Michael Goss

The Friendly Inn

Inspection report

Gloucester Way
Chelmsley Wood
Birmingham
West Midlands
B37 5PE

Website: www.friendlycare.co.uk

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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

This inspection took place on 19 October 2017 and was unannounced. The Friendly Inn provides care and accommodation to a maximum of 30 older people. On the day of our visit 28 people lived at the home. A number of people lived with dementia.

The home was last inspected on 13 October 2016. At that inspection we found improvements had been made since our inspection in May 2016. However, the provider needed time to demonstrate to us the improvements made had been sustained and additional areas identified as requiring improvement had been addressed.

During this visit we saw further improvements had been made and sustained over a 12 month period which benefited the people who lived at the home.

The home 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.

People felt safe and were happy living at the home. Procedures were in place to protect people from harm. Staff understood their responsibilities to keep people safe and were confident to raise any concerns with their managers.

Risk assessments and management plans were in place and most contained up to date information. Despite omissions in records discussions with staff demonstrated a consistent approach to the management of risks.

People received their medicines as prescribed and medicines were stored safely. People received appropriate health care to meet their needs.

Accident and incident records were completed. Analysis of the incidents to identify patterns or trends had been completed to reduce the likelihood of them happening again. Equipment was checked by staff and external contractors to make sure it was safe to use.

People told us the staff had the skills and knowledge they needed to care for them effectively. New staff were provided with effective support when they first started work at the home. Staff had completed training the provider considered essential to be effective in their roles.

The staff demonstrated an understanding of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant that they could ensure peoples' rights were being protected. The managers understood their responsibility to comply with these requirements. For people

who were assessed as not having the capacity to make all of their own decisions, records showed their families and health care professionals had been involved in making decisions in their best interests. Staff always obtained people's consent before they provided care and support.

Most of the people we spoke with provided positive feedback about the food and dining experiences at the home. Overall, staff demonstrated good knowledge of people's dietary needs.

People spoke positively about the staff that provided their care. Staff showed concern for people's wellbeing and demonstrated they knew the people they cared for well. A keyworker system was in place. This meant people were supported consistently by a named staff member.

People were encouraged to be as independent as they wished to be. People were treated with respect and were cared for in a dignified way.
We received positive feedback about how people's care was personalised to meet their needs. People received care which was in line with their wishes and preferences.

People were encouraged to maintain relationships important to them. Relatives were encouraged to be involved in their relative's care and there were no restrictions on visiting times. People spoke positively about the varied social activities that were available to them to occupy their time.

People and their relatives were invited to attend regular meetings so they could make suggestions about how the home was run. People and their relatives knew who to speak with if they had any concerns or complaints about their care and all felt confident concerns would be dealt with appropriately and fairly.

Staff told us they enjoyed working at the home, they felt supported by the management team and they received regular supervision of their work. The provider and the managers promoted an open culture by actively encouraging feedback from people, their visitors and staff to put forward their suggestions to make continual improvements at the home.

More effective systems to monitor and review the quality of the home were in place since our last inspection. There was an emphasis on continually looking for ways to improve the service people received, and also looking at learning if care fell below the standards the provider expected.

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 felt safe living at the home. Procedures were in place to protect people from harm. Accident and incident records were completed. Equipment was checked to make sure it was safe to use. The provider's recruitment procedures minimised, as far as possible, the risks to people safety. There were enough staff to meet people's needs. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were skilled and confident in their practice and had the knowledge they needed to care for people effectively. Most people spoke positively about the food and dining experiences at the home. The staff worked closely with external healthcare professionals to ensure people's health needs were met. Staff understood and worked in line with the principles of the Mental Capacity Act 2005. Staff obtained people's consent before care was provided.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff who provided their care. Staff showed concern for people's wellbeing and knew the people they cared for well. People told us staff involved them in decisions about their care. People were encouraged to be as independent as they wished to be. People were treated with respect and were cared for in a dignified way.

Is the service responsive?

Good

The service was responsive.

People received personalised care from attentive staff. Care plans contained information about people's preferred routines, likes and dislikes. People and their relatives were invited to

attend regular meetings so they could make suggestions about how the home was run. People and their relatives knew who to speak with if they had any concerns or complaints about their care. People enjoyed the social activities available to occupy their time.

Is the service well-led?

Good

The service was well-led.

Improvements had been made and sustained since our last inspection. People were happy with how the home was run. There was a strong emphasis on continually looking for ways to improve the care people received. Effective quality assurance procedures were in place to assess and monitor the quality and safety of the home. Staff felt supported by the management team.

The Friendly Inn

Detailed findings

Background to this inspection

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

This inspection took place on 19 October 2017 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection we spoke to the local authority commissioning team who funded the care for a number of people. They did not have any further information to share with us. We were also contacted by two people's relatives via the telephone who shared their views on the quality of the care people received.

We reviewed the information we held about the service and the statutory notifications that the registered manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be about any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

During the inspection we spoke with seven people who lived at the home and five relatives. We spoke with ten staff members including the registered manager, the deputy manager, a director, the cook and four care workers.

We reviewed four people's care plans, daily records and risk assessments to see how their support was planned and delivered.

We reviewed the recruitment records of two staff members and other records of checks the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

During our last visit people's relatives told us improvements were needed to increase the number of staff on duty during the afternoons to supervise people safely. At this visit people told us staff were available at the times they needed them. This meant the required improvements in staffing levels had been made. We also looked at the dependency tool used by the registered manager. They explained how using the tool meant they made sure enough staff were on duty. A staff member commented, "Staffing is better now and we don't use agency staff, we (permanent staff members) cover shifts."

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Our discussions with staff confirmed their references had been requested and checked. Staff told us they had not started working at the home until their DBS (Disclosure and Barring Service) clearance had been returned and assessed by the provider. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.
People told us they felt safe living at The Friendly Inn. One person said, "I am safe, and happy." Another told us, "I feel safe because everybody is nice to me. I get on so well with every one of the carers and they get on with me."

A relative explained the action taken by the home's staff assured them their relative was kept as safe as possible. Their relation had fallen during the night time and a sensor mat had been put into place to reduce the risk of this happening again. This meant staff were alerted and could provide prompt assistance if their relation got out of bed at this time.

Procedures were in place to protect people from harm. For example, we saw the provider's safeguarding reporting procedure was displayed in communal areas of the home to inform people how to report concerns if they felt unsafe. Our discussions with the managers assured us they were aware of their responsibilities to keep people safe. Records showed concerns of a safeguarding nature had been correctly reported and this meant any allegations of abuse had been investigated if required.

Staff confirmed they had completed training to safeguard adults. Training included how to raise concerns, and the signs to look for which might indicate people were at risk. Staff described to us their responsibilities to keep people safe and they told us they were confident to report any concerns to their managers. One said, "I would report any concerns about abuse which can include unexplained bruising, emotional and financial abuse." Another told us, "I would report bruising to the manager and complete a body map and fill in an accident form. They [manager] will make a safeguarding referral. I would tell the CQC if I wasn't happy, we have a whistle blowing policy that tells us how to report concerns." We saw the provider's whistle blowing policy (a whistle blower is a person who raises concerns about wrong doing in their workplace) was on display for staff.

At our last inspection we found more detailed guidance for staff to follow had been added to most risk assessments since our inspection in May 2016. Risk assessments had been reviewed monthly in-line with the provider's policy to ensure the information was correct.

During this inspection we found these improvements had been sustained.
Risk assessments and management plans were in place and identified potential risks to people's health and wellbeing. Staff were knowledgeable about the risks associated with people's care and support needs and confidently explained in detail how people's needs varied according to their abilities and preferred routines. These assessments helped to keep people and staff safe when delivering care.

We looked at the risk assessments for four people. Overall, we found people's records contained up to date information and guidance for staff to follow. For example, how to manage relationships between people which included using distraction techniques and supervising people at all times. Previously we observed staff did not always support people to manage their anxieties effectively. During this visit we saw staff used the distraction techniques effectively when people became anxious.

However, one person's risk assessment required updating because they had fallen a few days before our visit. The fall had resulted in them being admitted to hospital to receive medical treatment for their injuries. The person had returned to the home the day before our visit but their falls risk assessment had not been reviewed or updated. We discussed this with the deputy manager and they assured us they would update the risk assessment immediately. Our discussions with staff assured us they knew how to support the person safely. We also saw staff encouraged the person to use their Zimmer frame when walking around the home to reduce this risk. Following our visit the registered manager sent us updated records which contained information that reflected the person's current needs.

There were processes to keep people safe in the event of an emergency such as a fire. The fire procedure was on display in communal areas which provided information for people and their visitors about what they should do. People had personal fire evacuation plans so staff and the emergency services knew people's different mobility needs and what support they would require to evacuate the building safely.

Accident and incident records were completed. The registered manager completed analysis of the incidents to identify patterns or trends monthly to reduce the likelihood of them happening again. The analysis was shared with the provider to give them an overview of accidents and incidents that had occurred. They used the information to check the registered manager had taken appropriate action to manage known risks.

People spoke positively about the way their medicines were administered by the staff. One person told us, "Yes, all good the lady comes round with tablets in a little plastic cup and she puts them in my hand and she gives me water." Another said, "Yes, I get whatever is necessary for my pain." We saw staff followed good practice when they administered people's medicines. For example, they took medicines to people, provided them with a drink and watched them take their medicine, before returning to sign the medicine administration record (MAR) to confirm they had taken it. We reviewed seven people's MAR and they had been completed correctly. This assured us medicines were being managed safely.

Some people were prescribed 'as required' medicines. These medicines are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Protocols (medicine plans) for the administration of these medicines were in place to make sure they were administered safely and consistently. This was important if a person was not able to verbally inform staff they were in pain. Staff knew who was unable to tell them and they looked for signs such as, people crying or changes in their behaviour to indicate pain. This meant people received their medicines when they needed them.

Only trained competent staff administered people's medicines. Staff confirmed they had received training, and a manager observed their practice to make sure they were competent to do so. A series of medicine audits took place so if any errors were identified prompt action could be taken.

Some people were prescribed creams to make sure their skin remained healthy. During our last inspection one person's relative told us prescription creams were often not locked away which meant they remained accessible to their relative who lived with dementia. During this visit we saw improvements had been made because creams were stored in lockable cabinets in people's bedrooms.

Equipment used by people was checked by staff and external contractors to make sure it was safe to use. For example, the fire system and the electrical items in use had last been checked by an external contractor in in the previous 12 months.

Good

Is the service effective?

Our findings

People told us the staff had the skills and knowledge they needed to care for them effectively. One person said, "They (staff) are well trained and well mannered." Another told us, "Yes, they will do anything to make you happy and comfortable. You can't ask for anything more than that."

Relatives were happy with the care provided to people. One explained their relation lived with dementia and they told us the staff were always patient when they provided support. They told us this meant the person remained calm and relaxed.

New staff were provided with effective support when they first started work at the home. One explained their induction had been helpful because they had spent time 'shadowing' (working alongside) experienced staff to gain an understanding of people's needs and this meant they provided care in line with people's wishes. The induction also included the 'Care Certificate'. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

Staff demonstrated an in-depth knowledge of people's needs and were skilled and confident in their practice. They told us they had completed the training they needed to be effective in their roles. This included health and safety and dementia awareness. One said, "Training is good and I can always ask for more if I feel I would like some." Another told us, "The home has pulled up a lot, they make sure staff do all the training and they are very supportive."

The staff team also had opportunities to complete qualifications such as, social care diplomas. Most care staff had completed or were working towards level two or three qualifications in health and social care. This assured the provider they had the skills they needed to meet people's needs.

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 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the provider was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities in relation to the MCA. People who lived in the home had been assessed to determine whether they had capacity to make their own decisions. Where people had been identified as not having capacity to make specific decisions about their care, appropriate discussions had taken place with those closest to the person to make decisions in their best interests. The outcomes of these meetings were clearly recorded.

Staff confirmed they had completed MCA training and our discussions assured us they understood the principles of the Act. They gave examples of applying these principles to protect people's rights, such as, asking people for their consent and respecting people's decisions to decline care where they had the capacity to do so. For example, one staff member said, "I always ask if people can make their own decisions, and I show them choices such as different clothing to support them to make choices."

Most people we spoke with provided positive feedback about the food and dining experiences at the home. One person said, "It's lovely, later in the day they (staff) come round with hot cups of tea and sandwiches." Another said, "It's written (food choices) on the board what they've got for us and the puddings are lovely." However, when we asked people if they were offered different choices of meals that they would like to eat one person commented. "Not really, they just bring it to us."

We observed the lunchtime mealtime service in the two dining rooms and the experience was mostly positive for people. The atmosphere was calm, staff were attentive and provided the support people required to eat and enjoy their meals. However, we saw the only meal provided was gammon, mashed potatoes and vegetables. We asked the cook why only one choice of meal was available. They explained a second option, pie, was available to people. However, we did not see this option offered to people nor was it displayed on the menu. We discussed this with the registered manager. They told us they would observe the lunchtime experience the day following our visit and discuss the importance of offering choices of meals to people with the staff.

Overall, staff demonstrated good knowledge of people's dietary needs such as, who had diabetes. However, we saw only a dessert with high sugar content was offered to people with diabetes, for their dessert. We discussed this with the registered manager who advised us low sugar content desserts were available. They assured us they would remind the cook and the staff of the importance of offering a variety of desserts to people. Following our visit the registered manager sent us information which assured us this had happened.

People's records showed the home's staff worked in partnership and maintained links with health professionals such as district nurses. This meant people received appropriate health care to meet their needs.

Good

Is the service caring?

Our findings

All people spoke positively about the staff that provided their care. One person said, "I think they (staff) are nice. If I don't feel very well they treat me very kindly." Another told us, "They are wonderful, just wonderful." Relatives shared this view point. One said, "Staff are friendly towards us and (person), they make you feel welcome and they are all approachable. You can talk to anyone of them." Another said, "I can't praise them enough, they have been fantastic to both my wife and to me."

All staff showed concern for people's wellbeing and knew the people they cared for well. One staff member commented, "I love helping people; I know them all and it makes me happy especially when I see them smile." We saw staff spent time chatting with people and it was clear that positive meaningful relationships had formed. For example, on one occasion we saw a person stroking the face of a staff member.

We saw a sign on the wall in a communal area of the home which stated, "Our residents don't live in our workplace, we work in their home." Staff told us this gently reminded them to always treat people with respect. People and relatives confirmed staff were respectful and they treated them with dignity. One person told us they had a key to their bedroom and staff did not enter without their permission. Another said, "Staff always shut my curtains before they wash me." A relative explained whenever they visited they saw staff spoke with people in a respectful way for example, they said please and thank you. The relative told us this was important because being polite was kind and courteous.

People were encouraged to maintain relationships that were important to them. There were no restrictions on visiting times and a frequent visitor to the home confirmed they always received a warm welcome when they arrived.

People told us staff involved them in decisions about their care and staff knew the importance of people being involved in these decisions. One person told us, "I choose what I do. I decide what I am going to wear, I go down for breakfast then I tidy my room." Another told us, "I go for a walk in the garden. I didn't believe there was a place like this. I have got total freedom." We saw people were offered choices and care staff asked people where they wanted to spend their time. We observed people chose to spend time in different areas of the home through the day.

People told us staff encouraged them to be as independent as they wished to be. For example, one person explained staff reminded them to use their Zimmer frame when they walked around the home because they sometimes forgot to use it. Staff recognised and demonstrated the importance of promoting independence. A staff member commented, "Making people's life worth living is the best thing and keeping their independence is really important."

The provider's PIR informed us that they had implemented a 'say something nice book' at the home. The purpose of this was to assure themselves that the improvements made during our last visit had been sustained. We looked at this book and found 16 people, their families and visiting professionals had written positive comments in the book in the six months prior to our visit.

Good

Is the service responsive?

Our findings

People told us staff were attentive and responsive to their needs. One person said, "If I need something I press my buzzer, they (staff) come quickly to ask what I need." Another told us, "They [staff] will do anything for you."

A relative felt confident staff were responsive to their family member's needs because a piece of equipment had been provided quickly when it was required. They told us using the equipment had had a positive effect on their relation's wellbeing. However, another told us their relative only had one shower a week which they did not think was enough because their relation had liked to shower daily before they moved into the home. We discussed this with the registered manager who told us people could have a shower whenever they liked and they would take immediate action to address this.

We saw staff were responsive to people's support needs. For example, one person had poor eyesight and we saw staff gently reminded them to wear their spectacles so they could watch a television programme that they enjoyed. Another person had chosen to spend a lot of time in their bedroom when they had moved into the home because they did not like to socialise with others. The registered manager explained how they had supported and worked with the person to increase their confidence. This had resulted in the person spending more time in communal areas which had reduced the risk of them becoming isolated and lonely.

Some people who lived at the home preferred a quieter environment. Since our last inspection and in response to this, an additional communal lounge and dining area had been made available for people. We saw this area was quieter than the main lounge and the atmosphere was relaxed. A staff member explained how the change had benefited people. They said, "Some people like it quiet. (Person) can become tearful if it's noisy; having the second lounge provides a calmer place." Another told us, "Having the two lounges had been a great improvement because we can spend more quality time with people."

Before people moved into the home their needs were assessed to ensure they could be appropriately supported at the home. The registered manager explained this process was important because they needed to check the home was the right place for the person to live. People also had the opportunity to visit and look around the home before they had decided to move in. The provider's PIR informed us they planned to implement a 'welcome survey' shortly after our visit. We discussed this with the director who explained the purpose of the survey was to gain feedback on people's experiences of moving into the home to continually develop the service people received.

We looked at a selection of people's care plans which had been reviewed in the month prior to our visit. They provided personalised information about people's preferred routines likes and dislikes. This helped staff to provide person centred care in accordance with people's wishes and preferences. For example, one person liked to eat their meals in private and another liked to dance. Staff confirmed they had enough time to read people's care plans. One commented, "I come in early to read them. We also talk to families to get background information about people."

People and their relatives told us they were involved in the planning and review of their care. A relative said, "Quite a few families are involved in making decisions; they have a big impact on how people have their care." Despite this it was not clearly recorded in people's records how they had contributed. We discussed this with the registered manager. They told us they would take action to improve this. They added one of their main priorities for the next 12 months was to encourage more families to be involved in the care review process.

Handover meetings took place at the beginning of each shift as the staff on duty changed. The health and well- being of each person was discussed and any changes were communicated. These meetings ensured staff had up to date information which meant people received the care and support they needed.

A keyworker system was in place. This meant people were supported consistently by named care workers. A relative told us it was helpful to have a named worker they could discuss their relation's care needs with.

People spoke positively about the social activities that were available to them. Comments included, "There is enough to do." and, "I like the parties." We saw a notice board displayed upcoming events which included gentle exercise and music and a Halloween party. A relative told us, "Activities are good, they have a singer on Thursday and (person) gets up and dances as she loves dancing. She never used to do anything like that but they love it here." During out visit we saw a staff member sitting with a person, chatting and painting their finger nails. We also observed a gentle exercise activity which was led by the activities co-ordinator. We heard lots of laugher and singing which assured us people had enjoyed taking part.

We saw 'theme dress up days' were held at the home. In March 2017 staff had dressed up as characters from the Wizard of Oz film. Staff told us dressing up was 'a bit of fun' and people had loved it. One said, "People's smiles were beaming when they saw us dressed up as Dorothy and the tin man." Staff told us the costumes also stimulated people's memories and sparked up conversations which were supportive to people living with dementia.

The director of the home had recently taken some people 'out for a spin' in a classic car.' They told us, "It was a good day, I got to know people a bit better and people enjoyed the experience." A mini bus had also been purchased by the provider which was available for people at the Friendly Inn to use. The registered manager told they were in the process of planning a day trip to a local train museum as one person had a passion for trains.

During our last inspection the manager told us further improvements were required because meetings for people and their families had not taken place due to other work commitments taking priority. During this visit we found improvements had been made. Records showed meetings with people and relatives had taken place and the dates of future planned meetings were displayed. However, the registered manager told us meetings had not been well attended despite meetings being made less formal. For example, one had taken place during a cheese and wine tasting event. The registered manager added, "We have really tried. Inviting a guest speaker is another way we are trying to improve attendance. "We saw the deputy manager had arranged for a guest speaker to attend the next planned meeting to talk to people's families about their experiences of dementia.

People felt assured that complaints would be taken seriously and acted upon. People knew how to make a complaint and felt comfortable doing so. One person said, "If I needed to complain I would go to the office, they are good at sorting things out." A relative said, "I could never find a complaint against them but I would speak to the manager if I had a problem." We looked at the complaints file. We saw in the last 12 months six complaints had been received and all had been resolved to the complainant's satisfaction and in line with

the provider's complaint procedure.

Good

Is the service well-led?

Our findings

At our last inspection we found the provider and management team had made a number of improvements in a short space of time. However, further improvements were required. Systems for managing risks associated with people's care had improved, although not all risks had been identified and acted on. The registered manager had identified that an extra member of staff was required during the afternoon. However, this was pending at the time of our last inspection. Staff had not received individual meetings with their manager to discuss their individual training and development needs.

During this visit we saw the necessary improvements had been made and had been sustained.

There were a variety of effective systems to monitor and review the quality of the home and drive forward improvements. Regular audits were completed by the managers, other registered manager's within the organisation and external consultants. These checks supported the home to run effectively and in line with the provider's procedures.

There was a strong emphasis on continually looking for ways to improve the service people received, and also looking at learning if care fell below the standards the provider expected. For example, we saw a medication audit completed on 3 September 2017 had identified that improvement was required because hand written MAR charts had not always been signed by two staff. Prompt action had been taken to address this issue and a further audit completed on 19 September showed us this action had been effective as two signatures had been recorded.

Completed audits were shared with the provider who used the information to assess and evaluate the service people received. The director said, "In the last 12 months we have continued to move in the right direction, we are in a good place now." The provider demonstrated their on-going commitment to supporting their management team by visiting the home on a weekly basis and continuing to employ external consultants to offer advice and guidance in line with best practice.

The registered manager explained how the consultants had shared their knowledge which had supported them to gain confidence to drive forward improvements. The deputy manager added, "Team working has greatly improved and the morale of staff is much better." Regular meetings between the managers, the director and the consultants took place to review and evaluate the quality of care people received. Improvement action plans were implemented if required.

People and their relatives were happy with how the home was run. One person said, "I know the managers they are very nice and down to earth." A relative who contacted us prior to our visit told us, "Over the last 12 months things have just got better and better the managers are more visible and are leading by example."

Staff enjoyed working at the home, there was an open culture and they felt supported by their managers. One said, "I get good manager support, its lots better here than it was last year." Another told us, "I can't fault the management if I have questions they answer them and help me."

Previously we identified staff had not had the opportunity to attend individual meetings with their manager to discuss their individual training and development needs. The registered manager had acknowledged these meetings had not taken place because other work had taken priority.
During this visit our discussions with staff confirmed improvements had been made and regular meetings took place. One said, "Yes, we get supervisions now, we can discuss whatever we want to." They explained this was good for staff morale because they felt listened to.

Staff had opportunities to attend staff meetings to contribute ideas to improve the running of the home to benefit people. One said, "The meetings are good because you can get to share your views." We saw during one recent meeting a staff member had suggested that putting a feature fire place in one lounge would make it feel more homely. We saw this suggestion had been listened to and we saw a fire place had been installed. We asked people about this and one told us, "It's lovely, it makes the room feel all cosy."

The provider's management team consisted of an experienced registered manager and a deputy manager. The registered manager was experienced and had worked at the home for 10 years.

The management team encouraged feedback from people, their relatives, visitors and staff. Annual quality questionnaire were sent out to gather people's views about the home. We looked at questionnaires which had completed in April 2017. The feedback showed people were happy with how the home was run.

The managers and the director had a 'hands on' approach and a visible presence at the home, operating an 'open door' policy, and we saw they spent time sitting and talking with people during our visit. This approach ensured they had an overview of how staff were providing care and support to people and gave them the opportunity to speak with people, visitors and staff.

The registered manager regularly contacted Care Quality Commission (CQC) to discuss any issues or concerns that might impact on the quality of care. The provider appropriately notified CQC of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. They understood the importance of us receiving these promptly and of being able to monitor the information about the home.

It is a legal requirement for the provider to display their ratings so that people are able to see these. We found this had been done at the home and was also displayed on the provider's website.