HC-One Limited

Knowsley Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out over two days on 10 and 14 June 2016. The first day of the inspection was unannounced.

Knowsley Manor Nursing Home accommodates up to 48 people who require personal and nursing care. The service is situated close to Knowsley village. There were 47 people living at the service at the time of this inspection.

The service has a registered manager who was registered with the Care Quality Commission in December 2014. 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 last inspection of the service was carried out in July 2014 and we found that the service was meeting all the regulations that were assessed.

We have made a recommendation about monitoring the quality of the service. Checks were carried out at various intervals on things such as people's care records, medication, the environment and infection control practices. However some checks on the cleanliness of the environment were not always effective. Some parts of the service people occupied and equipment used to help people with their mobility was unclean which increased the risk of the spread of infection.

The registered provider had a recruitment and selection policy which described a safe and fair procedure for employing new staff. Applicant's suitability to work at the service was assessed based on information which they were required to provide. This included details about their previous employment history, skills and experience. In addition they underwent a series of pre-employment checks on their character before they started work at the service.

People were protected from avoidable harm and potential abuse because the registered provider had taken steps to minimise the risk of abuse. Clear procedures for preventing abuse and for responding to an allegation of abuse were in place. Staff were confident about recognising and reporting actual or suspected abuse and relevant staff were aware of their responsibilities to report abuse to relevant agencies.

There were safe systems in place for managing people's medicines. Medication was stored safety in dedicated rooms which were clean and tidy. Each person had a medication administration record (MAR) and a medication information sheet detailing their prescribed medication and any instructions for use. People received their medication on time by staff who had received the appropriate training and were deemed competent to carry out this role. When required people had accessed healthcare professionals such as GPs and specialist nurses.

People told us they had plenty to eat and drink. People's nutritional and hydration needs were appropriately assessed and planned for. People received the support they needed to eat and drink and those who required it, had their weight, food and fluid intake monitored. Appropriate referrals were made on behalf of people to dieticians and speech and language therapists when there were changes in people's needs.

People's needs were understood and met by the right amount of suitably skilled and qualified staff. We received no concerns about the staffing levels. Family members told us there were enough of the right staff on duty to meet their relative's needs.

People's care plans contained good information about how people's needs were to be met. Care plans were reviewed regularly and they reflected people's current and changing needs. Daily records showed that people's needs were met in accordance to their wishes and preferences which were set out in their care plans.

The registered manager and staff had a good knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. They worked relevant others to ensure decisions were made in people's best interests when this was required.

People's privacy, dignity and independence was respected and promoted. Staff approached people in a patient, kind and caring manner and people received personal care in private. Staff ensured people received care and support in accordance to their preferences and wishes. For example people were dressed how they liked to be.

Staff received training that helped them meet people's needs. Training included topics such as safe people handling, safeguarding, infection control and dementia care. Staff said they received a good amount of training which they benefited from.

Information about how to make a complaint was made available to people, their family members and visitors. People and family members said they would not be afraid to make a complaint if they needed to and they told us that they were confident they their complaint would be listened to and acted upon.

People who used the service, their family members and staff said they thought the service was well managed. The registered manager and senior staff including nurses were all described as being approachable and very supportive. There was an open door policy operated at the service which enabled people to speak openly and in confidence to the management team.

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

Some parts of the service and equipment were unhygienic.

Robust recruitment procedures were followed to ensure staff were recruited safely.

People were protected from harm because staff knew how to recognise and report abuse. People's medication was safely managed.

Is the service effective?

Good

The service was effective.

Staff received training and support that helped them meet people's needs.

People were supported to maintain a healthy balanced diet.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People needs were met by kind and caring staff.

Staff ensured people's privacy, dignity and independence was respected and promoted.

Staff took time to get to know people's preferences, choices, likes and dislikes.

Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and responded to them in a

timely way.

People's care plans provided good information about how people's needs were to be met and were kept under review.

People were confident that any concerns they had would be dealt with properly.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor and improve the quality of the care people received, however they were not always effective.

The manager was described as very open, supportive and approachable.

Staff were clear as to their roles and responsibilities and the lines of accountability within the service.

Knowsley Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 over two days on 10 and 14 June 2016, the first day was unannounced. One adult social care inspector carried out the inspection.

We used a range of different methods to help us understand people's experience, including 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. During the inspection we spoke with three people who used the service and eight family members. We spoke with the registered manager, and staff who held various roles including nurses, care staff, kitchen staff and domestic staff. We also spoke with a visiting GP.

We looked at areas of the service including communal lounges and dining rooms, bathrooms, bedrooms, the kitchen, gardens and the laundry.

We observed the interaction between staff and people who used the service and reviewed a number of records, including the care records for seven people who used the service and five staff files. Other records we looked at which related to the management of the service included quality monitoring audits and safety certificates for equipment and systems in use at the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us, information received from the local authority and Healthwatch and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Good

Is the service safe?

Our findings

Not everyone was able to tell us about their experiences of using the service. However one person said, "Yes I feel very safe indeed, the staff are all marvellous". We saw interactions between people and staff that indicated people felt safe. For example, people reacted positively to staff, they smiled when staff approached them and there was much laughter and chatter between them. Most family members told us they had no concerns about their relatives safety, however on the first day of the inspection a family member raised concerns about there being no staff present in a communal lounge which their relative and other people occupied. The family member was worried that people who were at risk of falling may wander and come to some harm. We immediately raised this with the registered manager and they confirmed that a member of staff should be present at all times in the lounge when people occupied it. The registered manager addressed the concerns immediately and following this there were staff present at all times in areas of the service people occupied.

Some parts of the service and equipment used were unhygienic increasing the risk of the spread of infection. On the first day of the inspection there was food debris and other stains on people's wheelchairs and on some walls in communal lounges and dining rooms. There was also a build-up of dust and stains behind doors, beds and furniture in some people's bedrooms. This was raised with the registered manager who arranged for people's wheelchairs to be cleaned immediately. The registered manager explained that there was a cleaning schedule in place for cleaning wheelchairs which staff had failed to follow the previous day. On the second day of the inspection there was a notable improvement in the cleanliness of the environment. Parts of the service identified as being unclean on the first day of the inspection, had been cleaned.

Equipment used at the service was regularly checked, serviced and maintained to ensure it was safe to use. This included gas and electricity systems and appliances, firefighting equipment, lifting hoists and specialist beds.

Safe recruitment practices where followed to ensure that suitable staff were employed at the service. The registered provider had a recruitment procedure and recruitment records held for staff showed it had been correctly followed. Applicants had completed an application form, attended an interview and underwent a series of pre-employment checks prior to starting work at the service. For example, checks to confirm the applicant's character and suitability to work with vulnerable people were carried out with their most recent employer and the Disclosure and Barring Scheme (DBS). A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. There was a process in place for ensuring regular checks were completed with the registered nurses employed to ensure their professional nursing registrations were being maintained and kept updated.

People were protected from abuse and the risk of abuse. Staff had received safeguarding training and they had access to the registered providers and the relevant local authorities safeguarding policy and procedure. In addition, staff had access to other information about keeping people safe, such as guidance about how to

recognise and report abuse. Staff demonstrated a good knowledge of the different types and indicators of abuse and they were confident about reporting any incidents of abuse which they witnessed, suspected or were told about. Staff comments included "If I saw someone being mistreated I would not hesitate to report it right away", "If I had any concerns at all I would tell Michelle [registered manager] or the nurse in charge right away" and "We have a duty to keep the residents safe". A record of allegations of abuse which had occurred at the service was kept. The records showed that the registered manager and other senior staff had taken appropriate action by promptly informing the relevant agencies such as the local authority safeguarding team and the Care Quality Commission (CQC). The records evidenced that action had been taken to reduce further risks to people.

Risks associated with people's needs were assessed and planned for. Risk management plans which had been developed on the basis of risk assessments instructed staff on how to manage risks people faced. They took account of environmental risks and risks associated with people's individual care and support needs. For example, falls, nutrition, moving and handling and pressure area care. Pressure relieving equipment and falls monitoring equipment was used for people when needed to minimise identified risks. Audits of falls were regularly carried out and the outcomes helped to identify any patterns that could be used to prevent a reoccurrence.

People received care and support from the right amount of suitably skilled and experienced staff. Rotas showed there was eight care staff, a nursing assistant and two registered nurses on duty each day and four care staff and two registered nurses on duty at night. Other staff such as the registered manager, domestic, kitchen and maintenance staff were also available at various times. Staff and family members told us they thought there were enough staff on duty at all times. Throughout the inspection there was a relaxed and unhurried atmosphere at the service and staff attended to people's needs in a timely way.

Medication was stored securely and administered to people safely. Staff responsible for handling medication had completed medication training and competency checks to ensure they were suitably skilled for the task. A policy and procedure for the safe handling of medicines was accessible to relevant staff along with other related information and guidance. Medication was stored in secure cabinets in a dedicated room which was clean and tidy and kept locked when unattended. There were safe systems in place for the receipt, storage and disposal of medication and each person's medication was individually labelled by the supplying pharmacy. Fridges were used to store medication which needed to be kept cool to ensure their effectiveness and refrigerated items such as eye drops had been dated to show when they were first opened. Daily temperatures of fridges were taken and recorded to ensure they were at a safe temperature. Controlled drugs (CDs) were stored securely in appropriate cabinets and records of the administration of CDs were properly maintained. We checked a sample of CDs and found the stock of CDs tallied with the records kept.

Each person had a medication administration record (MAR) detailing each item of prescribed medication and the times they should be given. The allergy section of MARs had been completed to show any known or unknown allergies. Staff completed MARs appropriately, for example they initialled the record after people had taken their medication and used specified codes to identify other circumstances such as when a person had refused their medication. Some people were prescribed 'as required' medication (PRN). Information obtained from people's GPs confirming the use of PRN medication was in place along with instructions for staff about how and when it should be administered. A medication administration information sheet accompanied each person's MAR. Information recorded included the person's personal preferences and routines for taking medication and any support they needed. Information was also recorded about how people who were unable to verbalise communicated pain.

Procedures were in place to protect people in the event of an emergency. Staff had completed training in

emergency procedures and first aid and they had access to emergency equipment such as first aid boxes and firefighting equipment which was located around the service. Personal emergency evacuation plans (PEEPs) were in place for each person who used the service. The PEEPs were regularly reviewed to ensure they included up to date information for staff about how they needed to evacuate people in the event of an emergency such as a flood or fire.

Good

Is the service effective?

Our findings

Not everyone was able to tell us about their experiences of using the service. However, family members told us that they thought the staff were well trained and that they thought their relatives healthcare and nutritional needs were met. Their comments included, "He [relative] gets all round care and his health has improved", "He [relative] eats well and has put on weight since being here, which we are pleased about because he was not eating very well at home" and "The food always looks appetising and mum has never complained about it".

Staff had completed a variety of training relevant to people's needs and their role and responsibilities. All new staff had completed a twelve week induction programme when they commenced work at the service. The induction which was based on the Common Induction Standards consisted of training through 'touch', an on-line learning and development programme. New staff also completed workbooks, attended workshops and shadowed more experienced staff as part of their induction. All new staff were assigned a mentor to provide them with guidance and support throughout their induction. Staff were given opportunities to progress and they were provided with appropriate support and training for their new role. For example, a number of care staff had been promoted to the position of a nursing assistant, a new role recently introduced to the service.

Following induction all staff entered onto an ongoing programme of training specific to their job role, including refresher training in key topics such as infection control, safer people handling, health and safety and dementia care. Training was provided to staff in a number of different ways, including touch training or by visiting specialists and staff attending external courses. Staff were required to complete a competency check following the completion of each training course. Competency checks were a way of assessing staffs understanding of the training completed and to determine if any additional training was required. Staff told us they had completed a lot of training and that they had benefited from it. One staff member said, "The training is excellent. We only have to ask if we want more training and it's arranged". Nurses told us they had attended specialist training courses in order to ensure they maintained their knowledge to keep their professional registration. The registered manager had a system in place to monitor the completion of staff training which helped to ensure staff had completed the training required of them to a satisfactory standard.

Staff received support in the form of regular individual supervisions, annual appraisals and regular staff meetings. Staff told us they felt well supported by the registered manager and other senior staff and they said they felt able to speak with them at any time.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this are

called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were. Staff were aware of the principles of the MCA and they knew that everyone was assumed to have capacity unless they had been assessed otherwise.

Throughout the inspection we heard staff asking people for their consent before providing care and support. People's liberty was only restricted when there was no other means of keeping them safe. Staff were aware that any such restrictions should be properly authorised and always be the least restrictive option. A lock on the front door was used to prevent people leaving the service. This was because it was unsafe for most people to leave without someone with them. The registered manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. At the time of the inspection a DoLS authorisation had been granted for two people and applications for other people were being processed by the local authority.

Many people who used the service were living with dementia which could affect their ability to make decisions about their care and treatment. Where people had been assessed as not having the mental capacity to make decisions, meetings had been held in order to decide what was in the person's best interest. Records showed that discussions had been held between family members, staff and health care professionals about what was in the person's best interests.

People had their nutritional and hydration needs met. Nutritional risk assessments were completed for people, using a recognised tool and an appropriate care plan was put in place in accordance with any risks identified. Care plans described the support people needed to eat and drink including any specialist equipment people needed to promote their independence at meal times. For example, plate guards and adapted crockery and cutlery. Fluid intake charts for people identified at risk of dehydration were in place and had been regularly completed to show the amount of fluid they had received throughout the day and night. Drinks dispensers, jugs of juice and glasses were located around the service for people to help themselves to and in between main meals staff frequently offered people snacks and hot and cold drinks. Staff ensured that people being nursed in bed and those who chose to stay in their rooms had a constant supply of drinks and they provided appropriate assistance to people who required it to access drinks.

People told us they liked the food and that they got plenty to eat and drink. With their prior consent we joined a group of people for a meal at lunchtime on both days of the inspection. Meals were nicely presented and served hot. People who were at risk of choking were provided with textured meals in accordance to their needs, for example pureed, pre mashed or folk mashable. All textured food items were separated on the plate to preserve the presentation and taste of the meal. The cook told us they fortified food for people who were at risk of malnutrition and that they prepared other special diets such as gluten free and weight control if needed. We were shown examples of meals which were prepared for a person who required a gluten free diet. The cook explained that they had sourced gluten free products from various retailers so that they could offer the person a varied diet suitable to their needs. Care staff and kitchen staff had access to a diet notification record for each person which detailed important information about people's diet such as required food textures, known allergies, dietary preferences and favourites and food likes and dislikes. The information sheet also included assistance and any adaptations people required.

People's healthcare needs were met. Care plans were in place which enabled staff to meet people's healthcare needs, and when required aspects of people's healthcare were monitored. For example, people living with diabetes had their blood levels monitored daily and people who required it had their blood pressure and skin integrity checked. A record of the healthcare people received was maintained, including when people saw their GP, optician, dentist and any other healthcare professionals involved in their care.

Parts of the environment were adapted for people living with dementia. For example, bedroom doors were painted in primary colours and there was signage on doors leading to bathrooms and toilets to aid people's orientation around the service. There was also area of the service which replicated a kitchen and dining room from the past where people could spend time to reminisce. Other items which helped stimulate people's memories from the past such as pictures and ornaments were displayed around the service.

Good

Is the service caring?

Our findings

Not everyone was able to tell us about their experiences of using the service. One person did however tell us that the staff were very caring, polite and respectful towards them. They said "I couldn't wish for better care, from such lovely staff". Family members told us that the staff were very caring and compassionate. Their comments included, "They [staff] are all lovely, they are always happy and laughing with mum, they bring a lot of joy to her", "I am always made to feel welcome and there are no restrictions", "Everyone listens, they care about families too", "Mum loves the banter with staff", "They [staff] give her [relative] much love and attention" and "They [staff] are nothing but kind".

There was a welcoming and relaxed atmosphere at the service and family members and other visitors were made to feel welcome. Staff greeted visitors and offered them with refreshments and visitors told us this was usual. One family member told us they had often been invited to join their relative for a meal. Family members said they could visit their relative at any time during the day or night. One family member explained that they visited their relative daily sometimes more than once and it had never been a problem. There was lot of laughter and banter between people who used the service, their family members and staff. Family members told us that the staff were always smiling and happy. Their comments included, "They cheer my day up, never mind the residents here" and "They are great with family, very accommodating".

Staff knew people well and they took an interest in things which were important to people. People or where appropriate family members were invited to complete a booklet titled 'Remembering together' as a way of sharing information about the person's life history. For example, where the person was born, special family memories, friendships previous working life, skills, interests and personal attributes. The information gave staff a good insight into people's lives prior to them living at the service. This helped staff to generate conversations of interest, encourage important relationships and plan meaningful activities.

When speaking with staff about people's needs it was evident that staff had taken time to get to know individuals. For example, a member of staff told us where a person lived as a child and where they worked. The member of staff also told us what type of music the person enjoyed and the memories the music held for the person. Another member of staff explained certain situations which made a person anxious and upset and how they supported the person to avoid those situations. Staff used diversion and calming techniques to settle people who were upset and anxious, with positive outcomes for people. For example, staff gently guided a person away from others following an incident when the person became agitated. The member of staff explained that the person often became stressed when others 'invaded their space'.

People's privacy, dignity and independence was respected and promoted. Care plans included information about people's wishes, choices and preferences and staff knew them and ensured they were followed through. For example, a member of staff told us that one person liked to dress in bright clothes and wear jewellery and make up. We met the person and saw that they were dressed this way. Staff provided people with personal care in private and knocked on doors prior to entering bathrooms toilets and bedrooms. Staff knelt down so that they had eye contact when speaking with people who were sat in chairs. Staff spoke exclusively to the person and avoided any interruptions. Staff were respectful and patient when assisting

people to eat, they sat next to the person they were helping, provided gentle prompting and encouragement and gave the person plenty of time in-between mouthfuls of food. Staff knew people's full tile but introduced them by their preferred names.

The registered provider had accreditation for the Gold Standard Framework (GSF) to provide end of life care. We saw an example of a care plan for a person receiving end of life care. This showed staff were working together as a team and with other professionals including the persons GP, specialist nurses and teams to provide the highest standard of care possible for the person and their family members.

Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had had been authorised by their GP. These are put in place where people have chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care file so it was clearly visible. This information was also highlighted to staff during handovers so that staff knew what action to take in the event of a person's death.

People's personal records were kept confidential. Personal records were stored in locked cabinets when not in use. Staff knew the importance of this and of their responsibility to share information only on a need to know basis.

Good

Is the service responsive?

Our findings

Not everyone was able to tell us about their experience of using the service. However one person said "The staff look after me very well". Family members told us that their relatives were well cared for and had their needs met. Their comments included, "I wouldn't have him [relative] anywhere else", "The staff are on the ball", " He [relative] has a care plan which we were involved in" and "The staff know everything about her [relative] which breeds confidence".

People's needs were assessed prior to their admission to make sure they could be met at the service. Care plans were developed following the assessments and contained good descriptions of people's needs. Care plans covered things such as personal care, eating and drinking, mobility, and communication and they incorporated any known risks and how they were to be managed. Each care plan clearly showed the area of need, the preferred outcome and the support staff were required to provide to achieve the best possible outcome for the person.

Staff told us they accessed people's care plans regularly and that they contained all the information they needed to be able to meet people's needs. Care plans were reviewed regularly with the involvement of the person it was for or where appropriate their representative and they were updated as people's needs and wishes changed. Review records which were completed highlighted any changes made to care plans and the reasons why.

Staff were aware of people's needs and how they wished their needs to be met. For example, a member of staff explained how important it was for one person to be dressed and groomed in a particular way. The member of staff said, "She is very proud of her appearance and likes to look glamourous". This information was recorded in the persons care plan and when we met the person we saw that they were dressed and groomed in accordance to their wishes set out in their care plan. Another person's care plan stated that they enjoy wandering freely but needed support to find the dining room. We observed the person moving freely around the service and being guided to the dining room by staff for meals. This meant people received individualised personal care and support delivered in the way they wished.

Daily records which were maintained for each person showed that people's needs had been met. For example they detailed specific health care needs which staff attended to and they showed that people's preferred routines were followed. Daily records also reported on people's progress and aspects of their care which required observation such as food and fluid intake, mood and behaviour. Daily records also included all contact people had with others such as health and social care professionals, family and friends. Daily records evidenced that staff had responded to any concerns they had noted with regards to people's health and wellbeing. For example, GPs and specialist nurses were called upon when there was a notable decline in a person's condition or when a new concern was identified. During our inspection staff called upon a GP because they were concerned about a decline in one person's health. We met with the visiting GP who told us that staff called upon them as required and had always acted appropriately upon any advice and guidance which they gave.

Staff understood the reason for monitoring people's care and how to recognise and act upon any changes. For example, a member of staff said, "If a person's fluid chart showed a reduction in the amount of drinks they had taken I would tell a nurse because I would be worried that the person could dehydrate". Another member of staff said, "We have a guide which helps us monitor weight loss and if a person loses a certain amount of weight we would report it to the nurse".

People were provided with opportunities to engage in meaningful activities appropriate to their needs and wishes. An activities co-ordinator was employed at the service to organise and facilitate activities both at the service and in the community. People were given the opportunity to share information about their preferred hobbies and interests, which helped the activities co-ordinator plan activities which were meaningful to people. Group and one to one activities took place, including armchair exercises, music therapy, reminiscence therapy, art and craft. Records and discussions with people and their family members showed people had enjoyed days out to parks, cafes, local pubs and garden centres. Located around the service were board games, books, CDs, videos and other items such as colouring books specifically designed for adults living with dementia. During our inspection people were engaged in some of these activities. The activities co-ordinator had a good understanding of the type of activities which motivate and engage people living with dementia and they were constantly researching new ideas to help inspire people.

The registered provider had a complaints procedure which was made available to people and their family members. The procedure described the process for making a complaint and the response people could expect if they made a complaint. A copy of the procedure was displayed in the main entrance and it was summarised in a brochure about the service. People and their family members told us they had no reason to complain but they were confident about complaining if they needed to. A complaints log was kept with a record of complaints made, how and when complaints were investigated and the outcome.

Good

Is the service well-led?

Our findings

Not everyone was able to tell us about their experiences of using the service. However, family members told us that they thought the service was well managed. Their comments included, "Michelle [registered manager] and the nurses run a good home, they are well organised and very approachable" and "I know I can speak to [registered manager] anytime and she listens and welcomes our views and opinions".

The registered manager took an active role within the running of the service and had good knowledge of people living there and staff. There were clear lines of responsibility and accountability within the management structure.

The atmosphere at the service was positive and welcoming. Staff were complimentary about the leadership of the service and described the registered manager and nurses as approachable and very supportive. Their comments included, "Things have improved a lot here since Michelle, became the manager, she has made so many positive changes and everybody seems much happier" and "Michelle and all the nurses are amazing. They encourage good working relationships and are very supportive". Staff said there was an open door policy whereby they were encouraged to approach the registered manager at any time to discuss any concerns or for advice and support.

Staff demonstrated they were aware of the registered provider's whistleblowing procedure and they said they would not hesitate to use it if they needed to. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said they had access to the telephone numbers they needed to use to raise any of these types of concerns, including the contact details for the relevant local authority safeguarding teams and the Care Quality Commission.

The registered manager facilitated regular staff meetings for staff from all departments. The meetings were recorded and staff that were unable to attend had the opportunity to read the minutes. Staff comments included; "Meetings are an important way of communicating and catching up on things" and "We have regular meetings when we can openly discuss our work and put forward ideas to improve things". Minutes from a recent team meeting showed staff views and opinions were listened to and acted upon. For example new dining room chairs were purchased following a suggestion made by staff at a meeting in May 2016. Minutes also showed that staff were acknowledged by the registered manager for their hard work and support and that they were encouraged to maintain high standards of care for people who used the service.

The registered provider had a range of policies and procedures for the service which were made available to staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Policies and procedures were regularly reviewed by the registered provider to ensure that they were in line with current legislation and best practice. Staff knew where to find policies and procedures and they said they were informed of any changes made to them.

There were systems in place for assessing and monitoring the quality of the service and making

improvements. The system consisted of a combination of practical tools and documentation with guidance for checking and improving the service people received. The frequency of checks and audits varied depending on the activity required, for example walk arounds were required twice daily to check on things such as the direct care and support people received and that the environment was safe. Monthly and three monthly audits were required on infection control, care plans and medication. Records of audits showed they were carried out at the required intervals and areas identified as requiring improvement were identified and acted upon. For example, an infection control audit carried out in April 2016 identified that a number of improvements were required. An action plan was developed detailing the action planned, timescale for completion and person/s responsible for the action.

As part of the services quality assurance framework the assistant operations director for the service conducted monthly visits to the service to ensure the processes for assessing and monitoring the service had been followed in line with the registered providers requirements. Following their visit they produced a report of their findings and shared it with the manager who was responsible for following up on any required actions identified as part of the visit. Some checks carried out on the environment were not always effective including checks on the cleanliness of people's bedrooms. We recommend that systems for checking the cleanliness of the service are more robust to ensure that they are effective.

Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were also reported through datix, a web based system, which was reviewed by the registered provider each month. Information held on datix helped the registered provider to identify any patterns or trends. This then helped them plan for any additional measures which needed to be put in place to reduce the risk of further occurrences.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.