improvements made since we last visited. One relative told us, "I think they have made every effort to make improvements here and it really is starting to show. Staff are always pleasant and welcoming and they seem happier among themselves." Another said, "I think they have been through quite a lot here and they seem to be coming out the other side now. I would say it is good care and a nice friendly home now." Another commented, "The staff are all lovely and the manager they have now is very approachable."

We found that the provider had learnt from mistakes that had occurred. One relative told us, "It was a safeguarding issue, but it's all sorted now. Things have definitely picked up since." We saw that where safeguarding investigations had been substantiated by the local authority, the provider had taken action to make improvements and to prevent a reoccurrence.

People and their relatives had opportunities to comment on the quality of the service. On the day of our visit there was a residents and relatives meeting planned. We saw that meetings were staggered over the morning, afternoon and evening to accommodate all relatives. We also saw that these occurred routinely and covered feedback to people on developments within the service and opportunities for those attending to discuss things that were important to them. We saw that improvements occurred where suggestions were given. We saw that questionnaires were due to be sent out in June 2017 to ask people and their relatives for their feedback. This meant that the provider was open to receiving feedback on the care and facilities provided.

Staff received good support from the manager and provider. One staff member told us, "The manager comes around every morning to see everyone. I can chat to her, there's an open door policy." Another staff member said, "The new manager is hands on and very nice. They are easy to talk to and approachable." Staff confirmed that they could offer ideas for improvements and that their ideas were listened to. One staff member said, "Last month we had a meeting and there were some suggestions that the senior management are considering."

The provider had a range of ways to make sure staff understood what was expected of them. We saw that staff attended both individual and group meetings with a manager. Topic areas such as people's care requirements and training was discussed. We also saw that the manager had daily walk arounds of the home to check that staff were working in caring and respectful ways. Staff were also observed working with people to make sure this met the provider's expectations and they received feedback on things that they did well and if improvements were required. We saw that the provider had made available to staff a range of policies and procedures that they were knowledgeable about. This included the provider's whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have concerns. They knew that they could contact other agencies should they have needed to raise their concerns, such as the local authority.

Staff knew about the provider's aims and objectives that people could expect when they used the service. These included offering care that was flexible and sensitive. One staff member told us, "To provide happy and dignified care. Respecting each individual. To be happy to be here." We found that this matched the specified aims and we saw staff working to these and the provider's other objectives when we visited.

The manager was aware of their responsibilities. This included them informing us of significant incidents that they are required to send us by law. We saw that they had also notified the local authority of accidents that had occurred so that they could determine that the appropriate action had been taken. This showed us that the manager worked openly with other agencies.

During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors to the home.

The provider and manager carried out a range of checks on the quality of the service. We saw that they monitored people's care files to make sure they contained the guidance staff required to offer the care people needed. We also saw that checks took place in many areas of care delivery including people's medicines, staff training, finances and staffing levels. We saw that where action was required to make improvements, the provider and manager planned for this to occur. We saw that most of the required actions had been taken or were in the process of being undertaken. We discussed with the manager an outstanding action for securing some internal doors as they could have posed a risk to people using the service. They told us they would address this.