Waverley Care Homes Limited

Ernvale House Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 took place on 18 and 19 June 2018 and was unannounced.

This was the first comprehensive inspection under the current registration.

Ernvale House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ernvale House Care Centre accommodates up to 85 people over five separate units. Four of the units provide nursing care and each had its own clinical lead. The residential unit had its own residential manager. At the time of this inspection there were 73 people using the service.

There was a registered manager in post at the time of the inspection who had overall responsibility for management across all five units. 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's medicines were not always managed safely to ensure they received their medicines as prescribed.

People were protected from avoidable abuse and harm by trained staff. Risks were assessed, identified and managed appropriately. Staff were aware of people's risks and how to reduce them.

Staffing levels were sufficient to meet people's needs and staff had their suitability to work in a care setting checked before they began working with people. The service was clean and tidy and people were protected from the spread of infection. The registered manager had systems in place to learn when things went wrong.

People's needs were suitably assessed and support was delivered in line with current law and guidance. People were supported by trained staff and received effective care in line with their support needs. Staff received regular supervision and had access to continuous training. There was a good choice of food, which people enjoyed and they received support to meet their nutrition and hydration needs.

The environment was designed and adapted to support people effectively and there were plans in place to further improve the environment. Healthcare professionals were consulted as needed and people had access to a range of healthcare services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were kind, caring and compassionate with people. People were supported to express their views and encouraged and supported to make their own choices. People were treated with dignity and respect by staff who knew them well.

People's needs and preferences were assessed and regularly reviewed with them. Activities were organised by staff and people were supported to participate in activities that they preferred. People's diverse needs were considered as part of the assessment and care planning process.

Complaints were managed in line with the provider's policy, to ensure they were suitably investigated and addressed. People were supported to consider their wishes about their end of life care and were supported to be comfortable and pain free at the end of their lives.

A registered manager was in post and people, relatives and staff said they were approachable and supportive. People, their relatives and staff were involved in the development of the service and they were given opportunities to provide feedback that was acted upon. The registered manager and provider had systems in place to check on the quality of the service and use this to make improvements. The service worked in partnership with other agencies to provide good support for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not always safely managed to ensure they got their medicines as prescribed.

People felt safe and were protected from harm and abuse. Risk's to people were assessed and planned for.

There were enough staff to meet people's needs and people were protected from the spread of infection.

Lessons were learned and improvements made when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs and choices were effectively assessed and met by staff that were trained and supported to carry out their roles.

People were supported to eat and drink enough and had access to healthcare professionals when needed.

Staff worked well together and with other professionals to meet people's needs.

People's needs were met by the design and adaptation of the service and there were plans in place to make further improvements.

People consented to their care in line with the law.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff who had taken time to get to know them.

People were supported to make choices and express their views.

People's privacy and dignity was respected and they were supported to maintain important personal relationships.

Is the service responsive?

Good

The service was responsive.

People were involved in developing their own care plans which were reviewed regularly to ensure they were up to date.

People could choose how to spend their time and had access to activities they enjoyed.

People knew how to complain if they needed to and complaints were dealt with appropriately.

People had been supported to consider their wishes for their end of life care and people were supported to be comfortable at the end of their lives.

Is the service well-led?

Good

The service was well-led.

People knew the registered manager and felt they were approachable and supportive.

Systems were in place and were effective in monitoring and improving the quality and safety of services provided.

People, relatives and staff were encouraged to be involved in the development of the service.

The service worked in partnership with other agencies to provide good care for people.

Ernvale House Care Centre

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 18 and 19 June 2018 and was unannounced.

The inspection team consisted of three inspectors 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 care service.

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered feedback we had received from other sources including members of the public, the fire service and local authority commissioners about the services provided at Ernvale House Care Centre.

We spoke with ten people who used the services and seven relatives of people who used the service. We also spoke with a visiting healthcare professional. We did this to gain their views about the care and to check that standards of care were being met. Some people who used the service were not able to speak to us about their care experiences so we observed how the staff interacted with people in communal areas and we looked at the care records of nine people who used the service, to see if their records were accurate and up to date. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 members of care staff including two activities coordinators. We also spoke with the registered manager, two clinical leads, the residential service manager and the provider's regional operations manager. We looked at records relating to the management of the service. These included six staff recruitment files, training records, incident records, meeting minutes and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Systems in place to ensure the safe and proper management of medicines were not always used effectively. We looked at medicines records for a person who had recently moved to the service, living on Butterton Unit. The recorded amounts of stock for each of their medicines did not match what was actually in stock so we could not be sure they had received their medicines as prescribed. We looked at stocks for other people who lived on the same unit and found that these matched what was recorded, so the issues were isolated to one person which meant their medicines may not have been booked into the home correctly. The person was prescribed an 'as required' medicine to reduce agitation. They had experienced agitation since moving into the home but there was no protocol in place to guide staff about how and when this medicine should be administered. For example, there was no guidance to show staff, who were new to supporting the person, how they displayed agitation and what interventions should be tried before the medicine was administered. This meant there was a risk they may not receive this medicine safely and as intended.

Another person on the same unit was prescribed a patch for pain relief which was required to be applied to their skin. There was no specific recording sheet or body map to show where this patch had been applied which meant there was a risk of this medicine not being administered correctly. Care staff applied prescribed creams to people's skin and there were specific topical creams administration records. However, we found that one person was prescribed a cream to be applied three times per day. Their records showed this cream had not been consistently applied as prescribed which meant there was a risk of their skin condition worsening. We discussed these issues with the registered manager who ensured that action was taken immediately to rectify the issues identified. Audits were in place to check the safe administration of medicines, however, as these issues had occurred very recently, the monthly audit had not yet been completed so these issues had not yet been identified.

Despite the issues described above, people told us they received their medicines as prescribed, and that they were administered at the correct times by staff who had been trained in medicines administration. There was an up to date policy and procedure in place. We found that when people required their medicines to be administered covertly, this was done safely with necessary permissions in place. The registered manager told us that a community pharmacist was in the process of completing a full medicines audit at the home. They had completed an audit on one unit so far and we saw that when any issues had been identified, these had been rectified to ensure people received their medicines safely.

People felt safe at Ernvale House Care Centre and they were protected from abuse and avoidable harm. One person said, "I feel safe, I do at night, the staff are good." Relatives said, "I feel very comfortable that [my relative] is here and safe," and "I have never had any concerns about [my relative's] safety." Staff we spoke with were knowledgeable about safeguarding adults' procedures and knew the different types of abuse which may occur, how to recognise signs of abuse and how to report their concerns. The registered manager understood their responsibilities in safeguarding people from abuse and we saw that incidents had been reported to the local authority when required, so that necessary investigations could be carried out and protection plans implemented when needed. Staff were aware of the systems and processes in place and we saw this was working to ensure that people were protected from abuse.

People's risks were assessed and managed so they were supported to stay safe. Staff had a good understanding of people's risks and what they needed to do keep people safe. A staff member said, "[Person] is at high risk of falls. Sometimes they need two staff to safely support them and other times just one. It is dependent on how they are feeling on the day. They've had a physiotherapy assessment and if there are any changes we get them in again, we have a good relationship with the physiotherapist and we can just call them for advice or a reassessment. We encourage [Person] to keep their independence and keep their strength but they have been assessed to safely use the hoist if that is required." When risks had been identified, plans were put into place to reduce the risks and staff followed the guidance available to them. For example, we saw suitable risk assessments and management plans for people in relation to choking, falls and skin damage. Staff told us, "Risks are assessed and evaluated monthly, for each person." This showed that risks were identified, assessed and managed to help people stay safe.

We saw that staff were available to support people when they needed it. A relative said, "I visit two or three times a week, there is always at least one member of staff in the lounge, at all times." This showed that people got the supervision they needed to keep them safe. Another relative said, "There is always plenty of staff around." We observed that people's needs were responded to swiftly and that call bells were answered promptly. Staff told us they felt there was enough of them to meet people's needs. The registered manager told us and we saw that people's dependency was assessed and reviewed monthly and this information was used, alongside consideration of the layout of the home, to work out how many staff were required to keep people safe and meet their needs. The registered manager told us that the 'dependency tool' they used was a useful guide, however it did not always work effectively to calculate the required number of staff to adequately support people with more complex needs. They told us that some units were staffed over and above what the tool recommended to allow staff more time to meet people's need for emotional support and manage risks to themselves and others. If people were going through a period of unrest and needed more support, the registered manager was able to increase staffing and the provider trusted their judgement and allowed them to do this. This showed that sufficient staff were available to support people to stay safe and meet their needs.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People were protected from the spread of infection. A relative told us, "The place is clean and tidy." We observed that all areas of the home and equipment looked clean and hygienic and saw domestic staff carrying out their duties throughout the inspection. Staff understood the importance of infection control and we observed them using protective clothing and following good practice techniques during the inspection. The registered manager told us that infection control audits were completed regularly and we saw that clear plans were in place and followed by staff to ensure that people were protected from the risk of infection and cross contamination.

The registered manager told us and we saw that lessons had been learned and improvements made when things had gone wrong. The registered manager described how they had learned from previous experiences of inspections and quality assurance visits from commissioners. They had implemented new systems, for example to monitor Deprivation of Liberty Safeguard authorisations and safeguarding adult's referrals. We saw these were effective in keeping people safe and protecting their rights. The registered manager and provider had successfully worked on improvement plans for the service to improve the quality and safety of services provided to people. We saw during the inspection that this had been successful and further

improvement plans were in place.

Good

Is the service effective?

Our findings

We saw and relatives confirmed that people's needs and choices were assessed to ensure their needs could be met by the service. A pre-admission assessment was completed prior to a person moving to the home and this included consideration of people's communication requirements and whether any further guidance from professionals was required. When additional support and guidance was needed about how to support people, we saw that support and guidance was obtained. For example, staff told us how a physiotherapist was involved to assess how best to support a person to move and staff told us how they used what they had learned in training to support the person and follow guidance provided by professionals. People's needs were regularly reviewed and their care plans were updated to reflect this. This showed that people's needs were effectively assessed and guidance was sought and followed when required.

Staff were supported to develop the skills and knowledge to provide effective care. One person told us, "Staff know what they are doing, they're very good." Staff told us they were provided with a thorough induction which included face to face training and spending time shadowing experienced members of staff before they provided care independently. We were informed that all new employees were enrolled on the care certificate course. The care certificate is a national set of standards that care staff are expected to meet. This helps to ensure that staff have the knowledge and skills necessary to carry out their role effectively.

We observed that staff were competent in their roles and used the skills they learned in training to deliver effective care. For example, we saw people being safely supported to transfer from a chair to a wheelchair, as staff had received training in supporting people to move safely. A staff member told us they had completed a specific course about living with dementia and they were able to describe how they used what they had learned to improve people's care experiences. They told us, "It gave you an insight into the different types of dementia and an understanding that each individual is affected differently. It is about being aware and not being ignorant, making an effort to get to know each individual is so important." This showed how people used what they had learned in training to improve people's experiences.

Staff felt well supported in their roles and had access to regular supervision and support from the management team. Supervision allowed staff the opportunity to discuss any training needs or areas of development with the delegated person who was supervising them. It also provided an opportunity to raise any performance related issues. One staff member said, "I am supervised by one of the nurses, this helps you to improve on things." Another said, "I have supervision regularly, it is useful because I get feedback on my performance and we talk about what I could do better." This showed that staff were supported and encouraged to develop their knowledge and skills to provide effective care. This meant people were supported by suitably skilled, supported and trained staff.

People told us they enjoyed the food and drinks on offer and were always offered choices and alternative options if they required them. People told us, "It's very good food, very good cooks, all homemade" and "You can have a cooked breakfast if you like and if you want something else, you've only got to ask." We saw people enjoying food at mealtimes and being provided with choices of food they liked. At lunch time, we observed that some people needed help to eat their meal. We saw that staff sat down with them and spent

the time with them that they needed to eat their meal in a dignified way without being rushed. People told us and we saw that they were regularly offered drinks to help keep them hydrated. We heard staff asking, "Would anyone like another drink? What would you like, your usual or something different?" This showed that people received the support they needed to drink enough and to eat a balanced diet.

People's weights were monitored when required. We saw that any issues or concerns in relation to people's nutrition were discussed with their doctor and at a multi-disciplinary team meeting when required and action was taken to help improve people's nutrition. For example, one person was steadily losing weight and this was discussed at the multi-disciplinary meeting. It was agreed that the person would not tolerate nutritional supplement drinks so a care plan was implemented which explained to staff that the person should be encouraged to eat using a gentle approach and they should be provided with whatever foods they fancy. This was understood and followed by staff to help encourage the person to gain weight. This showed that action was taken and professional advice was sought and followed when risks were identified in relation to nutrition.

Staff attended a handover session at the beginning of each shift, which ensured that they were able to provide a safe and consistent level of care to people. The handovers ensured that any risks or changes in people's needs were highlighted and staff told us these were effective. The registered manager also told us about a regular multi-disciplinary meeting where each person's health and current needs were discussed so that any changes in how their care was delivered or referrals to other professionals could be addressed. We also saw that people had hospital communication passports in place. This was a document which travelled with the person if they needed to go into hospital, to ensure that hospital staff had all the key information about the person, such as any risks, communication needs, likes and dislikes This showed that the service ensured that people received consistent care within the service and when they accessed other organisations.

We saw and staff confirmed that people were able to see health professionals when they needed to. A doctor and an advanced nurse practitioner (ANP) visited the service at least weekly and people had access to the doctor or ANP as they required it. The records we viewed showed that people had accessed other health professionals such as; community psychiatric nurses, physiotherapists and opticians. This meant that people were supported to access health professionals to maintain their health and wellbeing and advice was sought was followed by staff when required.

People's needs were met by the adaptation and decoration of the service. We saw there were specially adapted facilities in place to support people. For example, there were assisted bathrooms and shower rooms and people had access to en-suite bathroom facilities. This meant people could have their needs for personal care met safely. Some bathrooms needed renovation and we saw there were plans in place to address this. People could have personal items in their rooms such as photographs and ornaments, and we saw that bedrooms were homely. Some relatives and staff commented that some areas of the home were 'tired' and the provider had plans in place to address this. Some units provided support for people living with dementia and we saw that dementia friendly signage was used on Butterton unit to help people orientate themselves, for example, pictures were used to identify bathrooms. The registered manager had plans in place to utilise the same on Ipstones and Consall units. On Kingsley unit, signage had been devised to assist staff and visitors to recognise if the person was living with dementia and particularly the degree to which this affected them for example; one small green leaf indicated early onset dementia and so on. This helped staff and visitors to consider any adaptations they needed to make for the person. We saw that lighting in some areas of home was dim and did not adequately meet the needs of the residents with sight impairments or high risk of falls. However, the provider had already identified this needed to be addressed and had obtained a quote to have new lighting fitted that would better meet people's needs. This showed

that the service had considered and catered for people's needs with the design and decoration of the service.

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. Even when people lacked mental capacity to make major decisions about their care and treatment, we saw that people were asked for consent before they were supported and care plans reminded staff to always seek consent. A staff member said, "I always ask a person to get consent, even though many of the people here can't communicate verbally, you still tell them what you would like to do, for example personal care".

When people lacked mental capacity about certain aspects of their care, we saw that a decision specific test of their capacity was carried out, in line with the MCA. We saw that decisions were made in people's best interests when required and relevant people were consulted before any decision was made on behalf of a person. For example, we saw that a best interest's decision had been made for a person to receive a flu vaccination. Their relatives and health professionals had been involved in this decision making. These best interest decisions were accurately recorded and shared with staff to ensure that people's rights were protected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that people had been referred for a DoLS authorisation when this was required. This showed that the service was working in line with the current legislation and guidance to ensure that people's rights were protected.

Good

Is the service caring?

Our findings

We observed throughout the inspection and relatives confirmed that people were treated with kindness and respect. One person said, "They look after you well. I get enough help. The staff are very good, they're all very good." Another person said, "I can't find any fault with the girls (Staff)." A relative said, "The staff know [my relative] very well and know their care needs really well. I know [the job] can be difficult but the staff are dedicated and caring". We observed that staff were kind and compassionate in their approach when supporting people. For example, during the inspection we discovered that one person had collapsed. We saw the nurse and two care staff attending to the person. We overheard the staff talking to the person in a calm, reassuring and caring manner. We observed other staff enquiring about the person's wellbeing and health. This showed that the staff were compassionate and caring. We observed that staff used people's names and asked about their welfare regularly, which made people smile. This showed that people were treated with kindness and respect.

We observed people laughing and joking with staff. Staff clearly knew people well and used this information to instigate conversations and engage people in activity. For example, a staff member said, "Come on [Person's name] you used to be a footballer, let's do a bit of exercise hey?" The person was laughing and joking with the staff member, enjoying their company. One person said about a staff member, "They're a character they are, not quite as daft as I am but a good laugh!" This showed that people developed good relationships with staff who took an interest in them as people and enjoyed their company. A relative said, "The staff are brilliant with people here."

People were supported to maintain relationships that were important to them. Relatives told us they could visit at any time and were always made to feel welcome. Many told us they had gotten to know the staff well and were "always offered a cup of tea whether we want it or not!" One relative told us they visited regularly and were anxious about going on holiday and not being able to visit their relative. A staff member had recognised their anxiety and arranged for regular telephone contact as well as using the home's tablet computer to maintain regular contact. This showed that staff were caring and actively supported people to maintain important personal relationships.

We observed that people were offered choices about their care and support throughout the inspection. For example, people were offered choices about how they spent their time. We saw that people were asked whether they would like to watch television, listen to music, play a game or something else. A Staff member said, "Would you like some music on?" A person said they would so the staff member showed them the compact disc cases so that they could select what they would like to listen to. Another person told us they liked to spent time in the garden and had free access to use the garden whenever they liked. Staff told us they supported each person with as much choice as possible. One staff member said, "Due to communication difficulties and people not being able to verbalise their choices, we speak to family members to find out a person's likes and dislikes. We use picture cards to help some people make choices, for example what meal they would like to have." This showed that people were empowered to make choices and treated with dignity and respect.

People's privacy and dignity was maintained. A relative told us, "I am confident that [my relative] is treated with dignity and respect, I have never seen anything to think otherwise." Another relative said, "I am confident that they (staff) do respect [my relative's] dignity and privacy". We observed staff discreetly wiping people's mouths when supporting them to eat which protected their dignity. We saw that before entering a room, staff would knock and call out gently before entering, this respected people's privacy. People could access their bedrooms whenever they chose to and could have privacy by themselves or with their visitors; we saw that staff respected people's wishes for privacy. One staff member said, "I treat everyone with dignity and respect" and went on to tell us about an example when a person needed to have an injection, "I ask the person to come to their room with me, in order to provide privacy, dignity and respect. With all aspects of care, we try to promote independence, respect and dignity". These examples showed that people's privacy and dignity was respected.

Good

Is the service responsive?

Our findings

People and their relatives were involved in all aspects of their care. A relative said, "I do take part in [my relative's] care plan review. They (staff) also ask me every so often to read the care plan and sign it off to say it's still accurate and up to date." We also saw that when people's needs changed, a new care plan was implemented in a timely manner so that staff had access to current and accurate information. Care plans contained information about people's lifestyle choices and interests as well as their health needs and preferences so that staff had access to information to enable them to provide personalised care. Staff told us they had opportunities to look at people's care plans and demonstrated they were familiar with the information contained in them. A staff member said, "I love working here, it's very useful to know what a person previous interests or hobbies were, this can give you something to speak about."

Relatives also told us they were regularly contacted by staff when there were any incidents or changes in relation to their relatives. One relative said, "Staff are extremely good at keeping me up to date. [The clinical lead] phones me up and makes an effort to come and update us when we visit." People's diverse needs were assessed and planned for including any religious or sexuality needs. One person had particular cultural needs and these were assessed planned for. This showed that people and their representatives were involved in care planning and staff knew people well in order to provide personalised care.

We saw that people could choose how to spend their time and were supported to pursue their hobbies and interests in a meaningful way. One person described themselves as, "a very busy person." Staff told us they enjoyed crocheting and knitting. We saw them spending time doing this whilst chatting with people and staff. Staff told us the person chose to sell some items they had made at a recent fayre at the home to raise money for the 'resident's comfort fund' and the person told us they enjoyed this. Another person told us they enjoyed activities including, a summer fayre, knitting and pop quizzes. External entertainers were invited in and one person told us, "[external entertainer] is brilliant, plays fifties and sixties music that we enjoy." We spoke with two activities coordinators who told us they spent one to one time with people who preferred this to group activities. The home had a 'Daily Sparkle' reminiscence newspaper which was used to help initiate group and one to one discussions and reminiscence sessions. We saw this was being used effectively to engage and stimulate people.

People knew how to raise concerns and complaints and felt able to do this when required. A relative said, "I've never had to complain, but I would know what to do if I needed to." Information on how to make a complaint was available to people and information about other agencies who could help with complaints was available in reception. There was an appropriate complaints policy in place and the registered manager had a complaint record to ensure that all concerns, even minor concerns were recorded and acted upon. We found that when a concern had been raised, it was investigated and responded to, which showed that complaints were taken seriously and dealt with in line with the provider's policy to ensure that lessons were learned and improvement made when required.

People had been supported to make decisions about their preferences for end of life care. We saw that end of life care plans were in place and included detail such as who should be contacted and who the person

would like to visit them. The service also offered to make arrangements for family to sleep over in order to spend as much time as possible with the person and be with them at the very end of their life. We saw that people were supported to be comfortable and pain free at the end of their lives and that referrals to other organisations and professionals were made when required.

Good

Is the service well-led?

Our findings

There was a registered manager in post who knew people, staff and the service very well. The registered manager understood their responsibilities and was supported by the provider to deliver what was required. Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The registered manager was open and transparent in sharing information about these incidents.

People and relatives knew the registered manager and felt they were approachable and supportive. A relative said, "When I have spoken to the manager she has been very pleasant and understanding." Staff felt well supported by the registered manager and the wider management team. Staff comments included, "We have a good manager, we can go to her with anything," "The registered manager is always willing to listen. Very supportive" and "The area manager visits weekly. They are accessible, supportive and approachable." There was an open and inclusive atmosphere where staff worked together to achieve good outcomes for people. A staff member said, "I don't want to do anything else, I love working with people who need care. It's not just a job, it's a commitment".

The registered manager and provider had effective systems in place to monitor quality and safety. Monthly audits took place including checks of medicines, care plans and equipment to ensure that any issues were identified and action taken to make improvements. For example, a care file audit had identified that one person had not discussed their wishes regarding their end of life care. There was an action for staff to have a discussion with the person and complete a corresponding care plan. We saw that this had been completed in a timely manner and the person had a suitable end of life care plan in place. This showed that audits were effective in identifying issues and timely action was taken when improvements were required.

Incidents and accidents were regularly analysed by the registered manager and action was taken when required. When an incident occurred, the incident form was reviewed by the registered manager to ensure necessary action was taken at the time including ensuring the person's safety and making a safeguarding referral to the local authority if required. Monthly analysis was completed by the registered manager to look for any trends. For example, analysis showed that the same person had fallen three times in one month. The registered manager took action to refer the person to be reviewed by the physiotherapist to ensure their needs were met and any ongoing risks were reduced. This showed that action was taken to monitor and reduce risks and that the systems and processes in place to monitor the quality and safety of care provided were effective. The provider visited the service regularly to support the registered manager and complete their own quality and safety checks. We saw that a 'working action plan' was ongoing and was added to when audits identified any issues. The provider was already aware and working on any issues with found during the inspection, such as the poor lighting in some corridors. This showed their systems were effective in identifying areas for improvement and ensuring action was taken.

People, relatives and staff were encouraged to be engaged and involved in the development of the service. There were regular resident and relative's meetings alongside annual surveys which gave people the chance to share their feedback on the quality of the service provided. Relatives who had attended told us, "We

learned a lot about how the home is run. We also filled in a questionnaire and the results are out in the corridor for all to see." Staff told us they felt involved in the development of the service and that their feedback was listened to. A staff member said they requested the corridor floor covering was changed. They said, "The carpet made it very difficult to move people in wheelchairs and also had an issue with cleanliness." Staff told us their request was acted upon and we saw that new vinyl flooring had been laid in the corridors. This showed that people's feedback was listened to and responded to in order to improve the quality and safety of service provided.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, physiotherapists and specialist nurses. The registered manager told us they had support from local doctors in the form of a regular multi-disciplinary meeting and regular visits to the home. We saw this was effective in ensuring people had access to the healthcare support they needed. The staff team had regular opportunities to discuss peoples care and they had handover meetings at the start of each shirt. We also saw that the service worked with local churches to meet people's needs. This meant the service worked effectively in partnership with other agencies to improve outcomes for people.