ASHA Healthcare (Sutton in Ashfield) Limited

Forest Manor Care Home

Inspection report

Mansfield Road
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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 4 and 5 October 2016.

Forest Manor Care Home is registered to provide accommodation for 40 people who require nursing or personal care. At the time of the inspection there were 40 people using the service.

On the day of our inspection there was a registered manager in place. 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 were safe living at the service because staff knew how to recognise and report any incidents of harm. Staff were confident that the registered manager would deal with any concerns that they reported. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Staffing levels were adequate to meet people's needs. Staff received an induction, training and supervision and felt supported by the management team. Staff were recruited through safe recruitment practices.

Medicines were safely administered and stored.

People were asked for their consent before care and support was provided. However, mental capacity assessments were not always in place where needed. The registered manager applied the principles of Deprivation of Liberty Safeguards (DoLS), so that people's rights were protected.

People received sufficient to eat and drink and their nutritional needs were catered for.

People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

Staff were kind, caring and respectful towards the people they supported. Staff were aware of people's support needs and their personal preferences.

People and/or their relatives were involved in the development and review of their care plans. People had access to independent advocacy services should they have required this support. People's independence privacy and dignity were promoted and respected by staff.

People received care and support that was personalised and responsive to their individual needs. People were supported to participate in activities, interests and hobbies of their choice. The complaints policy was accessible for everyone.

Staff understood the values and vision of the service and had a clear understanding of their roles and responsibilities. The management team was supportive and approachable towards people, relatives, external professionals and staff.

People and their relatives were involved or had opportunities to be involved in the development of the service. There were systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that received an appropriate induction, training and support.

People were asked for their consent before care and support was provided but mental capacity assessments were not always in place where needed.

People's nutritional needs were met.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

People and/or their relatives were involved in the development and review of their care plans.

People were supported to access advocates to represent their views when needed.

People's independence, privacy and dignity were promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

People had access to a variety of activities.

People were involved as fully as possible in reviews and discussions about the care and support they received.

Staff understood how they would manage concerns or complaints.

Is the service well-led?

Good

The service was well-led.

Staff understood the values and vision of the service.

The registered manager was supportive and approachable and was aware of their regulatory responsibilities.

People and their relatives were involved or had opportunities to be involved in the development of the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Forest Manor 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.

This inspection took place on 4 and 5 October 2016 and was unannounced. The inspection team consisted of one inspector 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 service.

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Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about. 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 home, what the home does well and improvements they plan to make.

We contacted commissioners (who fund the care for some people) of the service and Healthwatch Nottinghamshire to obtain their views about the care provided at the service.

During the inspection we observed staff interacting with the people they supported. We spoke with six people using the service. Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with six relatives, seven care staff, two nurses, one clinical lead, two domestics, one cook, one office administrator, the registered manager, one health care professional and one social care professional.

We looked at the relevant parts of the care records of eight people who used the service, three staff recruitment files and other records relating to the management of the home.

Good

Is the service safe?

Our findings

All of the people we spoke with told us without exception, that they felt staff supported them to remain safe and knew what to do if they did not feel safe. Comments included, "I feel very safe. I have never had anyone bully or abuse me" , "The team leader encourages me to raise any concerns about my safety and needs" , "Very safe, bullying has never happened but I would inform the manager" and "No member of staff is rough." A health professional agreed. They said, "Oh yes, I've always felt people are well looked after, safe and secure."

All the relatives we spoke with told us that they had no concerns about people's safety and welfare. They were confident their family member was cared for safely. One relative said, "[Relatives name] is very safe here. She has had no abuse or bullying and I would inform the manager if this happened." Another relative said, "Yes [relative's name] wouldn't be here if I didn't feel that."

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm and told us they would report any concerns to a member of the management team or local authority. Staff were confident a member of the management team would deal with any concerns they may raise.

Information was available for people on how they could maintain their safety and the safety of others. Information was also available to staff and visitors on how to report any concerns of incidence of people being at risk of harm.

Safeguarding and whistle blowing policies and procedures were available. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

Procedures were in place to protect people in the event of an emergency, such as a flood or fire. Each person had an individual plan to identify available accommodation and the support they would require to evacuate the service. We saw regular checks and routine maintenance of the inside and outside of the service, bed rails, emergency lighting, window restraints, the lift and a weekly fire drill took place. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

We saw examples where risks to people's needs had been assessed and risk plans were in place where required to inform staff of how to reduce and manage known risks. For example, risks associated with developing pressure ulcers, nutrition, general health and falls. These were reviewed on a regular basis to ensure they were up to date and correctly reflected people's needs. Where people required equipment such as hoists we saw these were in place and being appropriately used.

All people we spoke with told us there were enough staff who were very hard working and responded quickly if they pressed their buzzers. One person said, "Staff check regularly that I'm okay." Another person

said, "You only got to pull that [buzzer] and within seconds or minutes they're [members of staff] here." A third person said, "I like to keep my door open. Staff check regularly that I'm okay." One person disagreed and said, "I keep my door open and look outside. It's rare to see them [staff]." Relatives told us there were enough staff and they had no concerns about the availability of staff to support their relation. One relative said, "Yes there are plenty of staff."

All members of staff we spoke with felt there were sufficient numbers of staff to meet people's needs and to keep them safe. One member of staff said, "Oh yes definitely" and added that this also included staffing levels at nights and weekends. A health care professional told us when they visit the service there, "Always seems to be someone [staff] buzzing around." A social care professional said, "Absolutely yes." All the members of staff we saw had enough time to support people at a pace convenient for them and were able to support people with activities and offer reassurance when needed. This meant people were supported by an appropriate number of staff to keep them safe.

The registered manager told us that staffing levels were based on people's dependency levels. This included for example, if a person required more than one member of staff to support them or if people needed support to attend external appointment or activities. Any changes in dependency were considered to decide whether staffing levels needed to be increased. We saw records that showed dependency levels were reviewed in a timely manner.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed all the required checks were completed before staff began work. This included checks on criminal records, references and employment history. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm. This showed that the registered manager followed robust recruitment practices to keep people safe.

People's medicines were managed safely. People did not raise any concerns about how they were supported with their medicines and told us they received pain relief when requested.

We observed one member of staff administering medicines safely to people. They offered a drink and stayed with the person to ensure they had taken their medicines safely. The member of staff was patient, reassuring and gave an explanation when required. The service used a computerised system to record and order all their medication called Proactive Care System (PCS). The member of staff used this to record when medication was given. PCS sends a daily report to the management team which provides an immediate snapshot of key medication management measures which are chosen to help with safety, stock control and accountability. A member of the management team told us PCS, "Has helped us cut down on medication errors." We looked at the reports from PCS for the last seven days which showed one medication error and which staff member was responsible. This meant that the management team can quickly identify any errors that occur and deal with them.

Staff told us, and records confirmed, they had attended training in medicine management. This ensured they were safely administering medicines. Medication policies and procedures were in place and available for all members of staff to read who administer medication including administration, covert and 'as required' medicines and disposal.

Information about each person in the medicine file included what medicine they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies. Processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are not administered as part of a regular daily dose or at specific times.

One person received their medication covertly which was recorded in their care plan and a best interest decision had been made and signed by their GP, pharmacist and family member. We did a sample stock check of four people's medicines and found one did not match what should have been present. The member of the management team told us they would look into this immediately.

Medicines were stored securely in two locked trolleys and a locked cupboard. The temperature of storage areas and refrigerators were monitored daily and were within acceptable limits. This ensured that medicines remained effective. A comprehensive medication audit was carried out by the management team to assess if medicines were being managed safely.

Good

Is the service effective?

Our findings

People had their needs met by staff that were knowledgeable and skilled to carry out their roles and responsibilities. Relatives were confident that their family member was appropriately supported by staff that understood and knew their individual needs. A visiting relative told us, "Yeah they [staff] know everything [relation] needs."

Staff told us, and records confirmed that new staff received an induction which provided them with the skills needed to support people in an effective way. They said that it was supportive and helped them to understand what their role and responsibility was. A variety of training had taken place which included but was not limited to, health and safety, moving and handling and safeguarding adults. Staff said they also had the opportunity to shadow other members of staff. This meant staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs.

People told us, and we observed that staff asked for consent before providing care. One person said, "The place [service] is not restrictive." A relative said, "They [staff] ask and explain to [relation] what they are going to do. I have heard them [staff] explain to other residents."

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 manager had a good understanding of the MCA and DoLS however staff knowledge about MCA and DoLS was mixed. People's care records showed that mental capacity assessments were in place for some decisions but not all. For example, one person had a lap belt on but there no mental capacity assessment or risk assessment in place. A member of the management team completed these assessments immediately. Other mental capacity assessments were required in areas such as finances, medication, the use of bed rails and pressure sensors and mats. Other people had a mental capacity assessment in place for 'all activities of daily living' but no mental capacity assessments were in place for specific decisions. The registered manager agreed all people's care plans would be reviewed and mental capacity assessments completed where needed and training for staff would be arranged. Following the inspection the registered manager confirmed care plans had been reviewed and staff had attended MCA training. All staff had also been signed up to a 12 week distance learning course entitled about MCA awareness where an assessor visits the service monthly to assess members of staff's progress.

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).

The registered manager had made applications for DoLS where appropriate and conditions were being met. A social care professional who was visiting one person due to their DoLS conditions confirmed the person's

conditions were being met which had resulted in less restrictions being in place. This ensured that they were not being deprived of their liberty unlawfully.

We received positive comments about the food and drink. People comments included, "Lots of nice food and drink and plenty of it" and "I get my food in my room and staff check I am having my drinks." Relatives were complimentary about the food. One relative said, "It always smells nice." Another relative said, "If I ask for something different for [relation] they will do it."

We observed the lunch time meal in the main dining area. People were given a choice where to have their meal and some people decided to stay in the lounge. The meal time was both relaxed and sociable with people chatting to each other. A menu was on the wall and condiments were available. Cotton clothes protectors were offered to people and staff asked people's consent before putting them on. Two different cold drinks were available before people's meals arrived. Throughout the inspection we observed staff offer people a regular supply of drinks and snacks Staff explained to people what main meals were available and gave them other options. A person living with dementia was unsure of what was happening and the member of staff reminded them where they were and offered reassurance. Staff interacted positively with people smiling and laughing. People who needed assistance to eat, for example with cutting up their food, were supported discreetly to maintain their dignity. When people needed assistance staff sat with them and helped without hurrying them and gave lots of encouragement. Staff asked people if they enjoyed their meal and people replied "Yes". We saw lots of empty plates. People were offered more food.

Throughout the inspection we observed staff offer people a regular supply of drinks and snacks.

One person had a nutritional risk assessment and care plan in place. This identified the person was at risk of excessive weight loss or gain and guidance was in place for staff to support them effectively with their diet. A fluid chart was in place and the person had received at least the recommended daily amounts of fluids required. Where advice was needed from external professionals such as dieticians or GPs to support people with their diet, this had been requested in a timely manner. A member of staff said, "Residents are offered extra snacks and if fluid intake is poor we give residents jelly, yogurts, cereal and milk throughout the day. We always pass onto the night team who requires extra fluids. If a resident is losing weight we will offer fortified food, milky drinks and butter in mash potatoes." This meant that people had access to food and drinks to maintain their nutritional needs.

People and their relatives told us people had their health care needs met by a variety of professionals such as an optician, dentist and GP. One person said, "I have seen the dentist and optician in the past." Another person said, "I have a surgery visit weekly for my feet." A third person said, "We can get access to [health care professionals] if we need it." Relatives told us that their relations had access to a dietician and chiropodist when required. One relative said, "[Relation] had a water infection. [Relation] can't tell them what's up. But they [staff] picked it up and [relation's] surgery nurse came and [relation] got antibiotics. I was kept informed about this by the staff member." A health care professional told us the service referred people when required and "Discusses concerns with the GP if need before they visit."

Care records contained information about the involvement of a range of external professionals such as, speech and language therapist, approved mental health professional, diabetic specialist nurse, advanced podiatrist and social worker. Recommendations made by dietetic services regarding a peg feed were followed and further contact was made for advice. One person had a pressure sore and visits from a tissue viability nurse had been recorded. Advice from a physiotherapist had been followed and an appropriate falls assessment was put in place. All people with diabetes had their blood glucose monitoring as advised by diabetic services and their GP.

Good

Is the service caring?

Our findings

All the people and their relatives we spoke with told us staff were kind and caring. One person said, "Staff are lovely. They make sure all is well. I have no complaints. We get on and they chat to you." Another person said, "Staff respect you and treat you well." A relative said, "Yes very caring." Another relative said, "Always very nice. Always there when you want them."

People told us they were happy living at the service. Comments included, "Happy to be here. It's [the service] attentive, friendly and very helpful", "We are very happy here", "Yes very happy. Good food, comfy chairs, can sleep. Lots of friends" and "I am happy here as anywhere."

Staff spoke without exception, positively about working at the service. Members of staff said comments such as, "Everyone is friendly. I Like coming to work" , "I love the atmosphere. I love my job" and "It's [the service] like a big family."

During our visit we read several compliment cards given to the service. Comments from relatives included, "Thank you for all the wonderful care and attention you have given to our [relation]. It has been a great comfort to our family to know that [relation] has been so lovingly taken care of" , "Your kindness has been out of this world" and "A lovely care home with special caring people."

We observed staff spoke to people kindly, were patient and understanding and people responded positively to the members of staff. People were seen to be at ease with staff and they spoke openly and warmly to each other. There was a relaxed, calm and happy atmosphere at the service with lots of smiles, good humour, fun and gestures of affection.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

All the people and relatives we spoke with told us staff knew how to support them. One person said, "They [staff] cheer me up when I'm grumpy. They [staff] are good with me physically and know my routines." Another person said, "If I need help getting out of bed, having a wash or moving to other rooms they are helpful." One relative said, "They [staff] know everything [relation] needs." Another relative said, "Yes, quite happy with everything." Staff knew people very well and were able to describe their care needs, likes, dislikes, routines and what was important to them.

Staff were aware of people's support needs and their personal preferences. When we asked three staff members to tell us about three different people, they were able to describe a person's care needs, likes, dislikes and sleeping patterns. A health care professional told us, "They [staff] know the [people] because when they need to respond they respond." A social care professional said, "I was impressed all the staff I talked with knew [person] well and were able to gather relevant information regards [person's] needs."

People told us staff listened to them. One person said, "Yes it's like talking to a family member." A relative said, "They talk to [relation] and use their name and give them eye contact. They try to engage [relation] and tell them jokes." We observed staff engaged positively with people, including them in discussions and decisions and there was an exchange of friendly communication that showed us meaningful relationships had been developed.

People told us they were supported to be independent and make choices. One person said, "I can make my own decisions. I physically do what I want and what I can't do I ask and get support." Another person said, "I dress myself and eat what I want to." A third person said, "It is up to me if I want to go out of my room."

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People told us they were unaware of their care plans. However, records we saw showed people, their relatives and friends' views were sought through care reviews, surveys and meetings for people who used the service. One person said, "I chat with staff about my care to a certain degree but mostly I leave it to them [staff]." Relatives we spoke to had seen their relative's care plans and had been involved in discussions about their relation's care. One relative said, "It [the care plan] is here for me anytime I want to look at it." Another relative said, "Yes I've seen everything [the care plan] everything is in there [the care plan]."

People told us that felt they were treated with dignity and respect and we heard staff speak to people in a calm and caring way. One person said, "I can be private if I want to be and shut my door." Another person said, "Yes it's like talking to a family member." A third person said, "Staff respect you and treat you well. I have privacy when I want it." All the relatives told us staff knock on their relation's doors before entering. Two relatives told us staff closed curtains before personal care. Another relative told us staff, "use a screen to put around" their relation if urgent personal care is required. We saw staff took people away discreetly from lounges to support them with their personal care. We saw one person had a catheter bag cover so that it was discreetly hidden out of view. We also saw that staff treated information confidentially and care records were stored securely. However, we did observe a person having support with their peg feed in the dining room in front of other people. (A peg feed is a feeding tube that allows nutrition, fluids and/or medications to be put directly into the stomach.) We spoke to the registered manager about this and they agreed to look into it.

The registered manager told us there were no restrictions on people being able to see their family or friends. All the relatives told us they can visit whenever they want. One relative said "Very flexible, can visit anytime you want."

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and staff worked flexibly and organised their day around the needs and wishes of people. Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. The members of staff recognised the individuality of each person and supported them as appropriate.

Relatives were positive that their relation received a supportive and responsive service that was based on their individual needs. One relative said that they were highly satisfied with the service their relation received. They told us, "We have never had any problems. If they [staff] don't know they will find out and let you know."

Throughout our inspection we saw examples where staff responded appropriately to people's needs and well-being. We saw people's buzzers were answered in a timely manner. On one occasion the member of staff explained to the person clearly that they needed another member of staff to help them and said they would return shortly. We saw a member of staff use picture cards to communicate with a person to respond to their request for support. The member of staff was able to establish what the person required and the person smiled and nodded. Another person needed support with their clothing. A member of staff responded immediately and asked if they were well. They got the person clothed again, asked if they were too hot, offered a glass of water, replaced their blanket and asked if they wanted to go somewhere more quiet. The member of staff returned five minutes later to make they were comfortable.

People's care plans were written in a person-centred way and contained information regarding their diverse needs and provided support for how staff could meet those needs. Discussions had taken place with relatives to gain an insight into people's life histories and plans for the future. This helped in the development the care plans. Information about people's likes, dislikes, wishes, feelings and personal preferences had been considered when support was being planned. For example, one person sat with a cuddly toy throughout the inspection. We looked in their care plan and the family had stated it was important for their relation to have this toy with them at all times. We looked at one person's care plan who had behaviours that might challenge. A behaviour chart was in place which showed staff how to support and respond to the person when they displayed behaviours that challenge. This meant that staff had information in care plans to support people appropriately.

Care plans demonstrated that people's needs were assessed when they first moved into the home and reviewed on a regular basis but not all the required information was documented correctly. People weights and bowel movement charts were up to date. However, charts that monitored how many times people needed turning to reduce the risk of a pressure sore/ulcer had not always been completed appropriately. There were also no wound charts to accompany them. Charts to monitor people's pain were also not in place but the clinical lead showed us documentation they were planning to immediately implement which would address these issues. Care plans also contained a lot of historical information which was not needed. The clinical lead agreed to review people's care plans and archive any information that was no longer needed.

Regular reviews of people's care and support needs took place. People told us they were unable to remember attending a review meeting. However, they or their relatives could speak to the registered manager, a member of staff or external professional at any time and their needs would be responded to quickly. One relative told us they attended a review meeting where a nurse and carer were present and they felt listened to.

People told us they had the opportunity to take part in a variety of activities. One person said, "I enjoy the bean bags game, catching the football, television, chatting, karaoke and a sleep in the afternoon." Another person told us, "I get the daily papers. Like doing crosswords, jigsaws and reading adventure books." A third person said, "I enjoy painting and occasional outside visits." One person told us, and their relative confirmed, they were supported to go to a park with [relation's] relative to walk their dog. A relative told us their relation enjoyed board games and bingo. A health care professional told us they had observed activities during visits such crafts, charity event and staff taking a person to the local pub for dinner.

People who spent a lot of time in their rooms told us staff would come and chat with them, they would listen to music or do some colouring. We saw one person watching a TV programme that was very important to them. However, one person said, "I'm in bed most of the time and staff do chat but I wish they had more time."

Throughout our inspection staff were observed to encourage people to partake in a variety of activities. We saw people playing a card and a balloon game with the activities coordinator and they were smiling and laughing and clearly enjoyed the sessions. The activities coordinator kept people's attention and ensured they involved and encouraged people to take part. People took part in a karaoke session and were dancing, singing and clapping their hands to the music. We also observed one to one activities with staff such as hand massages and nail painting.

We saw copies of minutes of meetings for people who used the service that had taken place. Discussions during the meetings included activities, trips out in the community and entertainment. A newsletter listed forthcoming activities, photographs of previous activities and celebrations of people's birthdays.

The complaints policy was accessible for everyone. People and their relatives confirmed they knew how to make a complaint. One person said, "Never made a complaint. Not much to complain about." One person told us they had complained about not having Wi-Fi in the dining room area. The registered manager told us the Wi-Fi was being made available shortly. A relative told us they made a complaint and the registered manager dealt with it. They said, "The registered manager is very good at sorting things out."

The complaints record showed one complaint had been received in the last 12 months and was dealt with in a timely manner. Staff understood how they would manage concerns or complaints.

Good

Is the service well-led?

Our findings

We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people. Staff demonstrated they understood the provider's vision and values. One staff member said, "Deliver good care at all times and make sure people are happy." Another member of staff said, "To look after people the best you can." A third member of staff said, "Provide good care."

Without exception people, relatives, staff and professionals were overwhelmingly positive about the leadership of the home.

People who used the service and relatives we spoke with made positive comments about the staff team and the leadership of the service. Comments included, "The home is well led. A happy, friendly efficient place. Flexible but not complacent" , "The manager requires very high standards from her staff. Her door is always open. The staff are very busy but really care and have a smile on their face" and "You can talk to [the registered manager] easily and she understands you."

All the professionals we spoke with agreed. Comments included, "[The registered manager] always makes time for me and is always welcoming when I turn up" , "Very good and organised" and "Really compassionate and understanding."

People and relatives we spoke with made positive comments about the service and were happy living there. One person said, "Lots of friends. Totally satisfied." Another person said, "Family atmosphere." A relative said, "Happy and jovial." A health care professional said, "It's [the service] one of the better homes I've been in."

Staff told us they felt the leadership of the service was good and made positive comments about the registered manager and the team. Comments included, "Very approachable" , "I get on with her well. If you've got problems she's always willing to listen to you" , "Everyone's [the staff] friendly. If they can help you they will" and "Its [service] like a big family."

We saw that the management team was visible throughout the inspection. People who used the service, relatives and staff were seen to freely and confidently approach them to talk and ask questions. The registered manager told us, "I'm very proud of the home."

All the members of staff were positive about the staff team and said they worked well together. Comments included, "Good team we all pull together" and "We help each other out". We found staff had a clear understanding of their roles and responsibilities and good communication systems were in place. Staff were observed to work well together as a team; they were organised, demonstrated good communication and were calm in their approach.

The provider had ensured the registered manager and staff were provided with a good working environment which encouraged them to develop their roles, equipping them with the skills needed to provide all people

with high quality, person-centred care. For example, the service had signed up to the National Dignity in Care Challenge and had a dignity champion in place. Information on this was available for people in pictorial format so they knew what to expect from staff. The registered manager assigned other individual areas of responsibility for members of staff such as safeguarding adults, oral health, dementia, nutrition and hydration. Each members of these staff
was expected to develop their knowledge and to support each other, if they needed guidance in a specific area. This ensured the staffing team had the confidence to make decisions for themselves, without the need of reassurance from the registered manager.

Staff we spoke with, and the records confirmed, regular staff meetings had taken place. There were individual meetings for specific roles such as domestics, care, nurses and senior nurse assistants, kitchen and night staff where specific information important to those roles could be discussed. There was also a general staff meeting where issues were discussed such as training, confidentiality, team work, documentation and staff skills. Staff told us they felt they were able to raise concerns, express opinions and would be listened to by the registered manager.
Records confirmed meetings for people who used the service took place where pertinent issues were discussed such as concerns, complaints, food and staff. One person said, "There are monthly residents meetings but I can't go in the mornings, so I send concerns and ideas to the meeting."

The registered manager was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. The registered manager knew the process for submitting statutory notifications to the CQC.

A survey in 2016 had been completed by people and the results were positive. People said they were happy with the food, the building was warm and they liked the way staff spoke to them.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw monthly audits had been carried out in a range of areas including medication, health and safety, kitchen, domestics, care plans and infection control. However, care plan audits did not contain information to check MCA. After the inspection the registered manager sent us documentation which showed the care plan audit had been amended so MCA's would be audited in the future. The provider completed a quarterly audit of complaints, health and safety and maintenance. All issues raised in the audit had been actioned.

We saw an award the service had received for the last 2 years for being in the top 20 Care Homes for the East Midlands. The awards are run by carehome.co.uk and are based on reviews and recommendations received from people and family/or friends of people. A relative told us, "We wouldn't put anybody off from coming here." Another relative said, "I can go home with peace of mind knowing [my relation's] alright."