Mrs M Lane

Blakesley House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 28 July 2016 and was unannounced. The service was last inspected on 13 August 2015 when we found seven breaches of the Health and Social Care Act 2008 and associated regulations. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this comprehensive inspection we found the provider had taken action to address the breaches we had identified and improvements had been made.

Blakesley House Nursing Home is registered to provide accommodation for up to 22 people. At the time of our inspection, 12 people were living at the service. The provider is registered as an Individual and as such is not required to have a registered manager in place. The provider runs and manages the service.

A range of activities were organised and external entertainers visited twice a week to provide an activity program to people who used the service, however there was a lack of person centred activities for people who were living with the experience of dementia. We have made a recommendation around this person-centred activity provision.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's capacity was assessed and they consented to their care and support.

Improvements had been made to the training of staff, and we saw that all staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Improvements had been made in relation to the management of risk. The risks to people's safety were identified and managed appropriately. The provider had processes in place for the recording and investigation of incidents and accidents.

The provider had put systems in place to ensure people lived in a safe environment. We saw a variety of health and safety checks were conducted on a regular basis by staff and external agencies.

Improvements had been made to fire safety, and we saw that the provider carried out regular fire checks and fire drills. All people using the service had personal emergency evacuation plans (PEEPs) in place.

Improvements had been made to the recruitment procedures and systems were in place to ensure that only suitable staff were appointed to work with people who used the service.

There were enough staff on duty to keep people safe and meet their needs, and there were contingency plans in place in the event of staff absence.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being

followed.

There was a procedure for the recording, storing and administering people's medicines and the staff were aware of this. Staff received regular training in the administration of medicines.

Staff treated people with kindness and dignity and took into account their human rights and diverse needs.

People's nutritional and healthcare needs had been assessed and were being met.

Assessments were carried out before people were admitted to the service to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed regularly.

There was a complaints procedure in place and people and their relatives knew how to make a complaint. They felt confident that their concerns would be addressed. People and their relatives were sent questionnaires to gain their feedback on the quality of the care provided.

There were regular staff meetings, and these were recorded. Staff told us that communication was good and they had regular handover meetings.

People, relatives and professionals we spoke with thought the home was well-led and the staff and senior team were approachable and worked well as a team. The staff told us they felt supported by the provider and there was a culture of openness and transparency within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in the administration of medicines and there were effective systems in place to ensure that medicines were managed safely.

Recruitment procedures were in place to ensure that only suitable staff were appointed to work with people who used the service.

There were enough staff on duty to keep people safe and meet their needs, and there were contingency plans in place in the event of staff absence.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

The risks to people's safety were identified and managed appropriately. The provider had processes in place for the recording and investigation of incidents and accidents.

Is the service effective?

Good

The service was effective.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional and healthcare needs had been assessed and were met.

People were cared for by staff who were suitably trained, supervised and appraised.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a friendly and caring way. Relatives and professionals felt that people using the service

were well cared for.

Care plans contained people's personal history, likes and dislikes. People were supported by caring staff who respected their dignity, human rights and diverse needs.

Where people were able to make choices, they told us that staff respected these.

Is the service responsive?

Good

The service was responsive.

A range of activities were organised and external entertainers visited regularly, however there was a lack of specific activities for people living with the experience of dementia.

Assessments were carried out before people were admitted to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed regularly.

People and their relatives were sent questionnaires to ask their views in relation to the quality of the care provided.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess and monitor the quality of the service.

There were regular meetings for staff and people who used the service which encouraged openness and the sharing of information.

People, relatives and professionals we spoke with thought the home was well-led and that the staff and senior team were approachable and worked well as a team.

The staff told us they felt supported by the provider and there was a culture of openness and transparency within the service.

Blakesley House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 28 July 2016 and was unannounced.

The inspection was carried out by one inspector, a pharmacy inspector, a specialist advisor 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. The expert for this inspection had experience of residential services for older people. The specialist advisor for this inspection had expertise in nursing care and mental health.

Before the inspection, 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 reviewed the information we held about the service including notifications of significant events, safeguarding alerts and the findings of previous inspections.

During the inspection, we spoke with six people who used the service, six relatives, three care staff, two nursing staff, the provider, the administrator and a therapist who was providing a service for two of the people who used the service.

We looked at the environment and observed how people were being cared for. We looked at records, including the care records for four people, recruitment records for four staff members, staff supervision and training records, medicines records and other records relating to the management of the service.

Following our visit, we spoke with one social care professional and received written feedback from one relative. We telephoned four healthcare professionals to obtain their views about the service and received feedback from one.

Good

Is the service safe?

Our findings

At our last inspection on 13 August 2015, we found that people were at risk of receiving unsafe of inappropriate care because the provider had not done all that was reasonably practical to mitigate risks to people's health and wellbeing. At the inspection of 28 July 2016, we found that improvements had been made.

People told us they felt safe at the service. One person said, "I feel safe here, no doubt about it. Everybody here minds their own business. I don't bother anybody and nobody bothers me. Happy days."

Where there were risks to people's safety and wellbeing, these had been assessed. Among the areas covered were risk from falls, pressure ulcers, malnutrition, infection and dehydration. Person-specific risk assessments and management plans were available and based on individual risks that had been identified. We saw detailed guidance was available for staff to follow on how to mitigate these risks. These included a moving and handling risk assessment for a person who had been assessed as being at medium risk of falling and who required supervision. We saw that the plan was written in a person-specific manner and included recommendations for staff to follow. Records showed that this person had not had a fall for the past 12 months. This indicated that the provider had put appropriate systems in place to minimise the risk of harm for people who used the service.

At our last inspection of 13 August 2015, we found that the provider had not taken appropriate steps to protect people in the event of a fire and people's records did not contain personal emergency evacuation plans (PEEPs). At the inspection of 28 July 2016, we found that the provider had made improvements. The provider had implemented regular fire alarm tests and fire drills, and records of these were available. There were records of fire instructions to staff. These included observations of staff assisting people to assembly points, identifying where fire detectors were and watching DVDs of fire procedures. This ensured that all staff were able to follow the fire procedure in the event of a fire. People's care records contained up to date PEEPs which took account of people's abilities and needs and detailed guidance for staff to follow to evacuate people safely in the event of a fire.

The provider had a health and safety policy in place. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. Equipment was regularly serviced to ensure it was safe and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers. Environmental risk assessments were in place and included electrical appliances, lighting, smoke detectors, call bells, fire doors and window restrictors.

At our last inspection on 13 August 2015, we found that the provider did not always recruit staff safely to make sure they were suitable to work with people who needed care and support. At the inspection of 28 July 2016, we found that the provider had put systems in place to ensure that all legal requirements were met.

Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had the relevant experience and qualifications. Checks were carried out before staff started working for the

service. These included obtaining two references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check were completed.

Staff had completed training in safeguarding adults and records confirmed this. They were also aware of the provider's safeguarding policies. Staff we spoke with were able to give some definitions of abuse/neglect. One staff member told us, "If I saw that somebody was being abused, I would intervene to stop the abuse immediately and call for assistance. I would report it straight away to the manager and record it. I can also contact the safeguarding agency and the police if necessary."

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals when needed. All incidents and accidents were recorded and analysed by the provider and included action plans. We saw that incidents and accidents were responded to appropriately. This included calling 999 for a person who had a fall. We saw that the person had been seen by relevant healthcare professionals and a detailed plan was in place to prevent reoccurrence. This indicated that the provider had robust systems in place to protect people from the risk of harm.

People and their representatives told us they were happy with the staffing levels, and we saw there were enough staff on duty on the day of our inspection. One person who used the service told us, "I am here because I need help. I can do a lot for myself and when I require the staff, all I have to do is call them. I talk a lot to the staff and the manager." Staff told us the staffing levels were good. Their comments included, "We plan things in advance and can bring staff in for a few hours if it is required. When there are emergencies, for example, if we have to take somebody to hospital, we can always call on the manager" "There is always one staff in the main area to observe the residents and also to respond to any call from the residents. We work well together here" and "The manager is very good and supportive. She is always around first thing in the morning to check that there are enough staff. She will help whilst calling and waiting for assistance to arrive when staff are sick." The provider told us that "the number of staff reflected the needs of the people, the activities for the day and appointments."

Medicines were stored securely and appropriately, including controlled drugs and those requiring cold storage. All medicines were available for people and staff could describe how they obtained supplies in an emergency. Medicines were disposed of appropriately and records kept. The medication administration records (MARs) were clear and completed correctly with signatures or, where appropriate, codes for refusals or omissions. These included records for creams and lotions. We noted that one recording error had been made the previous week; however this had not put the person at risk and the manager described to us actions they would put in place to reduce the risk of this recurring. Where regular blood tests were needed, these were performed and the results noted. Nurses described to us how they reacted to the results of these tests, for example giving a person sugary foods to raise their blood sugar levels; however this was not clearly documented in their care plan and the provider said they would address this.

No-one in the service looked after their own medicines, but on admission each person had been assessed, so that if they chose to do so they could be supported safely. We saw that one person was receiving their medicines covertly. Their capacity had been assessed and a best interest decision made by the GP. The pharmacist was involved in ensuring the medicines were given safely and effectively.

People's medicines were reviewed regularly by the GP and pharmacist and any changes recorded clearly. The manager described incidents to us that showed how the use of medicines had been reduced by these reviews and how people had benefitted, for example reducing the need for sedating medicines.

Audits were undertaken regularly to check that medicines were handled safely in the service and all staff who administered medicines received regular training sessions supported by the supplying pharmacist.

All areas of the home were clean and free of any hazards. The bedrooms we saw were spacious and fresh smelling and people had personalised their own rooms with photographs and objects of their choice. All cupboards containing chemicals and cleaning materials were kept locked.

Good

Is the service effective?

Our findings

During our last inspection on 13 August 2015, we found that the provider had not always followed the principles of the Mental Capacity Act 2005 (MCA) and people were not always lawfully deprived of their liberty. At the inspection of 28 July 2016, we found that improvement had been made.

The 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 and hospitals are called the Deprivation Of Liberty Safeguards (DoLS).

Following our last visit, the provider introduced systems to ensure they followed the principles of the MCA. All people using the service had an initial mental capacity assessment carried out. The provider told us that all the people living at the service lacked capacity and they had made DoLS applications to the local authority. We saw evidence that most applications had been authorised and some were still being processed.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. Staff had training in the Mental Capacity Act (MCA) 2005, and showed a good understanding of its principles. One staff member told us, "When a person lacks capacity to take particular decisions, any made of their behalf must be in their best interests and least restrictive." The provider told us that most people using the service lacked the capacity to make decisions. We saw evidence in the care records we checked that people were consulted and consent was obtained. Where able, people had signed the records themselves indicating their consent to the care being provided. Consent to take and display photographs was obtained, and we saw evidence of this in all the care files we looked at.

Some people were using bedrails. Care records showed that there were appropriate assessments in place, and included the reasons for the use of bedrails, alternatives, discussion with the person or their representative or a best interest discussion.

During our last inspection on 13 August 2015, we found that staff did not receive regular supervision and appraisal and some staff training was inconsistently provided. At this inspection, we saw that improvements had been made.

People were supported by staff who had appropriate skills and experience. The registered manager provided us with a copy of a training matrix which showed the training that staff had undertaken and which

training they were due to refresh. Subjects included safeguarding, health and safety, medicines management, food hygiene, moving and handling and infection control. There were also courses specific to the needs of the people who used the service. These included, dementia awareness, promoting dignity in care, diabetes and challenging behaviour. We saw that all training was up to date, and staff confirmed that they undertook yearly refreshers. This meant that staff employed by the service had the skills and knowledge to deliver the care to the expected standard. Most of the staff working at the service had been there for a long time and most had achieved recognised qualifications in Health and Social Care. The provider had implemented the Care Certificate for new staff. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

The provider had implemented a 12 week induction process. This included training in values, person-centred care, risk assessment, effective communication and developing as a worker. We saw evidence of this in the staff files we looked at.

During the inspection we spoke with members of staff and looked at four staff files to assess how they were supported within their roles. One staff member told us, "We are well trained and supported here." Staff told us and we saw evidence that they were receiving regular formal supervision from the provider. This provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. In addition, the provider carried out "at a glance" supervision. This consisted of observations of staff carrying out tasks such as supervision of junior staff, leading handover meetings and medicines rounds. Staff also received a yearly appraisal. This provided an opportunity for staff and their manager to reflect on their performance and to identify any training needs or career aspirations.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing and as an important aspect of their daily life. People's likes and dislikes were recorded in their care plans and menus were devised according to people's choices. Menus were displayed in the lounge and the food served on the day of our inspection corresponded to these. People told us that the food was good. One person told us, "The food is good here and I have plenty to eat and drink. The staff change the water every day and on my birthday, I got a cake." One staff member told us, "The way we respect people's faith here is to ensure that they have food according to their religion. Some of them are vegetarian, others don't eat pork."

People were supported to maintain good health and had access to healthcare services. We saw evidence that the provider made a variety of referrals to external health professionals when needed. This included referrals to the Speech and Language Therapy (SALT) team and regular visits from the chiropodist. There were a number of examples to demonstrate the effective care received by people who required nursing care. We discussed the treatment plan of a person who was bed bound with a nurse who displayed knowledge and skills about how to prevent skin deterioration and promote comfort. They told us, "Skin is likely to break if we don't put an effective care plan in place. We reposition [person] every two hours, check and change [person] regularly, we ensure they have plenty of fluid and nourishment. We have also involved a number of other professionals in [person's] care like the dietician, the palliative nurse and the GP." Records we checked confirmed this. The support plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, mental health, dental, medicines, dietary requirements, lifestyle and general information.

The service worked closely with healthcare and social care professionals who provided support, training and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. One healthcare professional told us they felt that "the home was run very well and I have never had any concerns."

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. Some of people's comments included, "Kind, very good, very nice, caring and hardworking", "People here are very happy and I have not heard anybody complaining since I have come here. I am happy here and the staff are very kind. They always tell me what will happen if I do and don't do something." One relative told us, "The staff are excellent here and very kind. We are here every day and are informed of any changes in [person's] condition and have the opportunity to discuss anything with them" and another said, "I have nothing but admiration for what the staff do to make my [family member] as comfortable as he can be. The staff are caring and very understanding."

Throughout the visit we observed a relaxed and calm atmosphere in the service and a lot of interaction between people and staff. All staff displayed a gentle and patient approach to caring throughout the day. We observed that staff communicated with people clearly and appropriately, making eye contact, offering choices and explaining what they were doing when assisting people. This included when a person was being assisted to mobilise using a hoist. We observe the staff member to be calm, gentle and reassuring at all times.

The staff and the provider spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. Staff were aware of people's needs, routines and behaviours and were able to explain how they supported different people. We saw evidence of kind and empathetic care. One staff member told us, "When you have been here as long as I have you get to know people very well." Staff told us that the way they respected people's dignity was to give them choice, to knock at the door before going in, to give them the choice of being cared for by a male or female member of staff, and to explain things to them "as you go along." This was confirmed by a person who said, "They always knock on my door. They are very polite." One relative told us, "Oh yes the regular staff treat her with kindness and respect."

We observed interactions between people and staff during lunchtime. Staff supported people who needed assistance with eating. There was a relaxed and unrushed atmosphere and staff appeared to have a good rapport with all the people who used the service.

People's last wishes were recorded in their care plans and some people had been involved in devising advanced care plans. These were documents which took into consideration how people wanted their care to be provided at the end of their life. People's wishes included, '[Person's] dignity will be maintained at all times', '[Person] will be kept comfortable and pain free' and '[Person's] last wishes will be fulfilled and respected.'

The home was accredited to the Gold Standard Framework (GSF) since 2013 and were due to be reassessed in August 2016 to ensure they were still meeting the standards necessary to maintain their accreditation. GSF is an approach to planning and preparing for end of life care.

The service had also signed up to be "Dignity Champions". A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. Each person living at the service had a 'dignity in care' profile. This included advice to staff about how to provide person-centred care and meet the needs of people. Instructions included, "Show proper respect for [person's] belongings", "ensure you knock before you enter the room" and "This is [person's] room and although you have a job to do, you are still a guest."

All the rooms we looked at had been personalised to people's tastes and contained ornaments, pictures, photographs and items in respect to their religion such as crosses and bibles. The activity board indicated visits by a priest on a weekly basis. One staff member told us, "I am not religious, but when a resident asks me to read to them, I duly oblige."

Good

Is the service responsive?

Our findings

During our inspection on 13 August 2015, we found that the records which detailed people's health and care support were not always maintained or accurate, and were not always updated. At the inspection of 28 July 2016, we found that improvements had been made.

Following our previous visit, the provider introduced a new care planning system that was person centred and took into account people's individual care needs and their personal wishes and preferences.

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People told us they had been involved in their initial assessment. One person told us, "They asked me a lot of questions about myself when I first came and the staff told me that they do this to make sure that I get everything I like as far as possible." One relative told us they had been involved and said, "The staff here have involved me from the start and I know about the care for my [family member] thanks to them." People's individual care needs and wishes were taken into consideration.

Care plans were comprehensive and contained sufficient information to know what the care needs were for each person and how to meet them. Each person's care plan was based on the information collated during the initial assessment and was based on their needs, abilities, likes, dislikes and preferences. We saw that person centred guidance was available for staff to follow to ensure they knew the individual needs of each person. This included comments such as, "Staff need to position themselves very close when speaking" for a person who was partially deaf, and "[Person] must be offered soft food and should be offered small amounts regularly" for a person who had been assessed by a speech and language therapist and a dietician. We saw that these instructions were followed by staff on the day of our inspection. This meant that people were cared for by staff who knew and met their individual needs.

During our inspection on 13 August 2015, we found that there was a lack of meaningful activities on offer. At the inspection of 28 July 2016, we found that improvements had been made.

People's opinion about the activities offered at the home varied. One person told us, "Yes, I play bingo and I love having a singsong and I can't say I ever get bored", "I get bored. All I do is sit here. I play lotto, look at the papers and watch TV and do some exercising." One visiting professional told us, "They have a lovely garden; I just wish they used it more." People's preferences and choices were documented in their care plans. One person told us, "I do the activities that are written in the care plan. You will see 'listening to music', 'likes watching cricket, going out' and 'likes to stay on his own'." The care plan confirmed this. There was a number of group and individual activities organised on a weekly basis. Each person who used the service had a personal activity programme based on their preferences, likes and dislikes and included a record of attendance. We spent time in the lounge where the activities were taken place. We saw people enjoying the visit of a music entertainer who engaged people with chatting and singing. However, although the provider had made improvements in the provision of activities, there was still a lack of dementia-friendly activities for

people, particularly for those who were living with advanced dementia.
We recommend that the provider seeks relevant guidance to improve the provision of activities for people living with the experience of dementia.

The service was responsive to people's healthcare needs. Staff told us they were aware of people's healthcare needs and would know if they were unwell. One staff member told us, "If I saw somebody was not well, I would tell the nurse on duty or the manager." One relative was confident that staff would identify their family member's changing needs and said, "I think they would identify and respond to my [family member's] changing needs, like the nurses or the owner." The service had a good relationship with the GP practice and a regular GP visited weekly or more often if someone was unwell. The provider kept a record of the weekly visits which included the reason for the visit, details of the GP's examination, diagnosis and treatment.

We observed throughout the day that staff interacted well with people and responded to their needs in a timely manner. Individual staff member's style of interaction with people changed based on who they were speaking with. This showed them to be responsive to people's needs rather than having a 'one size fits all' approach. Staff were patient and encouraging and supported people without rushing them. People were rewarded with kindness and praise.

The service had a complaints procedure in place and this was available to people who used the service and their relatives. People told us they knew how to make a complaint and were confident that their concerns would be taken seriously. However none of the people we spoke with had any complaints. On person told us, "No I have never complained. I only have praise for the staff." The provider told us they had not received any complaints recently. However we saw that a past complaint had been responded to appropriately and in a timely manner.

People, their representatives and staff were encouraged to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether people's needs were being met. It also included questions about the quality of the food, the environment and their social needs. We saw that the results showed an overall satisfaction. Some comments included, "People appear happy and well cared for", "The home is always calm, friendly and has a nice family atmosphere", "[family member] has been receiving excellent care at Blakesley House" and "[family member] seems to be content and peaceful here." The results were collated and an action plan put in place if someone had highlighted a concern. This included giving someone a handbook when they had requested it.

Good

Is the service well-led?

Our findings

The provider had been the registered person and owner of the service since 1991 and of a smaller home nearby since 1984. They were supported by a deputy manager who provided management cover at the weekends, an administrator, and a team of qualified nurses and care staff.

At our last inspection on 13 August 2015, we found a number of breaches of regulations in relation to the leadership and governance of the service. At the inspection of 28 July 2016, we found that improvements had been made and all regulations were met.

The provider had put in place a number of different types of audits to review the quality of the care provided. These included environmental checks and health and safety checks. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were carried out regularly and action was taken to address any shortfalls identified.

People and relatives we spoke with were complimentary about the provider and the staff. They said they were approachable and provided a culture of openness. People thought that the home was well managed. One person told us, "Yes I know the manager, she is always here and I talk to her" and another said, "I can't fault the staff." One relative told us, "I would describe the management as compassionate, kind and caring and when I leave [family member] here, I know she is being looked after properly" and another said, "When my [family member] came here she was only given two months to live and that was a year ago. That's due to her being here." A third relative agreed and said, "I have spoken to the manager. I think I have never been unhappy here and I have no cause for concerns, let's put it that way."

Staff commented that they felt supported by the provider and were confident that they could raise concerns or queries at any time. They told us that the provider was caring and ensured that staff were supported and equipped to meet the needs of the people who used the service. Staff were very positive about their jobs and told us the provider was in every day to make sure the home was running well and people's needs were being met. One social care professional told us that the service was 'pretty good' and that the provider had 'worked hard to sort everything out'. An external professional who had been providing a service to people for seven years told us the service was 'efficient and caring' and they had recommended the service to people they knew.

The provider kept a record of compliments received. Comments we saw included, "I wish to thank you for the care, attention and respect you showed my [family member] over the last two years of her life" and "Very well done. You deserve to be gold."

Staff told us they had regular meetings and records confirmed this. The items discussed included safeguarding, health and safety and issues concerning people who used the service. We were told that there were regular meetings for people who used the service, and we saw evidence of these. People were informed of issues such as CQC inspection outcomes, repairs and improvements due to take place.

There was a board in the entrance hall which displayed the provider's liability insurance certificate, health and safety information and the complaints procedure. However, the provider had not displayed the rating of their last inspection. We discussed this with the provider who told us that this had been displayed in a frame and this had broken recently. They displayed this prominently before the end of the inspection.

Service user guides were issued to all the people living at the service. They included a statement of purpose, a service agreement and information about the service and the organisation, its aims, objectives and values.

The registered manager told us they attended provider forums organised by the local authority, and was undertaking relevant courses to keep abreast of developments within the social care sector.