Libatis Limited

# Barton Lodge

## Inspection report

12 Longlands
Dawlish
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Tel: 01626866724

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20 June 2016

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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

Barton House is a small residential home in Dawlish that provides personal care and accommodation for up to 11 older people. There were nine people living at the service at the time of our inspection.

The inspection took place on 15th and 20th June 2016 and was unannounced. This was the service's first inspection since change of registration to Libatis Limited in July 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' The registered manager also managed Barton Lodge's sister home, Barton House, which was situated close by. The registered manager was supported in running the home by the provider who was one of the owners of the service.

People expressed a high level of confidence in home. They told us they felt safe and happy living at Barton Lodge. One person said "I feel very happy. Staff are so kind. I wouldn't change a thing about it". Relatives also felt confident that their loved one was well looked after and safe. One relative said "It's nice and relaxed and homely here. I am 100% confident Mum is safe and looked after". We observed laughter and warmth between people and staff. The atmosphere of the home was calm and relaxed throughout our inspection.

People were supported by staff that knew them well. Staff were kind and caring and people spoke very highly of the care they received. One person said "Staff are wonderful. They'll do anything to help. Nothing is too much trouble" and "its home from home. I love it here". There were enough staff available to meet people's care needs safely. Staff worked in a calm, unhurried way and had time for talking and supporting people with activities of their choice. People were encouraged to maintain their independence. Staff were genuinely fond of the people they cared for. One said "Lovely people live here. I enjoy coming to work in the mornings, talking with people and hearing their stories".

There were robust recruitment processes in place to ensure that suitable staff were employed. Staff were supported by the registered manager through supervision and appraisal. High standards of care were encouraged through staff training and development. Staff participated in a wide range of training courses in topics relating to people's care needs including diabetes, dementia and end of life care. Staff had received training in, and had a good understanding of, the Mental Capacity Act 2005 and the presumption that people could make decisions about their care and treatment.

Staff ensured people's privacy and dignity was respected at all times. They worked closely with people to ensure they understood their needs and preferences. People were involved in planning and reviewing their care and felt listened to by staff.

Care plans showed each person had been assessed before they moved into the home and any potential

risks were identified. Where risks were identified there were detailed measures in place to reduce these where possible. Care records included a summary of people's care needs and more detailed information where specific care needs had been identified. People were supported to maintain good health from a number of visiting healthcare professionals who expressed confidence in the home.

People all told us they liked the food and had a good choice available to them. Comments included, "I can have anything I want. There is lots of choice" and "The food really is excellent". People confirmed they were able to continue with their interests and hobbies and enjoyed the activities available. The registered manager told us they encouraged people to have a fulfilling life and remain as independent as possible.

We observed medicines being administered and this was done safely and unhurriedly. Medicines were stored safely and all stock entering and leaving the home was accounted for. Staff received regular training in medicines management and medicines audits were completed to ensure consistent safe practice.

Staff confirmed there were clear lines of responsibility within the management structure and they knew who they needed to go to, to get the help and support they required. They described themselves as a "happy and strong team". They said they had a very good relationship with the registered manager and provider who were always available if needed.

There were systems in place for managing information relating to the running of the home. The registered providers undertook regular health and safety audits to ensure people's safety and that of the environment was well maintained and suited to the people living in the home. Systems were in place regarding maintenance of the home, but these had not identified an issue we found in relation to frayed carpets. This could have placed people at risk of tripping. We have made a recommendation in relation to the service's systems for identifying and prioritising maintenance issues within the home.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People said they would speak with the registered manager or provider if they had any concerns but they had not needed to as they were happy with the care and support they received.

## 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 told us they felt safe and happy

Risks to people were assessed and reviewed and staff understood how to keep people safe.

Staff were knowledgeable about their responsibilities in regard to safeguarding people.

People were supported by sufficient numbers of safely recruited and well trained staff.

There were systems in place to safely manage people's medicines

### Is the service effective?

Good

The service was effective.

Staff received training in a range of care topics and were knowledgeable about people's care needs. People spoke positively about the care they received

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. Staff knew their responsibility under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People had prompt access to healthcare professionals, such as GPs and community nurses.

People told us they liked the food and had a good choice available to them.

### Is the service caring?

Good

The service was caring.

People spoke highly of the care they received. They told us the staff were always caring and friendly.

People were treated with dignity and with kindness and respect.

The staff worked very effectively with other healthcare professionals to care for people well at the end of their life.

## Is the service responsive?

Good

The service was responsive.

Care records included a summary of people's care needs and more detailed information where specific care needs had been identified.

Reviews took place to ensure people's care needs continued to be met. People and their relatives were involved in these reviews.

People and staff were confident the registered providers would welcome comments and deal with concerns promptly and effectively.

People were asked about their preferences and encouraged to follow their interests.

## Is the service well-led?

Good

The service was well-led

The service was run by a committed registered manager and provider who placed people "at the heart of the home" and were dedicated to providing the best possible care to people.

Effective systems were in place that regularly assessed, monitored and improved the quality of care.

People's views on the running of the home and the quality of the services provided were sought both formally and informally.

# Barton Lodge

**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.

The inspection took place on 15th and 20th June 2016 and was unannounced. It was completed by one social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection, nine people were living at the home. We used a range of different methods to help us understand people's experience. We spoke with seven people living at the service, three relatives, five members of care staff, the registered manager and the provider of the service. We also spoke with two visiting health and social care professionals.

We walked around the service with the registered manger and saw the communal areas and a number of individual bedrooms. We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included three people's care records, the provider's quality assurance system, accident and incident reports, staff records, records relating to medicine administration and staffing rotas.

Good

# Is the service safe?

## Our findings

Everyone living at Barton Lodge was able to communicate their needs and wishes and they told us they felt safe living at the home. People were relaxed and comfortable in the home, smiling and responding warmly to staff. They told us they felt happy, safe and secure. One person said "I feel very happy. Staff are so kind. I wouldn't change a thing about it". Relatives also felt confident that their loved ones were well looked after and safe. One relative said "It's nice and relaxed and homely here. I am 100% confident Mum is safe and looked after".

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff were knowledgeable about signs of possible abuse and how to report concerns. They told us they could raise any safeguarding concerns immediately with the registered manager and felt confident they would be treated seriously. They knew what action to take in order to raise a safeguarding concern if the registered manager was not at the home. Information about how to contact the local authority safeguarding team was clearly displayed in the office. Staff were also aware of whistle-blowing procedures, whereby they could report any concerns to external agencies such as the CQC 'in good faith' without repercussions.

Care plans showed each person had been assessed before they moved into the home and any potential risks to their safety were identified. Assessments included the risk of falls, skin damage and poor nutrition and hydration, as well as those associated with physical and mental healthcare conditions such as diabetes and dementia. Where risks were identified there were detailed measures in place to reduce these where possible. Staff had consulted with healthcare professionals for guidance on how to safely support people. For example, one person had a history of periods of depression and becoming withdrawn and isolated. Staff had sought advice from the GP and community psychiatric nurse to reduce the risk of reoccurrence. They were able to tell us the strategies they used to minimise this risk, including time spent offering reassurance and facilitating regular meetings with their family. Another person disliked receiving personal care and was at potential risk of skin damage if they did not receive this regularly enough. Their care plan identified the steps staff should take to encourage them as well as pressure relieving equipment that was in place.

If accidents or incidents had occurred, these were recorded and reviewed to see how they came about and whether any actions were necessary to reduce reoccurrence.

People living at Barton Lodge did not have complex care needs; they were able to move about the home with minimal support from staff. Some needed support with personal care tasks from one member of staff. There were sufficient staff available during the inspection to ensure people's needs were responded to promptly. People told us there were always enough staff to look after them. Staff told us staffing levels varied depending on people's needs and that the provider would increase staffing if needed. At the time of the inspection there were two care staff on duty as well as a senior member of care staff and the registered manager. Staff completed a full range of tasks including personal care, housekeeping and catering. They said they always had time to respond to people's care needs and also to spend time talking or engaging in activities with people. Call bells were answered quickly and people told us they never had to wait long if they called for assistance. A member of staff said "It's not 'conveyor belt' care here. We don't need to rush. We

always have time to sit and chat with people".

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). New staff were regularly monitored during their three month induction period to ensure they were suitable and well supported.

People were supported to receive their medicines safely and on time. People told us they knew what their medicines were for, because staff explained this to them. Everyone was able to consent to taking their medicines and no covert medicines (administered without people knowing) were given. Where people chose to administer their own medicines, a risk assessment had been completed and a lockable cabinet was available in their room for storage. They told us that staff regularly checked with them to see if they needed any support.

Staff told us they had received training in the safe administration of medicines. We observed they were kind and patient when giving medicines and always sought people's consent. Medicines were stored safely. Medicines administration records were fully completed with no gaps in recording. Records were made of medicines received into the home from the pharmacy and the remaining balance updated after each administration. We checked the balances of a number of medicines and found them to be correct. Medicine audits were completed every month to ensure medicine records had been fully completed and the amount of medicines held was correct.

Some medicines were stored in the fridge and temperatures were checked and recorded daily. The dates that creams and liquid medicines had been opened was recorded in the medicine administration records. However, the date was not recorded on the actual tube or bottle. This meant staff could not be sure the medicine remained effective. We spoke with the registered manager about this and saw that this had been addressed by the second day of the inspection.

The home was clean with no unpleasant odours in any of the communal areas. One of the bedrooms had an unpleasant smell and the registered manager confirmed the carpet required cleaning which they planned to do. In the corridors we found two areas where the carpet had frayed and could cause people to trip. In one of the bathrooms we saw that the sealant around the bath was discoloured and old. We discussed both of these issues with the registered manager and they had both been fixed by the time we returned for the second day of our inspection.

People were protected in case of emergencies. Each person had a plan of the detailed the support they needed to get safely out of the building if there was an emergency. Fire alarms were tested weekly and fire drills were held every 3 months.

There were infection control measures in place to protect people from the risks of cross infection and the home was clean and hygienic. Soiled laundry was appropriately segregated and laundered at high temperatures in accordance with the Department of Health guidance. Staff used disposable gloves and aprons appropriately.

Good

# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People told us they had confidence in the staff and spoke positively about the care they received. One person said "I don't think I could better it. Staff are very, very good here". Another said "Staff are wonderful. I couldn't speak more highly of them"

Staff received regular training in issues relating to people's care needs such as skin care and pressure area care, diabetes and end of life care. Some people at Barton Lodge were living with low levels of dementia and staff had received training in dementia awareness. Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control, and certificates were seen in staff files. Staff said they discussed their knowledge of these topics in staff meetings and they could ask for extra training if they didn't feel confident, for example, in relation to administering medicines. Eight out of the eleven staff working at Barton Lodge held recognised vocational training certificates.

Newly employed staff underwent an induction period of three months which included shadowing experienced staff, familiarising themselves with care plans and key policies, as well as safeguarding training. Newly employed staff were also enrolled to undertake the Care Certificate. This is a training and development course designed to provide staff with information necessary to care for people well and for which staff are required to provide evidence of their knowledge, skills and competences.

Staff told us they felt supported by the registered manager and provider of the service to do their job well. They received supervision twice yearly. Staff were encouraged at these meetings to share their views on the running of the home and their personal development and training needs. We discussed the low frequency of supervision with the registered manager and they told us it had been reduced following feedback from staff. The registered manager told us that the staff group were extremely well established and knew people well. Staff had open and trusting relationships with the registered manager and had asked for fewer supervision sessions on the understanding they could always request additional support if it were needed. There was an open door policy which supported staff to seek support and guidance freely from the registered manager or provider. Annual appraisals were in place where staff discussed their personal development with the registered manager and made plans about meeting any outstanding learning needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had a clear understanding of the MCA and how to make sure people had their legal rights protected. Key facts about the MCA were displayed on a board in the office as a reminder of the main principles when considering people's mental capacity to make decisions. All staff had received training and this was about to be refreshed.

Everyone living at Barton Lodge was able to make day to day decisions for themselves, but some may not have had the capacity to make more complex decisions about their health and welfare. People's records contained assessments of their mental capacity to consent to receive personal care. Staff told us they always assumed people were able to make decisions for themselves and knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held involving relatives and professionals in reaching a decision in their best interests. For example, one person had a sensor mat in place that alerted staff if they got out of bed at night. This reduced the risk of falling, but the person did not have the mental capacity to understand this. A mental capacity assessment and best interest decision had been made to support the use of the pressure mat and healthcare professionals and family had been involved in this. This meant the service was following the guidance laid out within the Mental Capacity Act Code of Practice and were legally protecting people's rights.

Staff told us they involved people in decisions about their care and how they wished to be supported every day. They told us some people weren't able to make big decisions about their care, but everyone could all make day-to-day decisions "we always offer people choices and respect their wishes about the decisions they can make, such as what clothes to wear and what they would like to eat and drink". Throughout our inspection we heard people were asked for their consent before staff provided any care. Staff also offered choices about where the person wanted to sit, what they wanted to eat or drink and whether they wanted to spend time in their room or lounge.

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 application procedures for this in care homes and hospitals 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 manager told us they were familiar with the criteria for making a DoLS application. They believed six people were subject to continuous supervision and would be at risk if they left the home unsupervised. For this reason they had applied to the local authority to deprive some people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been granted at the time of the inspection.

Everyone we spoke with told us they liked the food and had a good choice available to them. Comments included, "I like it all. The food is very good" and "I can have anything I want. There is lots of choice" and "The food really is excellent". They told us they could have their meals at the times they preferred and could take meals in their rooms if they wished. One member of staff did most of the cooking. They confirmed menus were planned around people's likes, dislikes and dietary needs. We saw people enjoying their lunchtime meal: people were offered choices and the mealtime was pleasant and unhurried. The meal was appetising and well presented. For example, on the first day of the inspection people were enjoying roast lamb, which was served with individual small dishes of mint sauce. Later people enjoyed home-made summer pudding with cream. People were seen laughing together and in pleasant conversations with staff and each other. A record of how well each person had eaten at every mealtime was included in their daily records for ease of access and review. Care plans included nutritional risk assessments and monthly recording of weights to monitor any changes in care needs. Where someone had been identified as being at risk of not eating or drinking enough to maintain their health, we saw they had been referred to their GP for further assessment by a dietician.

People told us they saw their GP or the community nurse promptly if they needed to do so. Care files contained records of referrals to GPs and community nurses and the outcomes of these were documented. Any changes to care needs as a result were transferred to the care plans. During the inspection we spoke

with a GP who completed a weekly visit to the home as well as additional visits when required. They confirmed they had a good relationship with the staff and were contacted promptly and appropriately for support and advice.

Good

# Is the service caring?

## Our findings

People spoke very highly of the care they received. They told us the staff were always caring and friendly: comments included "staff are helpful and kind" and "Staff are wonderful. They'll do anything to help. Nothing is too much trouble". One person said they had spent a few days on respite at the home and enjoyed it so much that they had moved in soon after. They said "It's home from home. I love it here". Relatives also spoke positively about the home. One said "Staff are a smashing bunch and it's nice and relaxed and friendly". The atmosphere in the home was warm, welcoming and caring and we heard pleasant conversations and laughter between people and staff throughout the inspection. A visiting healthcare professional said "It's a nice friendly home. Everyone is always comfortable and happy when I visit".

Staff were unhurried and spent time sat talking with people, either in their rooms or in the lounge. They told us they had time to listen to people's stories and find out about their lives, not just focus on tasks. We observed one member of staff gently massaging a person's hands with moisturiser whilst sitting chatting. The person said "It's a lovely feeling that". Another person was singing songs from the wartime era and staff and others were joining in. This person said to the staff member "We all pitch in together here, don't we duck. You can tell from how we talk to each other that we are happy".

Staff said they enjoyed working at the home, saying it felt like an extended family. They told us they enjoyed their caring role. One said "Lovely people live here. I enjoy coming to work in the mornings, talking with people and hearing their stories". Another said "I want to make sure people are happy and having the best possible life".

Staff understood people's right to privacy, dignity and human rights. They were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. When people were asked if they needed help with personal care, this was done discreetly and quietly, so that others could not overhear. People's privacy was respected and all personal care was provided in private. When people received care in their rooms, doors were closed to respect their privacy. We saw staff knocking on people's doors and waiting for a reply before entering.

Visiting relatives told us they were always made to feel welcome and could visit at any time. People told us their relative was always offered refreshments and could stay for lunch if they wanted. The registered manager told us how important they felt it was for people to have ongoing contact with their families. We saw one person had been supported by staff to visit their spouse, who lived in another care home, or have them visit Barton Lodge.

We inspected the home in the period just before the referendum on whether the United Kingdom should leave or remain in the European. People had been supported to place their postal vote if they wished to be involved.

People's wishes regarding how and where they wished to be cared for at the end of their lives were well

described in their care plans. The registered manager told us 'just in case' medicines were requested when a person was identified as nearing the end of their life. These were medicines used to manage people's symptoms during the end of their life and help people experience a pain free and dignified death. The provision of 'just in case' medicines ensured that medicine was available to people at the right time to enable them to receive their end of life care in the home, without being admitted to hospital. Staff had received training from the local hospice in caring for people at the end of their lives. They told us they worked closely with the local community nursing team to ensure people had the right equipment, care and treatment. Staff said they supported family members to ensure they felt involved in the care of their loved one at this time. Health and social care staff we spoke with confirmed that the end of life care provided at the home was of a high standard.

Good

# Is the service responsive?

## Our findings

People told us they were supported to live their lives the way they chose, and their preferences and choices were respected. One person told us they had met with the provider for an assessment prior to moving to the home. They had been worried about giving up their home life, but the provider had reassured them all of their preferences about how they wanted to live would be respected. This person said "I'm a fussy eater, but she told me I could have whatever I liked to eat and that's true" and "Now I am living my life exactly as I want to".

People were able to discuss their care needs with staff each day and decide how they wished to be supported. One person told us they sometimes liked to get up early, but sometimes liked to have a lie in and breakfast in bed before being assisted with their personal hygiene. They said that staff would always work with whatever their preference was. People told us they knew about their care plans and could look at them if they wanted. Staff said people were involved and consulted about their care plans and this was recorded in their care files. Care plans described what people could do for themselves and how staff should offer support: Staff said they supported people to remain as independent as possible.

Care files included a summary of people's care needs called 'Care at a glance' and more detailed information where specific care needs had been identified. Staff were able to describe these needs to us. For example, one person's care plan described how they could be low in mood and may be reluctant to accept assistance with their personal care. Their care plan guided staff on how to offer assistance, to approach positively and encourage the person while talking about things they enjoyed. Staff were advised not to persevere too long but to hand over to another member of staff to try again at a later point in the day. Staff knew who to contact for specialist support if refusal continued.

People confirmed they were able to continue with their interests and hobbies. People told us they enjoyed visits from different entertainers and also liked the craft activities provided. Although there wasn't a high level of organised activity, there was plenty going within the home because staff had time to spend with people. For instance, puzzles, quiz books and board games, singing, joining in with quiz shows, talking and trips to the seafront in the summer. On the days of the inspection, people were enjoying a 'sing-a-long' as well as joining in with answering questions on a TV quiz show. Staff were also assisting with manicures and chatting about varied topics with people (where they had travelled, favourite spicy foods, musicals and families). We saw from records that staff spent time every day talking with the few people who liked to remain in their rooms. People all said they were satisfied with the amount of activity available in the home. One said "I'm never bored here. It's just like being at home".

The registered manager told us they encouraged people to give feedback about activities and try new ones. Following people's recent feedback, a trip to the theatre was being planned. People told us there were 'residents meetings' where they could make suggestions for meals, leisure activities or trips out of the home as well as talk about any concerns they may have. The registered manager told us they also saw people individually rather than relying on 'resident meetings' to gather people's views as people tended to talk more openly in private.

People were able to bring in furniture and personal effects to make their rooms feel homely. People said they were very happy with their bedrooms and could have them as they wished.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People said they would speak with the registered providers if they had any concerns or make. Only one concern had been raised in the past twelve months from a family member and this had been recorded and acted upon appropriately and promptly. Feedback was given to the person who had raised the concern about the actions that had been taken and they were satisfied with the outcome.

Good

# Is the service well-led?

## Our findings

This was the first inspection since the ownership of the home had changed to a Limited company. However, the registered providers had remained unchanged and had owned the home for many years. The registered manager also had a long history of working at the home and there was a stability to the leadership that gave people and staff confidence. People told us the home was well managed "It's an excellent home. Everything is good here. [Name of registered manager] and [name of registered provider] have it all under control". The registered provider told us the ethos of the service was to provide a home for people that was a "home from home", where people could be supported in the way they wanted to be. People we spoke with referred to Barton Lodge as their home. One said "I love it here. This is my place now".

The registered manager said people were "at the heart of the home" and they were dedicated to providing the best possible care to people. People's views on the running of the home and the quality of the services provided were sought both formally, through the use of questionnaires and at care plan reviews and informally though conversations. People told us they could approach the registered manager or provider about anything of concern, to make any suggestions or just to have a conversation. People told us they were always being asked about the home and if there was anything they would like.

The registered manager was not present at all times as they also managed Barton Lodge's sister home, Barton House, which was situated close by. They spent at least two days a week at the home and on the other days the running of the home was supported by the senior carer and provider. Staff told us this arrangement worked well. The registered manager or provider could be easily contacted for support if it were needed. They would always attend if necessary. The registered manager told us they saw advantages in their management of the two homes in that the learning derived from one could be transferred to the other. For example, district nurses had provided education regarding skin care following a safeguarding concern at Barton Lodge. This had led to improved practices in regard to skin care and closer working relationships with the district nursing team that had benefitted both homes. The homes were also able to run training together, which meant a broader range of topics could be offered. For example, staff had all recently completed an experiential course in dementia awareness which all staff had found beneficial. This gave staff insight into how people living with dementia experienced the world around them.

Staff confirmed there were clear lines of responsibility within the management structure and they knew who they needed to go to, to get the help and support they required. They described themselves as a "happy" team and confirmed they had good relationships with the registered manager and provider and could openly raise any concerns if they had them. They felt the home was well managed and they were confident people received the best care possible. One member of staff said "The home runs very smoothly. We're a strong staff team, we communicate well and we have good support from [registered manager's name]"

We observed a handover meeting between the morning and afternoon staff. Staff reported on people they had assisted that morning, identifying any issues they wished to bring to the attention of the afternoon staff. Staff were involved in discussions over people's care and were asked their opinions by the registered

manager: they spoke respectfully and with compassion about people.

Senior care staff met with the registered manager and provider twice monthly. Staff said "we discuss any challenges and can share ideas to improve practice". One suggestion that had been implemented from this meeting was the introduction of a magnetic door latch on one person's bedroom door. This had reduced the risk of falls and improved this person's safety as they could now walk easily in and out of their bedroom with a walking frame.

We observed the registered manager worked closely together during the inspection and had an open and comfortable relationship. The registered manager told us they found the provider to be approachable and supportive: "They've been a massive support to me; boosted my confidence and skills so much". The registered manager was in the process of completing a higher level diploma in leadership and management which had been encouraged by the provider.

The registered manager met with the provider monthly to review the processes in place to monitor the quality and safety of care and plan on-going improvements. A schedule of progress was used to review actions across a range of areas, including call bell response times, care plans, infection control, medicines and equipment checks. Staff support, training, complaints and feedback from 'resident meetings' were also considered. We saw where issues had been identified action had been taken to improve practice. For example, a monthly audit of medicines had identified that creams were not always being signed for on medicines records when they were administered. This had been addressed through discussion in a staff meeting and reminder messages to staff. The registered manager was confident that practice was now improved.

A maintenance book was used by staff to record any improvements needed within the environment of the home. The registered manager told us they reviewed this weekly and prioritised with the provider which actions should be taken first. Although this system was in place, it had not identified the issues that we had in respect of frayed carpets. These were a potential trip hazard for people and should have been dealt with earlier to help maintain people's safety.

We recommend the service takes actions to review its systems for identifying and prioritising maintenance issues within the home.

There had been no notifications of significant events as none had occurred since the home reregistered. However, the registered manager was aware of their legal obligation to notify the Care Quality Commission of all significant events.

Healthcare professionals confirmed there was good partnership working with the service. The registered manager told us they were proud of a piece of work they had undertaken to be part of a new initiative with a local doctor's practice. This meant a specific GP had been assigned to the service and visited weekly. They developed a good knowledge of everyone living at the home and communication with the surgery when people became unwell had become much more effective. The registered manager said that working relations between staff and the surgery were now positive and trusting. Outcomes for people living at the service were improved because treatment was provided quickly and with understanding of the person's wider health history.

The Provider Information Return (PIR) had been completed several months prior to our inspection. It told us about improvements the service planned to make. This included getting more feedback about the quality of the service from people's relatives and from a broader range of health and social care professionals. When we inspected we found that these improvements had been made. An area identified for future action was improving the level of involvement the service had with the local community and how to increase this.