M & C Taylforth Properties Ltd

Chaseside Care Home

Inspection report

1a St Georges Square
Lytham Stannes
St Annes
Lancashire
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Tel: 01253724784

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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 of this service on 02 and 03 February 2017. After that inspection, we received complaints and information of concern in relation to poor infection control measures; insufficient staffing levels and skill mixes; poor medicines management and lack of related training for staff. Additionally, we were told staff were not adequately trained; there was insufficient hydration for people who lived at the home; lack of external medical support when people deteriorated; inadequate personal care; and poor staff attitude. Furthermore, complainants told us there was lack of involvement of people and relatives in care planning; poor recordkeeping; unsatisfactory management of complaints; people's preferences not met; lack of activities; and lack of confidence in the home's management.

Consequently, we undertook a comprehensive inspection to review these concerns. We did this because there were multiple areas raised in relation to the five key questions we look at – is the service safe, effective, caring, responsive and well led?

Chaseside provides personal care and support for a maximum of 22 older people who may be living with dementia. The home is situated in a residential area of Lytham St Annes close to the local park and the promenade. There are two double rooms available for those who wish to share facilities, which include privacy screening. Communal areas consist of two lounges, a separate dining room and an area designated as the 'sensory room.'

A registered manager was not in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 02 and 03 February 2017, we rated the service as Requires Improvement. This was because the home was in the process of making ongoing improvements, which required time to embed in service management, care delivery, staff understanding and Chaseside's environment.

We additionally made recommendations for the provider to further improve people's safety and welfare. These concerned systems to enhance recordkeeping associated with medication and infection control.

During this inspection, people we spoke with told us they felt comfortable living at Chaseside. One person said, "I feel safe." Staff received medicines training and competency testing to demonstrate they were safe to administer medication. The provider developed with each person an individual medication care plan and risk assessment to guide staff to manage their medicines safely.

We received positive comments from people about the cleanliness of the environment. The provider had assigned a staff member the role of 'infection control champion' who was responsible for disseminating

good practice at Chaseside.

The provider had systems to assess, monitor and alleviate potential risks to people who lived at the home. Staff demonstrated a good awareness of safeguarding and reporting procedures. They received training to underpin their skills and understanding.

We reviewed rotas and found staffing levels and skill mixes were sufficient to meet people's support requirements. We checked staff records and noted employees received, or were in the process of completing, training. The provider had reviewed each applicant's full employment history, qualifications and abilities to work at the home before they were recruited.

We observed staff were knowledgeable and effective in supporting people who lived with dementia or displayed behaviours that challenged the service. This helped to identify triggers and methods of supporting people that had a positive impact on them and everyone else at the home.

Records we looked at confirmed all staff who prepared food completed food safety and hygiene training. People commented they enjoyed their meals and were encouraged to have them where they chose.

We found staff followed the Mental Capacity Act 2005 because where people were deprived of their liberty to safeguard them correct records were in place. We observed people were able to move about the home without restriction. Care records contained evidence of consent to care.

We observed people who lived at the home were clean, smart and well dressed. Assessments and care records were developed with the person and relatives at the forefront of their support. Everyone we spoke with commented staff had a caring, kind and patient attitude.

All documentation we reviewed was personalised and kept updated to guide staff to people's changing requirements. Those who lived at Chaseside told us they were fully occupied whilst living there. We found the provider was implementing a number of new methods to improve their lives.

The provider was working very closely with local authorities as part of their improvement requirements following recent complaints. They had introduced new systems and procedures to enhance the management of people's concerns.

We found the provider had developed its quality assurance systems and introduced a variety of new audits. Where they identified issues, the staff and provider acted to improve the quality of people's care. Additionally, people were supported to give feedback about their experiences of living at Chaseside.

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.

We observed staff gave people their medicines safely and on time.

The provider had improved their infection control procedures and practices. We looked around the building and noted it was clean and tidy throughout.

There were suitable arrangements to monitor and maintain people's safety. Staff had a good awareness of protecting them from abuse and poor practice.

The provider followed safe procedures to recruit appropriate staff to work with vulnerable people. We saw staffing levels and skill mixes were sufficient to meet their support requirements.

Is the service effective?

Good

The service was effective.

Staff files we looked at showed staff received, or were in the process of completing, a range of training.

Care records contained risk assessments to minimise the risk of malnutrition or obesity. People told us they enjoyed their meals and could choose what they wanted.

The provider had evidenced people's, or their representative's, consent to their care. Staff received training in the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People we spoke with told us they felt staff had a caring and gentle attitude. Care records were developed with each person and their relatives.

Guidance made available to people on admission stressed the

service strived to maintain their diverse human rights.

Is the service responsive?

Good

The service was responsive.

Regular activities at the home provided a number of opportunities to benefit people's social requirements.

The provider completed regular assessments to monitor the responsiveness of continuing care and manage risks. Care records we saw were personalised and contained information about people's wishes and preferences.

A new oversight system was introduced to improve the management of complaints and enhance service delivery.

Is the service well-led?

Good

The service was well-led.

We found the provider had enhanced its service oversight and auditing. We saw evidence where the provider addressed identified issues.

Staff, people and visitors said the home was led well. They told us they had the opportunity to feedback about quality assurance and make suggestions related to service improvement.

Chaseside Care Home

Detailed findings

Background to this inspection

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

We received information of concern in relation to poor care provision at Chaseside. As a result, we undertook a comprehensive inspection to review these concerns. We did this because there were multiple areas raised in relation to the five key questions we look at – is the service safe, effective, caring, responsive and well led?

The inspection visit at Chaseside was undertaken on 25 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we reviewed the information we held about Chaseside. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We walked around the home and spent time observing the interactions between people, visitors and staff. We spoke with a range of people about Chaseside. They included four people who lived at the home, five staff members and the provider. We did this to gain an overview of what people experienced whilst living at Chaseside.

We looked around the building to check environmental safety and cleanliness. Furthermore, we looked at a range of records. These included documents in relation to three people who lived at the home and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of Chaseside.

Good

Is the service safe?

Our findings

Before this inspection, we received information of concern in relation to poor infection control measures; insufficient staffing levels and skill mixes; poor medicines management and lack of related training for staff.

Following our last inspection on 02 and 03 February 2017, we made a recommendation the provider sought and worked within national guidelines associated with medication recordkeeping to maintain people's safety. This was because we found gaps in records and handwritten entries on medication charts were not consistently countersigned to evidence accuracy.

During this inspection, we found the provider had developed with each person a personalised medication care plan and risk assessment. These guided staff to manage people's medicines administration safely and in line with their requirements. The medication file contained each person's photograph to identify who they were to new or agency staff. It also held information about different medicines to guide staff to their purpose and potential side effects. We looked at associated records and found they were accurately completed and followed national guidelines on medication recordkeeping. For example, there were no gaps on medication charts.

We observed staff gave people their medicines safely and on time. They signed medication records after administration to evidence people had taken them. All storage areas were clean and securely locked when staff were not in attendance. The provider completed monthly medication audits, to check associated processes maintained safe administration of medication. Staff received relevant training and competency testing to assist their understanding and proficiency. One staff member confirmed, "I've had good training. At the end of the day, you're messing with someone's life so it's extremely important I get it right." The staff member added the provider had introduced a 'missed signature' protocol, which started with an immediate investigation. This included a requirement for off-duty staff, where applicable, to come in to the home to address the issue. The staff member told us, "It's really good because it makes you much more cautious."

Following our last inspection on 02 and 03 February 2017, we made a recommendation the provider improved infection control practices and recordkeeping to maintain people's welfare. This was because we found multiple areas of concern in relation to cleanliness and a strong, unpleasant odour throughout the home. Additionally, kitchen cleaning records were not up-to-date.

During this inspection, we found the provider had improved their infection control procedures and practices. We looked around the building and noted it was clean, tidy and smelt pleasant throughout. Disposal bins, including those for clinical waste, had lids and we noted the provider made available sufficient personal protective equipment and hand-washing facilities. Furthermore, we saw evidence to confirm staff had infection control training to underpin their skills. The provider had assigned a staff member the role of 'infection control champion.' Their responsibilities included attending relevant forums and additional training to identify, implement and disseminate good practice at Chaseside.

We received positive comments from people about the cleanliness of the environment. The provider

undertook related audits to check the environmental control measures reduced the risk of infection and cross-contamination. The chef had introduced new systems to ensure the kitchen was well maintained and hygienic. They had retained up-to-date records to show when they had completed tasks, how to do so and by whom.

We found the provider had suitable arrangements to reduce the risk of a hazardous environment. They had purchased new fire slides to give safer, much quicker evacuation of those individuals who lived on the upper floors. Fire evacuation plans for each person were individualised and up-to-date. Associated equipment had been serviced and deemed safe for use. We noted hot, running water was available throughout the home and window restrictors were in place to safeguard people from potential harm. The home's legionella, gas and electric safety certification was up-to-date to protect everyone at the home.

Staff logged accidents and incidents to document an outline of the accident and who was involved. They also completed follow-up actions and reported to CQC, where required, to enable the management team to review if systems were safe. They had a good system because staff recorded, reported, reviewed and managed risks to people who lived at Chaseside. We saw health and safety training was provided to underpin the duty to maintain a safe and secure environment.

Care records we looked at contained information about the management of risks to people from unsafe or inappropriate care. These assessed, for example, fire and environmental safety, personal care, mental capacity, pressure area care, movement and handling, nutrition and falls. The provider completed multiple documents to manage hazards. These included an oversight record to give a clear picture of the level of risks associated with each person. The provider also completed detailed information to help staff understand actions to manage and maintain people's safety. We found records were reviewed to ensure they continued to meet the person's needs.

We reviewed rotas and found staffing levels and skill mixes were sufficient to meet people's support requirements. For example, a senior staff member was available throughout the 24-hour period. We saw good staff deployment to attend to people's complex needs, whilst monitoring communal areas to check their safety and complete other required tasks. A person who lived at Chaseside commented, "I feel safe because the staff are always about, popping in and out." Another person added, "They always come straight away if I press for help in my room." Additionally, there was always a combination of male and female staff on duty to meet each person's preferences with their personal care. The provider told us, "We have one resident who only wants a female carer. If a male carer saw this resident wanted to go to the toilet they would just inform a female carer who would then help them."

Staff files we looked at held evidence to confirm the provider followed safe procedures to recruit appropriate staff to work with vulnerable people. This included references and criminal record checks obtained from the Disclosure and Barring Service (DBS). Additionally, we saw proof the provider had reviewed the applicant's full employment history, qualifications and abilities to work at the home. One staff member confirmed, "All my checks were in place before I started."

Information was on display in the home's foyer informing people, visitors and staff who they should contact if they had concerns. When we discussed managing and reporting safeguarding incidents with staff, we found they had a good awareness. They had safeguarding training to develop their skills in protecting people from potential abuse, poor practice and inappropriate care. The provider had assigned a staff member the role of 'safeguarding champion.' Their responsibilities included attending relevant forums and additional training to identify, implement and disseminate good practice at Chaseside.

Good

Is the service effective?

Our findings

Before this inspection, we received information of concern in relation to poor care recordkeeping; inadequate personal care; insufficient training provision; and lack of nutritional support.

During our inspection, we saw staff were experienced and skilled when they assisted people who lived at Chaseside. One person told us, "You cannot fault the staff." Another person commented, "I feel relaxed here because the staff are good at what they do. They are competent."

Staff files we looked at showed staff received, or were in the process of completing, a range of training. This included medication, infection control, safeguarding, mental capacity, manual handling, personal care and environmental safety. Additionally, the provider had set up specialist training to meet the complex needs of people who lived at the home. This covered dementia, behaviour that challenged the service, the nationally recognised care certificate, use of specialist equipment and training on medical conditions. We saw evidence of training provided in a variety of methods, such as face-to-face or online courses. This was followed up by workbooks and competency testing, which strengthened staff knowledge and checked they had put their learning into practice. Staff confirmed the provider supported them with a range of courses. The chef commented, "She's really good [the provider]. She's putting me through level three food hygiene."

We found evidence of the provider commencing staff supervision to assist them in their work. Supervision was a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Records demonstrated staff were able to explore health and safety, service delivery, personal development, work standards and training needs. Supervision also included feedback from colleagues and people who lived at Chaseside to give an all-round picture of the employee's progress. This new process was good practice in supporting staff.

The provider recognised not all staff had completed their training or had regular supervision. We saw sessions were being planned and the provider assured us they would focus on this ongoing process. This included developing their training and supervision matrix to give better oversight of each staff member's requirements. A staff member told us, "You cannot say we are not well trained. They are very good at providing access and keeping you up-to-date."

We observed staff were knowledgeable and effective in supporting people who lived with dementia or displayed behaviours that challenged the service. For example, care records we saw detailed each person's life histories and backgrounds to assist staff to understand them. They monitored behaviours and emotions and recorded what the individual was doing before, during and after incidents. This helped to identify triggers and methods of supporting people that had a positive impact on them and everyone else at the home. We observed staff engaged in a caring, non-invasive way, which helped to effectively and quickly de-escalate situations. The provider ensured staff had, or were in the process of completing, applicable training to enhance their expertise. One staff member said, "The training is very good. I've done dementia awareness and dementia care."

The Food Standards Agency had awarded Chaseside their top rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Records we looked at confirmed all staff who prepared food completed food safety and hygiene training. The kitchen was clean and tidy with modern equipment. The chef had in-depth guidance about environmental cleanliness and infection prevention and control. They completed regular appliance checks and recorded when necessary tasks had been completed to maintain a hygienic kitchen.

People were offered various meal options and could eat their food where they chose. The cook told us, "I go to each resident in the morning to say 'this is what I'm making.' Then I check if they want the meal or would prefer something else." They also met weekly with people who lived at Chaseside to discuss menus. Those we spoke with said they enjoyed their meals. One person stated, "Lovely breakfast. I had scrambled eggs, Weetabix, toast and marmalade." Care files held nutritional risk assessments to protect people from the risk of obesity or malnutrition. These covered risk levels and actions for staff to follow in order to maintain each person's dietary needs. Staff regularly weighed each individual to monitor their health and we saw, where applicable, they referred people to other healthcare professionals. For example, they engaged with speech and language therapists and dieticians in order to enhance the person's nutritional support.

Care records contained documented evidence of people's, or their representative's, consent to their care. A form demonstrated agreement to decision specific care, such as consent to overall care, sharing of information and physical examination. We additionally noted records included best interest meetings and clear processes to evidence people were fully involved in their care. One person told us, "You can have your meals in your own room if you like." We observed staff consistently checked people's consent before assisting them with their requirements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty to safeguard them, we found up-to-date records were in place. The provider completed mental capacity assessments, best interest decisions and legally authorised deprivation records. Staff we spoke with confirmed they received relevant training and demonstrated a good level of understanding.

Care records we looked at contained information about professional healthcare appointments and visits. We saw good communication systems meant a collaborative approach to care met people's ongoing needs. Healthcare professionals involved included GPs, social workers, mental health nurses, consultants, district nurses, hospital services and specialist community teams. Records covered detailed information about outcomes of visits and appointments, along with updated care plans where changes in treatment occurred. The provider showed us new technology they had implemented to improve and provide instant access to healthcare professionals. It gave them direct video access to, for example, GPs, community services and hospital specialists. As a result, waiting times were reduced and people could receive immediate treatment.

Good

Is the service caring?

Our findings

Before this inspection, we received information of concern in relation to inadequate personal care; poor staff attitude; and lack of involvement of relatives in care planning and review.

We observed people who lived at the home were clean, smart and well dressed. There was a calm, relaxed and quiet, but sociable atmosphere throughout our inspection. People we spoke with told us they felt staff had a caring and gentle attitude. One person told us, "The staff are wonderful." Another person added, "They are very caring people."

We found staff had a good understanding of the importance of maintaining people's independence in relation to their welfare. This was underpinned by detailed, important information documented in care records by the provider. All forms we saw were centred on supporting the person's independence and self-determination. For example, the provider checked people's understanding of care requirements and their abilities to manage their own support. Care plans contained in-depth information about each person's life history and their preferences. This guided staff, especially new employees, to people's needs and their wishes about their support.

Documentation we looked at contained clear evidence the provider and staff worked collaboratively with each person or their representatives. For instance, people had signed their care records to show their involvement. We additionally saw the provider and staff regularly consulted with each person in relation to, for example, their medication, meals and activities.

Information, including contact details, about advocacy services was made available to people who lived at the home. Consequently, people could access this if they required support to have an independent voice.

We observed staff consistently approached people in a respectful, caring manner. They knelt or sat down to make good use of eye contact and touch. We saw they used soft, kind and supportive communication, such as suitable use of humour and calm engagement. Staff encouraged the person whilst supporting them, making appropriate use of praise. One person who lived at Chaseside said, "They do respect my space." Staff demonstrated a good understanding of the principles of good care when we discussed this with them. One staff member told us, "I have recommended Chaseside to one person's family and they are now here. The family think [the person] is so well cared for."

Staff respected individuals and ensured they maintained their privacy throughout our inspection. For example, we observed they knocked on bedroom and bathroom doors before entering. Whenever staff supported people, we observed they did so in ways that maintained their dignity. For example, they used respectful language and demonstrated a kind and caring attitude. One person told us, "They always knock on my door before coming in."

Guidance made available to people on admission stressed the service strived to maintain their diverse human rights. The provider had documented relevant information in their records to underpin this. For

example, they recorded each person's spiritual wishes and how important this was to them, such as whether they were still practising. Staff received equality and diversity training to enhance their understanding.

Good

Is the service responsive?

Our findings

Before this inspection, we received information of concern in relation to poor recordkeeping; people's preferences not being met; unsatisfactory complaints management; and lack of activities.

The provider completed people's records with a clear approach. They carried out an initial assessment to assess people's needs and what support they required. This covered areas such as mobility, skin integrity, continence, physical and emotional health, medication, communication and personal care. The provider used this information to formulate care planning. Additionally, they completed assessments on a regular basis to monitor the responsiveness of continuing care and manage risks. We found documentation was personalised to the individual's needs and guided staff to meet their requirements with a person-centred approach. The provider told us, "The staff team we have now are very good. I'm pleased with their caring attitude and they are very good at completing records."

The staff and provider worked hard to understand people's preferences and how they liked to be assisted. They documented each person's backgrounds and wishes, including their chosen term of address, sleep preferences, gender of staff, food likes/dislikes, communication and activities. The information helped staff to gain a better understanding of who people were and what they needed. The provider gave us an example of one person who asked for female staff only to support them with their personal care. They had ensured this preference was met throughout the 24-hour period and we saw evidence to demonstrate this.

We noted the provider worked closely with the local authority and hospitals to improve transition between services. For example, a recent incident occurred whereby an original Do Not Resuscitate (DNR) document went missing when a person was transferred to hospital. To reduce the potential of this reoccurring, the provider implemented a 'red bag' system. When hospitalised, staff were required to place the person's DNR, care plan, medication records and hospital passport in a red bag to accompany them. This was a good example of the provider correcting an issue to ensure a responsive approach to the transition of people between services.

The provider had started to develop links with the local community. Their purpose was to assist people who lived at Chaseside to feel less lonely and a fuller part of society. For example, staff had recently taken them to a dementia café at the neighbouring fire station where they had cakes and hot beverages. We saw photographs of the event and found people were smiling and enjoying themselves. One person told us, "It was really interesting." Additionally, the provider was developing a relationship with a nursery school to invite children into the home. The intention of this was to provide a lively environment, build new relationships and to break down loneliness. We observed whenever staff passed people's bedrooms and the communal areas they stopped to talk with them. One staff member told us, "Oh yes, we have time to just sit and chat. It's so important to the residents in their daily lives."

We saw evidence to demonstrate the provider had started to develop and enhance activities at the home. For example, they were in the process of implementing the Royal College of Occupational Therapists 'Living well through activity in care homes' toolkit. This was good guidance related to ideas about activities to

improve older people's mental health and wellbeing. It highlighted why this was important and provided information about different activities and tools to support those who lived at the home. One person said, "I used to do a lot of painting, so they bring crayons and pencils for me. I love drawing and colouring in."

On our arrival, we saw everyone at the home were preparing for a Halloween party. Staff supported those who lived at Chaseside to create and hang decorations. We observed one person colouring in portraits, who commented, "I like to do this as a pastime." The provider had purchased associated foods and snacks. They told us, "We're going to make pumpkin soup and have a really fun day with the residents." Regular activities at the home provided a number of opportunities to benefit people's social requirements. This included trips/walks out, a company that provided pets for physical contact, exercise, arts and crafts, birthday parties and monthly entertainers. The chef had started weekly baking classes with people who lived at the home and we saw a photograph of one participant laughing. The provider said, "We were doing baking, which [this SU] had never done before. His [relative] was delighted to see him doing this." The provider had also brought in a large number of retro magazines and books to aid memory loss. They had started a Christmas choir with those who wished to participate, which was preparing for and planning a show over the festival period.

We found the provider was working very closely with local authorities as part of their improvement requirements following recent complaints. They told us they had received two complaints, which they were in the process of dealing with. We saw a large amount of well-organised information was stored securely. This included the complainant's letters and the person's care records, medication sheets and documented contact with other healthcare professionals. Other information included staff statements, as well as meetings with and replies to the complainant. The provider recognised they had not followed their policy by responding to concerns in a timely way. Consequently, they had since introduced a new oversight system to assess complaints, timescales and outcomes. The purpose of this was to improve the management of complaints and, where applicable, to explore lessons learnt to enhance service delivery.

Good

Is the service well-led?

Our findings

Before this inspection, we received information of concern in relation to lack of confidence in management, as well as systems and practices in relation to the quality of care people received.

Although there was no registered manager in place, we saw evidence the provider was in the process of registering themselves as the new manager. They had suitable systems to maintain the organisation and leadership of Chaseside in the meantime.

During this inspection, we found the provider was working very closely with the local authorities as part of their improvement requirements following recent complaints. The contracts and commissioning team worked with the provider to develop an action plan. We saw the provider and staff were completing this document by taking actions to address identified issues. For instance, all staff had completed the care certificate training. In addition, new and updated policies had been introduced and staff had improved recordkeeping. The provider had also introduced a new safeguarding procedure and audit whereby the investigating staff member scrutinised incidents and initial records. This included a review of lessons learnt by staff and the provider and evidence we saw showed how this improved care risk management.

The provider was additionally developing a variety of systems to improve engagement with other services and people's access to the local community. For example, records we looked evidenced they were expanding their website to make links with community groups and local events. The provider was developing a relationship with a nursery school to invite children into the home to interact with people who lived there. They were planning a scheme whereby those who lived at Chaseside, if they wished, could visit individuals living in the community on their own. They had implemented a new electrical system to provide instant access to healthcare professionals. Staff were designated champion roles, intended to implement and improve good practice, and the provider attended the local care home liaison forum to explore good practice. This showed the provider was keen to improve people's wellbeing and work with other services to enrich their lives.

We found the home had a calm, welcoming atmosphere and people approached the provider and staff in a relaxed manner. They said the home was well organised and had good leadership. We observed the provider was kind and patient with people and demonstrated an in-depth understanding of each person and their requirements.

The provider had suitable arrangements to obtain feedback from people, relatives and staff. The annual service user survey for 2017 had not yet been sent out, so we were unable to review any comments. However, we saw evidence to show the chef checked people's meal experiences. Additionally, staff were provided with surveys to provide feedback about training courses. The provider held separate meetings for people who lived at the home and for family members. We saw from the minutes attendees were supported to raise any concerns or ideas to improve the home. The provider also kept them abreast of any changes and planned developments.

Staff commented they felt the provider was supportive to them and worked with them as a cohesive team. The chef told us, "[The provider's] really approachable. Anything I need she gets. Like I asked for a new microwave and I got it later that day." Staff said they felt everyone worked well together and the provider was a good leader. One staff member stated, "I would definitely recommend this home because I know the residents are well cared for."

The provider had obtained and disseminated a variety of guides to assist staff to develop their knowledge and implement best practice. They held regular team meetings to give staff opportunities to explore incidents, new policies or guidance and make suggestions about improving people's welfare.

We found the provider had developed its quality assurance systems and introduced a variety of new audits. We saw they completed these on a regular basis to assess the safety and welfare of everyone at the home. These monitored, for example, care records, infection control and housekeeping, catering, safeguarding, health and safety, maintenance, accidents and complaints. We saw evidence where the provider managed identified issues. For example, they picked up improvement was required with room general tidiness and cleanliness and addressed this in team meetings.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.