Dr & Mrs S H Curry

The Manor House Residential Home

Inspection report

The Manor House
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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

We carried out an unannounced comprehensive inspection on 16 and 22 August 2016. The Manor House Residential Home is registered to provide accommodation for 15 people who require personal care. The service is intended for older adults. All rooms at the service are single occupancy. There is a lounge, dining room and television room on the ground floor. There were 14 people using the service on the first day of our inspection. A 15th person was in hospital.

We last inspected the service in October 2013 and found they were compliant with the regulations inspected.

The provider's live at the service. One of the provider's is the Registered Manager at the service. Throughout the report we have referred to this provider as the 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.

Everyone was positive about the registered manager and provider and felt they were approachable and caring. They were both very visible at the service and were caring and supportive to staff as they felt this was then the culture in which staff cared for people at the service. They both demonstrated the principles of care as recorded on their website. 'We aim to exhibit a high professional standard of care at all times and to act in such a manner as to justify trust and confidence.'

There were sufficient and suitable staff to keep people safe and meet their needs. The staff undertook additional shifts when necessary to ensure staffing levels were maintained and there was flexibility.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

People were supported by staff who had the required recruitment checks in place. However improvements were put into place during the inspection to have a more robust system to ensure all checks had been carried out.

Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns. Staff had the skills and knowledge to meet people's needs.

People were supported to eat and drink enough and maintain a balanced diet. People, visitors and staff were very positive about the food at the service.

People said staff treated them with dignity and respect at all times in a caring and compassionate way.

People received their prescribed medicines on time and in a safe way.

Staff supported people to follow their interests and take part in social activities. Staff undertook activities at the home and additional staff were brought in for people to be able to access the local community.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff. There was a complaints procedure in place and the registered manager was aware how to respond to concerns appropriately. However there had been no complaints made at the service in the last year.

The premises and equipment were managed to keep people safe.

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 said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

There were effective recruitment and selection processes in place. With improvements made at the inspection to demonstrate all information had been gathered.

People's medicines were safely managed.

The premises and equipment were well managed to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and to recognise changes in people's health.

People's health needs were managed well. They saw health and social care professionals when they needed to and staff followed their advice. Positive feedback was received from professionals about the service.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were friendly, caring and respectful.

Staff respected people's privacy and supported their dignity.

Visitors were encouraged and always given a warm welcome.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were assessed. Care plans were developed to meet people's needs.

People had been involved in planning their care. Plans were in place for people to be involved in care plan reviews.

A range of activities were available and people were able to access the local community.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good

The service was well led.

Everyone spoke positively about communication at the service and how the provider and registered manager worked well with them.

People, relatives, health professionals and staffs views and suggestions were taken into account to improve the service.

There were effective methods used to assess the quality and safety of the service people received.

The Manor House Residential 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 checked 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 inspection took place on 16 and 22 August 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

The provider completed a Provider Information Return (PIR) in March 2016. 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 reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met most of the people who lived at the service and received feedback from eight people who told us about their experiences, and four visitors. We also spoke to a relative on the telephone who contacted us at the service during the inspection to tell us their views.

We spoke with seven staff, which included care and support staff, the cook and the house keeper the registered manager and provider. At the inspection we spoke with a district nurse visiting the service. As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two GPs.

We looked at the care provided to two people which included looking at their care records and looking at the care they received at the service. We reviewed medicine records of two people. We looked at two staff

records and the provider's training guide. We looked at a range of records related to the running of the service. These included staff rotas, appraisals and quality monitoring audits and information.

Good

Is the service safe?

Our findings

People said they felt safe at the home. Comments included, "I feel safe, yes", "I am being looked after properly" and "The staff look after me…they are very nice."

There were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and had time to speak with people in a calm manner. People and visitors said they felt there were adequate staff levels at the service to meet people's needs promptly. Comments included, "More than enough" and "I think the place is fantastic. It is small, there are a lot of staff so everyone is well looked after. I have been very impressed. I think it is brilliant." People said staff responded to their call bell requests promptly. They said, "They are very quick to answer the bell. They are very good here."

The registered manager said they usually designated four care workers on in the morning and three care workers in the afternoon and one awake care worker at night. The provider and registered manager live on site and were available to be called if required. In addition there was a cook each day and a cleaner six days a week with the registered manager and provider working in the home most days. Additional care workers were scheduled for events and if people needed to be taken to an appointment or on an outing. The registered manager gave an example where one person had been unwell and an additional care worker had been scheduled to come in early to support them with their meal. The registered manager and provider were in day to day control at the home and worked alongside staff. This enabled them to monitor that people's needs were being met and adjust the staffing levels as needed.

People received their medicines safely and on time. When the senior care worker administered people's medicines they were patient and ensured people had a drink to take their medicines. They then signed the person's medicines administration record to confirm the person had taken their medicines. One person said when asked about their medicines, "They always check it (medicines) before giving to me and ask if I need anything." Medicines were stored safely, including those requiring refrigeration. Records were kept in relation to medicines received into the home and medicines disposed of, which provided an accurate audit trail.

Cream charts were in use that care workers had signed when they applied people's prescribed creams so that it was clear what cream had been applied and when. The cream charts guided care workers where to apply people's creams, the type of cream and the frequency they needed to be applied. The senior care workers as part of their duties checked that all cream charts had been completed correctly each day. A pharmacist had visited the service in February 2016 and completed a medicines check. They had raised no concerns regarding the management of people's medicines at the service.

Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers, any unexplained employment gaps checked and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. The provider made improvements during the inspection regarding a system to ensure all recruitments checks had been

undertaken before a new staff member came to work at the service. This was put in place because it had been difficult for them to demonstrate all checks had been undertaken on the first day of the inspection. A new care worker said, "Before I started they did my DBS and got a reference. They checked all of my details…"

People were protected by staff knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required. The provider had also put up posters regarding a whistle blowing helpline and a safeguarding flow chart setting out the actions for staff to take if there was a safeguarding concern.

Every three months the care workers designated as keyworkers for people, asked people their views about the service and whether they felt safe and protected from abuse. They used a sheet with 'Smiley faces' on so people could indicate their feelings regarding feeling safe. All of the responses had been positive. This was undertaken so the provider could assure themselves that people felt safe in their care.

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's mobility, nutrition, pressure damage and falls. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and pressure relieving cushions in their chairs. The registered manager told us that a health professional had suggested a person's chair was too low and so it was changed. They went on to say "We try anything they suggest."

The home was tidy throughout without any odours present and had a pleasant homely atmosphere. One relative said, "No smell when we came here." Another said, "When you come in there is no smell of an old people's home." Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. The housekeeper said, "I say each week what I want and I have it. No worries there."

The laundry was compact. Sheets and pillow cases were sent to an outside laundry. Staff undertook the personal laundry tasks. People were happy with how their laundry was managed and said they received it back promptly and well presented.

A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. There were two copies for each person, one was located on the back of people's bedroom doors the other in a folder which was easily accessible in the event of an emergency. The PEEP showed the location of people's rooms on a floor plan and the route to the nearest fire exit as well as details of the support people required. This provided staff with information about what to do for each person in case of an emergency evacuation of the service. Arrangements had also been made with another provider that in the event that the home had to be evacuated there was a place for people to be taken. This showed the home had plans and procedures in place to safely deal with emergencies. Accidents and incidents were reported and reviewed by the registered manager to identify ways to reduce risks as much as possible.

Premises and equipment were managed to keep people safe. The provider's undertook the maintenance at the home and called in external contractors for more specialist work. For example, external contractors regularly serviced and tested moving and handling equipment and the fire evacuation chair, fire equipment and stair lift maintenance. The registered manager had what she referred to as her golden book. This was

where she recorded anything she saw which needed doing for example repairs and decorating. On the first day of our visit the stair lift, was not working. This meant some people had not been able to come downstairs. The provider had taken immediate action and on the same day an engineer attended and the fault was repaired.

The provider undertook fire checks and drills in accordance with fire regulations. A fire officer had visited the service in February 2016 they had no concerns. They did discuss being able to evacuate people quickly and safely by providing equipment to help disabled people escape in an emergency. In response to this the provider had purchased a new evacuation chair and staff were undertaking sessions to learn how to use it.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the people living at the service.

Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. Staff on induction shadowed senior care workers and undertook the provider's mandatory training. The provider used the Care Certificate, which is a nationally recognised Skills for Care training programme for newly recruited staff. The registered manager had decided that all staff would complete the Care Certificate as they felt it would keep staff up to date. Staff said they felt the induction enabled them to perform their role well. New staff were requested to complete an induction feedback form when they had completed their induction. They were asked questions which included whether they were shown everything they needed to know to perform their job satisfactorily and anything further they needed to be shown. This enabled the provider's to assure themselves that new staff felt competent and if required, put in place additional support. One care worker said, "I did two weeks shadowing …and then another week. They explained what I had to do and what I shouldn't do. They have shown me how to do tablets and change the beds. They then watched me to see if I was doing it right."

New staff, as part of their induction, spent time with the provider to discuss the fire procedure at the home and had looked at the fire policy, detectors, call points and the control panel. An external fire trainer delivered the fire training.

Staff had completed the provider's mandatory training which included, safeguarding vulnerable adults, medicines, manual handling, infection control, first aid, fire safety and equality and diversity. Staff were encouraged to undertake additional qualifications in health and social care.

Staff had regular supervisions with their line managers and an annual appraisal. This gave them the opportunity to discuss any training needs or performance issues and to receive feedback regarding their work. Staff said they felt supported by the provider's and senior staff.

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. For example, GPs, community nurses and chiropodist. On the first day of our visit a person had not been able to attend a GP appointment because the stair lift was not working. Staff had contacted the person's GP and a home visit had been arranged. The community rehabilitation team had been requested by staff because a person's mobility had reduced. They had recommended exercises which the care workers were undertaking three times a day with the person.

Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Comments included, "They are prompt in requesting assistance and follow recommendations", "We have no concerns, they ring up and if we give any instructions they are followed" and "I find Manor House to be very responsive to their patients' needs and requests. They request reviews

proactively."

People who lacked mental capacity to make particular decisions were protected. The registered manager and staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty.

There was nobody at the service subject to an application to deprive them of their liberties. All staff at the service had undertaken training in MCA 2005. When asked, staff were able to tell us their understanding of the MCA and how it influenced their work. For example, "We always ask them (people using the service) if they want to stay in bed or want their breakfast in bed. It is up to them it is their home" and "You can't force people to get up. You try and encourage but it is up to them." A relative said, "The staff let the residents do what they like." The registered manager said they were happy they could contact the local authority DoLS team for guidance when required. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA 2005.

People were supported to eat and drink enough and maintain a balanced diet. Fresh fruit and snacks were available for people at all times. Where people had been assessed as being at risk of weight loss additional calories were added to their food and they received fortified drinks. Records showed, and relatives confirmed, that some people's weight had improved while being at the service. During the mealtime staff were very attentive to people's needs ensuring people had the condiments they needed and refreshments.

People and their relatives were very complimentary about the food at the service. Comments included, "Anything you want you only have to say", "Loves the food. They make sure she is eating and drinking well", "The food here is very good, I am very happy", "I only have to say can I have some more and it is there" and "It is fantastic how well they are fed, it is fresh and a big variety. They take into consideration if someone doesn't like it they make sure they have something else they would like." The provider, registered manager and staff also ate the same food as people. The registered manager said, "Food is so important it keeps people well and can be their main pleasure".

Staff gathered information about people's dietary requirements likes and dislikes, when they first arrived at the home. The chef had this information in the kitchen to inform them about people's requirements. The cooks said, "People are asked the same day about their meal choices and can have alternatives or something lighter if they are not feeling well." We observed at a mealtime one person did not want their meal, saying they weren't feeling well. Staff interacted with them and they eventually decided to have a dessert which they appeared to enjoy. People were able to choose where they had their meals. Some people liked to have their meals in their rooms and others chose the dining room. Appropriate meals were provided where people required a specialist diet in regards to being diabetic or needing a specific consistency of food.

Good

Is the service caring?

Our findings

Interactions between people and staff showed that staff were kind, friendly and caring towards people. People were seen positively interacting with staff, chatting, laughing and joking. People and visitors said they felt the care at The Manor House was very high. Comments included, "Very happy here, very cosy lovely and warm", "I don't know what I would have done without them. The staff are funny, they have fun…they are cheeky with him and he is to them; he loves it", "It is perfect here", "Really good, very kind and very considerate. They work together" and "Anything I ask of them they do. They decorated the lounge for his birthday, they were brilliant."

Health and social care professionals gave positive comments about the caring nature of the staff. Comments included, "Really caring. If a prescription is needed they are straight up" and "The staff know the patients well and always seem very compassionate."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff said they maintained people's privacy and dignity when assisting with intimate care. For example, they knocked on bedroom doors before entering and gained consent before providing care. One care worker said, "I always shut the doors and curtains so nobody can see. When they are going to the toilet, I shut the door and ask them to ring the bell if they need help."

Staff involved people in their care and supported them to make daily choices. For example, people chose the activities they liked to take part in and the clothes they wore. One staff member said, "We spend time with the residents, ask them what they want to wear, how they like their hair and makeup to be done." This was demonstrated in people's care plans. For example one person's said, 'I like to choose what I want to wear, like jewellery and scarfs and have my lipstick. 'A relative said, "They are looking after her very well. It doesn't matter what time I visit, always nicely dressed and nails painted."

Staff described ways in which they tried to encourage people's independence such as dressing themselves with minimum support. Staff said they knew people's preferred routines such as who liked to get up early, who enjoyed a chat. They ensured people were given a choice of where they wished to spend their time.

Staff were seen supporting people to use the stair lift. They took time with the person to ensure they were comfortable. They stayed with them while they went up and down the stairs and chatted happily and gave reassurance.

People's relatives and friends were able to visit without being unnecessarily restricted. Relatives said they were made to feel welcome when they visited the home. Comments included, "I have nothing but praise for them. I am made to feel welcome; they are so flexible about when I can come."

The provider said they spent a lot of time keeping relatives informed through emails on behalf of people at the service. Where one person's family lived away, they sent faxes which the provider reads with the person. They also supported people to use 'Skype' (having a face to face conversation with (someone) over the

Internet using the software application Skype) to keep in contact with their relatives.

There were numerous thank you cards and photographs of people enjoying activities on display in the main entrance. One thank you card recently sent said, 'Thank you for your kindness, patience and consideration and friendship.' In the main entrance there were also comment cards which people and visitors can complete. Some examples recorded on recent comment cards included, 'I would like to praise you and all your staff for being so kind and caring' and 'The staff are very friendly and helpful and always eager to do everything possible to ensure the residents are happy, relaxed and comfortable as well as attending to their medical needs.'

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Visitors said people were treated as individuals and that staff took the time to ascertain their interests and details of their life stories.

The provider's fair access, inclusion and diversity policy displayed in the main entrance at the home demonstrated this ethos. It stated 'The manor house recognises that the people who uses its services have different needs but the right to the same quality of service. All people who uses our services have the right to benefit from them without being subjected to direct or indirect discrimination or abuse from other persons.'

Staff were responsive to people's individual needs. Each person had their needs assessed prior to receiving a service. That information was then transferred to a care plan of how their needs were to be met. The plans included what mattered to the person and how they and their family could be supported. People's wishes and instructions were taken into account so the care was person centred and they remained in control of their lives.

The service used a kardex system to record people's information and assessments and daily record of care. They included personal information and identified the relevant people involved in people's care, such as their GP, optician and chiropodist There was information about people's health and social care needs and showed that staff had involved other health and social care professionals when necessary. Care plans were kept in a separate file and a second copy stored discreetly in people's rooms. Staff could refer to people's care plans when providing care and support to ensure it was appropriate. Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care.

Staff said they were told about new people at the service at handover. They had the opportunity to read the information contained in people's care files which enabled them to support people appropriately in line with their likes, dislikes and preferences. Care plans included information about people's history, likes and dislikes. This meant that when staff were assisting people they knew their choices, likes and dislikes and provided appropriate care and support.

Care plans were up to date and were clearly laid into separate sections, making it easier to find relevant information. For example, the provider used the activities of daily living model which included, communication, mobility, personal care diet and hydration and a synopsis of health needs and the support needed.

People were given the opportunity to be involved in reviewing their care plans. Every month people's designated keyworkers would sit with them and read through the care plan to ensure it was accurate and reflected the support they required. People were then requested to sign the care plan to show their agreement with its content.

Relatives where appropriate were asked to review people's care plans who were unable to themselves. One

relative said, "I am kept informed. They are very good at telling me if something is wrong, brilliant at that. No worries. They go out of their way to meet her needs."

The provider's principles of care as recorded on their website stated. 'Residents are encouraged and assisted to pursue their own interests and to participate in social activities and outings if they wish.' Activities formed an important part of people's lives at the service. Staff undertook the provision of activities on a daily basis. On the first day of our visit arrangements had been made for extra staff to work so people could attend a local tea dance.
Staff said because they had enough staff on duty they liked having the time to spend with people. One care worker said, "We try to do something every day, quizzes, jigsaws, skittles go out to the seafront for an ice-cream." External entertainers also came to the home. This included a 'music man' and an arts and crafts session every two weeks. People's rooms were very homely and personalised with their personal possessions, photographs and furniture. There were two house cats and a cat belonging to a person staying at the home. The provider also had a dog which lived at the service and was very much loved by people there. Staff had completed a care plan for the person's cat to ensure they had the care they needed. For example visiting the vets for check-ups and worming. The person's relative explained that it had been so important that their relative had kept their cat with them. They said, "Absolutely amazing. We are so lucky they had a bed. It is the perfect place and they would take her cat which was brilliant as it means so much to her."

People were made aware of how they could raise a concern. There was a complaints procedure in the main entrance of the home and a notice in people's rooms stating the provider's aim for people to feel happy and safe and encouraging people to report any concerns. The complaints procedure also identified outside agencies people could contact. The registered manager kept a complaints book, where they recorded both concerns and complaints. There was only one entry this year regarding a person not being happy that they had needed to sign their care plans in several places. The registered manager had taken action and the documentation had been amended so people only had to sign in one place. This demonstrated they took people's concerns seriously and took action to rectify.

People said they would feel happy to raise a concern and knew how to. Comments included, "I would speak with the staff or go further if needed but have not had to", "I can see them anytime I want. I try not to cause any problems, I could raise concerns if I wanted to" and "They are very good here. If I say I want something they get it for me. They are brilliant and all very nice. I have no complaints at all."

Good

Is the service well-led?

Our findings

One of the provider's is also the registered manager of the service. They undertook the day to day running of the service supported by the other provider. They had a clear understanding of their responsibilities and lived on site and was available at all times. The registered manager was supported by senior care workers, care staff and ancillary to support people's needs. People and their visitors described the provider and registered manager as very approachable and always available if they wanted to talk with them. One person said, "They are very easy to talk to."

A health professional also gave positive feedback about the leadership at the service. Their comments included, "This is a good home, very caring particularly (the providers)."

Staff said they felt well supported by the provider and registered manager and said issues were dealt with quickly and appropriately. Comments included, "The providers are really good I have found them to be very professional. They listen", "(The providers) are always around if you need to speak to them" and "They are so good. We can be completely honest with them. They will help and advise." One staff member gave an example of how the provider's had been responsive to their suggestions. They had requested an extra care worker in the afternoon because the people wanted to go out. They explained that the people using the service were a lot more active that they had been which they felt was positive. They said the provider's had listened and extra staff had been allocated in the afternoons to enable people to go out.

The provider and registered manager knew each person's needs and was knowledgeable about their families and health professionals involved in their care. They promoted a positive culture and were aware of the ability of staff and were willing to challenge poor practice.

Incidents were appropriately monitored and acted upon. They checked each incident personally to ensure staff had taken the necessary action. This enabled them to be able to analyse trends over time to establish whether there were any patterns to help reduce the risk of recurrence.

There was a range of quality monitoring systems in use which were used to continually review and improve the service. These included regular audits of medicines, care records, infection control, falls, call bell response times, mattress and pillow checks, room assessments and Treatment Escalation Plans. They had taken the relevant action for issues they had identified in respect of these.

People and staff were actively involved in developing the service. The registered manager visited people most days, asked them their views and kept them informed of things happening at the home. People were supported to complete a survey every three months with their designated key worker. People were asked questions about whether they felt safe and protected, were they treated with dignity, compassion and respect, could they express choice, feel involved with their care and were they happy with the leadership at the home? The results of the most recent survey had showed people very happy with all aspects, rating them good or excellent. Comment forms were given to visitors to obtain feedback on the quality of the service provided. These had been consistently positive.

Staff meetings were held regularly, where staff were able to express their views, ideas and concerns. The registered manager said they had a staff meeting every three months and would have more if one was needed to discuss any issues which might have come up. There were also senior care workers meetings every three months. The last meeting held in February 2016 demonstrated that there was an open discussion. The meeting looked at new policies about disposal of clinical waste and staff supervisions. One care worker said, "We are always asked about things at the meetings and we come up with different ideas….They listen."

The registered person was meeting their legal obligations such as submitting statutory notifications when certain events, such as death or injury to a person occurred. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.

The duty of candour regulation is to ensure that providers are open and transparent with people who use their services in relation to care and treatment. The provider had a 'Duty of candour book' where staff recorded where they had informed people of any errors made in relation to their care.