

Cranford Care Homes Limited

# Huyton Hey Manor

## 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

We carried out an unannounced inspection of Huyton Hey Manor on the 31st October 2017 and the 2 November 2017. The first visit was unannounced with the registered provider being aware of our second visit.

We last visited the service in December 2014. At that time the service was rated as good with no breaches of regulations identified. During that visit, we identified that the service was not always safe. This related to improvements that were needed to the environment. This visit found that these improvements had been done. People who used the service told us that the improvements made were better.

Huyton Hey Manor is a privately owned care home which provides accommodation for older people some of whom were living with dementia. The service accommodates up to 27 adults. The service is located in the Huyton area of Knowsley and is close to local public transport routes. Accommodation is provided over three floors. The majority of bedrooms are located on the first and second floor and these floors can be accessed via a passenger lift. At the time of our visit, 26 people were living there.

A registered manager was employed at the service. 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 living at Huyton Hey Manor. This view was echoed by relatives we spoke with. Staff had had received training in how to protect vulnerable adults and were clear about how they could report any allegations of abuse. They were also clear about the agencies they could speak to if they had concerns about poor practice within the service.

The premises were well maintained, clean and hygienic. Equipment such as hoists, portable electrical appliances and fire extinguishers were regularly serviced to ensure that they were safe. Risk assessments were in place identifying any potential hazards within the environment that could pose a risk to people and how this risk could be prevented. Personal evacuation plans were also in place to ensure the safe evacuation of people in the event of a crisis.

Risk assessments were in place highlighting the risks people faced from pressure ulcers, weight loss and malnutrition. These were closely monitored and reviewed regularly.

Sufficient staff were on duty at all times of the day. Staff rotas, discussions with people who used the service, relatives and staff confirmed this. Staff recruitment was robust with checks in place to ensure that new members of staff were suitable people to support vulnerable adults.

Medication management was good and promoted the well-being and safety of people who used the service.

Checks were in place to ensure that medication was given when needed and systems in place to ensure that supplies never ran out. People told us that they always received their medication when they needed it. Staff who administered medication received appropriate training and had their competency to do this task checked.

People and their families considered that staff knew what their role was and knew all aspects of people's preferences and their daily needs.

Staff received training appropriate to their role. Staff received supervision to ensure that they were aware of their progress and to discuss any needs they had. Group supervision in the form of staff meetings also took place. Staff of longer standing received an annual appraisal of their work.

The registered provider had taken the requirements of the Mental Capacity Act into account. This included assessments on the degree of capacity people had, how limited capacity would impact on their daily lives and how decisions could be made in their best interest. Staff had received training in the Mental Capacity Act and understood the principles associated with it.

The nutritional needs of people were met. Meals were prepared in a clean and hygienic kitchen. Food stocks were sufficient and kitchen staff were aware of the nutritional needs of people. Meals were provided in a pleasant environment with attention paid by staff to ensure that people would be offered meals they wanted. Alternatives were also in place and this was included in menus as well as information provided to people.

People who used the service and their families felt as though staff adopted a caring, patient and respectful level of care. Relatives told us that they considered that since coming to live at Huyton Hey Manor; the quality of life of their relations had improved.

Staff provided a caring and patient approach in the way they delivered care for people. They took the privacy and dignity of people into account through practical arrangements such as knocking on doors and in the manner they interacted with people.

The service had arrangements in place for dealing with situations where people were reaching the end of their lives.

People were complimentary of the activities provided at the service. People had not needed to make a complaint but knew how to do this and were confident they would be listened to.

Care plans were person centred and reviewed regularly in the face of changing need or otherwise. Assessments were in place and completed prior to people coming to live at the service. These included all aspects of people's health and social needs.

Activities were provided marking key dates in the year as well as other general events such as world themed food nights. People were encouraged to take part to reduce social isolation yet others preferred not to join in and this was respected. People who had expressed an interest in a specific activity had approached the registered provider and had been provided with facilities to pursue this.

The registered manager adopted an open and transparent approach to running the service. People who used the service, relatives and staff considered the manager to be approachable and was running a well led service. The registered manager sought to include staff members in being champions for specific areas such

as end of life care, activities or medication. The registered manager had a number of audits in place to ensure that a commentary on the quality of care could be made and fed back comments from questionnaires to people.

The registered manager maintained a presence within the service and demonstrated a detailed knowledge of the needs of each person who lived there.

Notifications required by law of any adverse events within service were always sent to us and the rating from our last visit was put on prominent display.

## 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.

Improvements had been to aspects of the environment since our last visit.

People told us that they felt safe living at Huyton Hey Manor and relatives confirmed this view.

The premises were clean and hygienic

Medication was safely managed.

People were protected from abuse by staff training, practice and availability of procedures to report concerns.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Huyton Hey Manor

## 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 was 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 31 October and 2 November 2017. The first visit was unannounced with the registered provider aware that we were to visit on the second day.

The inspection team consisted of one Adult Social Care Inspector.

We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law.

As part of our inspection, we ask registered providers to complete 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. The PIR was returned to us when we asked.

We contacted the local authority safeguarding team and local authority commissioners. We looked to see if there had been a visit by the Knowsley Healthwatch team. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. No visits had been undertaken.

On the days of our inspection we spoke with six people who used the service, six relatives, the registered manager, deputy manager, senior staff and three staff members.

Observations were carried out throughout the two days of the inspection. We also undertook a Short Observational Framework for Inspection (SOFI). A SOFI is used to gather information and understand the quality of the experiences of people who use services who are unable to provide verbal feedback due to

cognitive or communication difficulties.

We looked at a selection of records. This included six people's care and support records, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us "Yes I feel safe here" and "yes I am absolutely safe". This was confirmed by relatives who told us "Yes my [relation] is safe here" and "I can leave the building knowing that my [relation] is well looked after. People told us "yes there is always enough staff around" and "if I need help, there is always someone there to help me". People told us that the staff team managed their medication and that they were happy with this arrangement. They told us that they always received their prescribed medications on time and that they were never missed.

Our last visit noted that there were areas of the home that needed refurbishment. This related to rotten window frames with glass posing a risk to people and the obstruction of a fire escape. These had now been addressed. Improvements to the environment had continued on upper floors in the building with redecoration and replacement of carpets. People who used the service whose bedrooms were on these floors told us that this had been a positive move.

The registered provider employed domestic staff whose role was to maintain standards of hygiene within the building. Our tour of the premises noted that there were no offensive odours or areas of the home that had unsatisfactory hygiene standards. Usually one domestic member of staff was on duty each day. This level was occasionally increased to two members of domestic staff to enable a deep clean of areas to be undertaken. Our visit coincided with this arrangement. Domestic staff explained to us what the deep clean of the service entailed. This included intensive work on people's bedrooms. Domestic staff were provided with personal protective equipment (PPE) which enabled the spread of infection to be minimised. Sufficient supplies of PPE were available to staff and all staff were observed using these when necessary. We received information that mattresses within the building were old and soiled and in need of replacement. We were informed by the registered manager that four mattresses had been replaced yet the condition of mattresses would continue to be monitored and replaced when necessary.

Checks were carried out on equipment in use in the building. These included checks to fire-fighting equipment and fire detection systems. Records indicated that fire alarms had been checked each week yet no record of these checks had been made during the four weeks prior to the inspection. Given the number of recorded checks in the past, this was considered as a recording issue as notices were in place alerting all that weekly fire alarm checks were undertaken. The registered manager agreed to address this. Servicing of hoists was completed every six months. In addition to this, staff were required to check the condition of slings before each occasion they were used and records maintained. Other checks to portable appliance, water temperatures and the call alarm system were also in place. Firefighting equipment such as fire extinguishers were checked annually with periodic visual checks made.

A contingency plan was in place that had recently been reviewed. This included actions staff needed to take in the event of an emergency evacuation of the building. Links had been made with a local church which would act as a place of safety for people who used the service if an evacuation was needed. Each person had a personal evacuation plan (known as PEEPS). This included information on people's ability to understand the need for an evacuation of the building as well as the degree to which staff needed to



physically support them to ensure that their safety was maintained in such circumstances. Information was available to staff throughout the building on the contingency plan as well as fire procedures and how to evacuate people safely. The contingency plan also included arrangements for ensuring action to be taken if computerised care planning systems were lost. The registered manager had access to a back-up system that would restore information in such circumstances.

Staff provided a good account of the types of abuse that could occur within any care setting and the action they would take to ensure that this was reported and investigated properly. Staff stated that they had received training in this and this was confirmed through training records. Information on protecting people was also available for staff reference. This included procedures from the local authority, the registered provider's own policies and information from other agencies specialising in older people's care. Staff were aware of the whistleblowing procedure and who they could report poor practice to.

Risk assessments were available. These related to the risks faced by individuals in their everyday lives as well as risks posed by the environment. Risk assessments for individuals included susceptibility to pressure ulcers, risk of falls and risks of malnutrition. All were reviewed on a regular basis and identified those who were at risk with appropriate action in place for staff to follow and to promote people's health. General risk assessments relating to risks posed by the environment were in place and up to date.

Staff told us they considered that there were sufficient staff on duty and that staffing levels were never at levels which posed a risk to their safety and the safety of people who used the service. Staff on duty during our visit included the registered manager, a member of senior staff, four care assistants and ancillary staff. Rotas were available outlining that these staffing levels were maintained throughout the day and night. Our observations noted that there were always staff available if people needed assistance. The registered manager had introduced a system making it mandatory for one member of staff to be present in the lounge area at all times. This ensured that people could have their needs responded to quickly and were safe.

Recruitment files indicated that the registered provider sought to ensure that people who used the service were only supported by people who were suitable to perform the role. Files indicated that new staff received a Disclosure and Barring check (known as a DBS). A DBS is a check made to see if people had been convicted of offences which would affect their suitability to work there. If convictions were identified, arrangements were available for the registered manager to assess the potential impact these may have on people who used the service and to review this through supervision. References were in place as well as information confirming the identity of the individual. Interview notes were also completed enabling the registered provider to make a judgement on the skills, values and experience of potential candidates.

Medication was safely managed. All medication was securely locked away in trolleys which in turn were locked in a medication room. The ambient temperature of the medication room was recorded to ensure that medications were appropriately stored to maintain their effectiveness. A system for recording, auditing and ordering medication was available through a hand held computer system used by those responsible for the administration of medication. The system was such that any missed medication would be the subject of an alert sent to the registered manager. This acted as a failsafe mechanism to ensure that people received their prescribed medication. All medication records were completed appropriately. Records were available indicating the amount of medication received and who had recorded this. An appropriate system to account for medications returned to the pharmacy supplier was also in place. A medication refrigerator was also available to store those medications that would only be effective if stored under limited temperature ranges. This was locked when not in use and temperatures were taken through the day.

One individual had been prescribed a controlled medication. Separate lockable storage was in place for this

medication. Controlled drugs are prescription medicines which are controlled under the Misuse of Drugs Act 1971. A controlled drug register was used to ensure that stocks of these could be accounted for. In addition to this, the register had been signed by two responsible persons to ensure accountability. We checked the controlled drugs register to ensure that actual stocks of medication held tallied with records. This was found to be the case.

Training records and discussions with staff confirmed that they had received recent medication training. The competency of individuals to administer and deal with medication was recorded and staff again confirmed that they had had their competency checked to perform this role.

No people who used the service managed their medication. They told us that they were reliant on the staff team to manage their medication but were happy with this arrangement. Two people managed inhalers themselves with both people having had their capacity assessed to ensure that this was safe.

## Is the service effective?

### Our findings

People we spoke with told us that they were happy with the support they received. They also told us "staff know what they are doing" and "yes they know me very well". They told us that when they had health problems, the staff always got them the medical help they needed. This view was echoed by relatives who considered that the staff team knew all the likes and dislikes of their relation. People comments on the quality of the food provided. They told us that it was "very good" and "there is always a choice available". They told us "if you don't like something; they will always get you something else". Relatives were positive about the food provided and welcomed the offer from the staff team to have meals with their relation if they wished. They considered this offer to be very "homely" and "it is what you would do at your parent's home anyway".

Records were available outlining the training that staff had received. This included health and safety topics such as food hygiene and first aid as well as topics which reflected the needs of people who used the service. Training in safeguarding vulnerable adults had been provided as well as training in medication, dementia, nutrition, end of life care, diabetes and epilepsy awareness. Interviews with staff confirmed that this training had been provided and had been recently completed. A training update was available indicating when refresher training would be required. Information was available to staff about forthcoming training and members of staff who had been allocated to attend this. Training certificates were also provided once training had been completed.

A structured induction process was in place for new starters. This included the provision of mandatory health and safety training as well as a general orientation to the building, key procedures such as fire evacuation and an introduction to the values of the service through policies and procedures. A period of shadowing was also expected for new starters until they were considered to be competent to work as part of the staff team.

Staff told us that they received regular supervision and this was confirmed through supervision records and a supervision matrix. Staff also informed us that staff meetings were held. Again this was confirmed through minutes. Staff meetings were held with care staff, senior staff and ancillary staff. Staff told us that as well as one to one supervision and staff meetings; the manager offered an open door policy to discuss any practice issues or provide information. Many members of staff had been employed by the registered provider for a number of years. As a result, staff had received annual appraisals in respect of their continued work performance.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered provider was following the provisions of the mental capacity act 2005.

Every care plan contained an assessment of whether a person had capacity to make decision or whether this was fluctuating or not present. People who had capacity were provided with the opportunity to fully make decisions about their lives. For others, there was information on how people could be best assisted to make decisions and this was through a process of best interest meetings. Where people who lacked or had limited capacity, information was available in care plans on how this limit to capacity may impact on all aspects of people's lives and how staff could assist in ensuring that all decisions were in the person's interest.

The registered manager had applied to the Local Authority in some cases to apply for DoLS. These were found to be in date but some were nearing expiry. The registered manager had identified that the expiry date was approaching and had made provision in advance to re-apply for authorisations.

We observed people having the opportunity to verbally consent to any interventions made by staff. People were given explanations as to how they were to be supported and had the choice whether they wished this to happen. People were given the time to make decisions. While assisting people with their mobility; staff asked people to "lead the way" which gave them control over their movements and where they wished to go.

Care planning documents and records demonstrated that people had regular access to local health care professionals. We saw evidence of GP, chiropodist and opticians visits to people. The registered manager explained that they were working with local health care professionals to access dental services for people who used the service. Records suggested that district nurses visited on a daily basis to ensure that nurse-specific needs could be met.

The kitchen was a well-equipped and clean facility. It had been rated by the Local Authority food hygiene department as achieving a five star rating which was the maximum rating that could be applied. The cook demonstrated a good understanding of the nutritional needs of people and had information relating to any dietary needs they had, any assistance they needed or whether they were presented with softer diets. There were sufficient stocks of food and freezer and refrigerator temperatures were monitored regularly to ensure that food was appropriately stored.

Lunch was a relaxed occasion with light music playing in the background. A dining room was available although some people preferred to have meals in their rooms. Staff offered a choice of hot or cold drinks to people and ensured that they received their preferred choice of meals. A menu was available on each table as well as the meals for that day displayed on a notice board. Menus covering two weeks were also on display. These indicated that a choice of meals and alternatives were available to people if they wished. The availability of alternatives was confirmed by people and relatives we spoke with. Some people required different degrees of assistance and this was done appropriately. Some people were prompted to eat their meals and a verbal prompt of encouragement was sufficient for them. One person was hesitant to eat their meal stating that they did not like it. Staff made efforts to ensure that alternatives were provided and used a patient and kind approach to ensure that people were having adequate nutrition. Hot drinks were also

available throughout the day.

The nutritional needs of people were outlined in care plans. Risk assessments were in place to identify the risks people faced of malnutrition. These were regularly monitored and evaluated. People's weights were monitored weekly and records suggested that people's weight remained stable or had increased within healthy levels.

## Is the service caring?

### Our findings

People told us that they felt that the staff team cared about them "they do care about me", "staff go that extra mile to make sure I am alright" and "they are fabulous". This view was confirmed by relatives who told us "they really care, it like an extended family" and "they look after my {relation] but they also look after us as visitors, they are always very welcoming". Two relatives commented that since their relation had come to live in the service that they had put on weight and had become less isolated; preferring to join in with activities. They told us that the service had greatly improved their relation's quality of life.

Interactions between staff and people who used the service were friendly and informal. People were spoken with in a respectful and dignified manner at all times. Staff supported people in an unhurried way with an emphasis on seeking the wishes of people and providing them with information whether it be about the way staff were to support them, activities that were scheduled or meals to be served.

Our observations noted that when people appeared agitated or unsettled; staff intervened in an appropriate manner to provide reassurance to that person. Where people did not want to eat; staff provided encouragement to individuals in a gentle manner which resulted in the person wishing to eat their meal. This was after alternatives were offered to the person and staff had commented "we don't want you to become ill".

Staff gave examples of how to uphold people's privacy. This was done by knocking on people's doors or ensuring that their dignity was upheld during support with personal care tasks. We saw staff knocking on doors before being invited to enter throughout our visit.

People's bedrooms contained personal items such as furniture, photographs or ornaments. This enabled people to best individualise their personal accommodation.

People were provided with information about their care. This either involved staff providing information to people verbally and in addition to this, there was written information. This covered issues on how to make a complaint, what activities had been arranged and what meals were on offer. In addition to this, information was provided in written form to visitors about general topics such as the Mental Capacity Act, dementia support and other health and social care issues. Information was also available about a local advocacy service although no-one at the time of our visit was in receipt of support from an advocate.

The service had experience of caring for people who were at the end of their life. The registered manager stated that no one was at this stage at present. Staff had completed "Six Steps" training in respect of end of life care. This training aims to ensure all patients at end of life receive high quality care provided by organisations such as Huyton Hey Manor. One member of staff had been designated as an "end of life" champion. Information was included in care plans about people's wishes in the event of their death. The registered manager outlined the arrangements in place and worked in partnership with Doctors and District Nurses for identifying people who were nearing the end of their life. This included having arrangements whereby pain relief medication was in stock but only used once the end of a person's life was highlighted by

a medical professional. In addition to the palliative aspect of end of life care, arrangements were in place to ensure that the beliefs of people were taken into account. Some people had expressed a wish not to be resuscitated and these wishes and associated documentation was made known to the staff in a clear and unambiguous manner.

People were encouraged to be as independent as possible. People who used walking aids were able to use these and in cases where people needed to be escorted by staff for their own safety, people were still enabled to mobilise at their own pace. Other people were more independent and had been identified as wishing to manage their own personal care and were independent in accessing the wider community to follow their own interests. This was promoted by the service with just some arrangements in place to ensure that they were safe. This included people telling staff where they were going to go and when they expected to return.

## Is the service responsive?

### Our findings

People told us "I have seen my care plan and I am happy with it". They also told us that they had not had to make a complaint but "I know who to talk to and am confident that it would be sorted out". They also told us "there is lots to do in the day; always something going on". Other people preferred to pursue their own activities and preferred not to join in with the activities offered. They told us that this choice was respected by the staff team although they were aware that they had the chance to still join in at any time. Relatives told us that they were aware of the complaints procedure and who to speak to if they had any concerns.

A programme of activities was in place. Three staff had been given the responsibility to be activity "champions" with a role to promote and arrange an activities programme. An activities notice board was on prominent display within the building. This provided information on a wide range of activities that were on offer. These included themed food nights from around the world, entertainers such as singers visiting, visits from local churches and other parties and social events. Further information was provided to people through a newsletter. This outlined information on activities and the achievements of people who lived at Huyton Hey.

Activities included the marking of key dates throughout the year. This included a remembrance day service to reflect on losses during the world wars. The first day of the inspection coincided with Halloween. The home had been decorated to reflect this and a party was arranged for later that day. Staff dressed as Halloween characters and some people who used the service also did this. The party involved staff and people dancing to a live musician and a buffet was provided. Many staff who were off duty as well as relatives came to the party as part of a wider social event.

People who used the service told us that the registered provider had been responsive to their wishes in respect of specific interests they had. They had expressed a wish to contribute to the upkeep of the garden and more specifically provision of a greenhouse. People told us that they had the opportunity to grow vegetables which they had given to the kitchen staff for inclusion in the menu. The people involved took pride in their efforts and clearly enjoyed the opportunity to pursue this activity.

A complaints procedure was in place. This was located in main areas of the building as well as in each person's bedroom. The procedure provided an outline of who could be contacted to raise concerns and the timescale involved in investigating them. A complaints record was available. This outlined two complaints that had been received. In both cases, an investigation had taken place to the satisfaction of the people who made the complaint. Our records noted that one concern had been reported to us since our last visit. This was included as part of this inspection process.

Information on the needs of people before they were offered place to live at Huyton Hey Manor was available. This process provided information on whether a person's needs could be met there. This was done through the registered provider's own assessment process as well as the gathering of any relevant information from other sources such as Local Authorities who were sometimes responsible for funding care. Assessments included details of the daily needs of people and how they could best be supported by staff.



Assessments were then translated into a plan of care.

All people who lived at Huyton Hey had a care plan. These were stored electronically on a computer database. A back up for files was available in the event of a breakdown. The system could only be accessed via a password given to each staff member. This ensured that personal information was kept secure. Each care plan contained information that was person centred for each individual. It gave specific information for staff to support people in terms of their physical health, mental health, communication and routines. All aspects of people's daily lives were included in care plans as well as their specific likes and dislikes. Care plans covered the interests of people as well as their social history. Reference was also made to the capacity people had to make decisions for themselves. People told us that they had seen their care plan and could see it whenever they wanted to. They told us that they were in agreement with the contents. All care plans were reviewed on a regular basis either as a matter of routine or when needs changed. Staff were provided with a hand held tablet which enabled them to record any task or intervention that they had had with individuals. This information was sent to the computerised care plan instantly. This enabled a summary of staff interventions to be produced with an audit trail of the support provided available to the manager.

## Is the service well-led?

### Our findings

People told us "the manager is very good and the place is well organised" and "I know who the manager is as she is always around talking to me and to other people". Relatives were very complimentary about the management of the service. They told us "This is the best place we have come across, it is very well run and the manager is exceptionally kind and well organised". People told us that their views were always sought and they felt "listened to".

A registered manager was in place. The manager had been employed at the service for a number of years. The manager maintained a presence within the building and assisted when possible in directly supporting people who used the service. The manager expressed a detailed knowledge of the individual needs of people who used the service.

The registered manager had delegated specific roles to staff members creating "champions" in areas such as pressure care, nutrition, end of life care and activities. Staff we spoke with welcomed this and felt as though they were able to influence support and take accountability for the support provided. They confirmed that progress in championing each area was monitored in supervision. Staff considered that the registered manager was approachable and supportive and operated an open door policy to enable staff to raise suggestions with the manager. This open nature was confirmed by relatives who said that the manager was always available to listen to them.

The registered provider had a number of systems in place to measure the quality of the service provided. A representative from another registered home operated by the registered provider conducted visits and produced reports commenting on all aspects of the support provided. Where action was needed; this was identified. The registered manager conducted a number of checks on the service. This included a daily walk around of the building as well as unannounced night checks to ensure that people who used the service were safe and that night staff were supported. Records of these visits were maintained.

Other audits were completed. These included medication audits, records of accidents and incidents, health and safety checks and checks on the environment. The registered provider sought to gain the views of people who used the service and their families. This process was done annually and the results of the questionnaires were put on display. These stated that people were either very satisfied or satisfied. In those instances where dissatisfaction had been expressed, the registered manager was able to explain how these had been addressed. A suggestions box was available to which only the registered provider had access to and any suggestions or comments were included in the quality assurance process. Relatives told us that they were able to approach the manager at any time.

Meetings were held with people who used the service. This enabled people to outline their experiences of aspects of the service. The last minutes from August 2017 focussed on the quality of food and activities provided with suggestions made by people. Further meetings were held with senior staff, care staff and ancillary staff. This was confirmed by minutes available and through staff interviews.

Records were accurate and well maintained. All records we saw were up to date and secure with only key staff having access to them. Policies and procedures were available covering all key aspects of care practice within the service. These had been updated and were due for review in 2018.

Our records stated that the service always informed us of events that adversely affected the wellbeing of people. This remains a legal requirement and demonstrated that the registered provider was aware of their responsibilities under their registration.

It is a legal requirement for registered providers to display the ratings of their most recent inspection visit for people to refer to. The registered manager had ensured that the rating of good as achieved during our last visit was on prominent display. Relatives told us that they were aware of the rating from the last visit both from the poster on display and from websites.