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The Royal Elms Care 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

The inspection took place on 24 April 2018 and was unannounced.

Our last inspection of this service was on the 15 February 2017 and we found concerns relating to regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider was not ensuring that the premises were safe to use for their intended purpose, because a stair gate posed an avoidable risk to service users. Also there was a lack of oversight and scrutiny of the quality and safety of the home .The overall rating for the service was Requires Improvement. At this inspection, we found significant improvements had been made to the service and found the service to be 'Good' in all of our key questions; safe, effective, caring, responsive and well led.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in safe and well led. At this inspection, we found that the provider had addressed the height of the stair gate to avoid risk to service users. Regular medication audits were taking place and the proprietor was making monthly visits to the service and providing a written report on the quality and safety of the service.

The Royal Elms is "care home" providing care for up to 26 people in the Newton Heath area of Manchester. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 22 people living at The Royal Elms on the day of inspection.

There was a registered manager in post. 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 told us they felt safe living at The Royal Elms.

There was no Legionella risk assessment in place although the water temperature checks and flushes of outlets were regularly being completed internally. We recommended that the service follows the national Health and Safety Executive and Department of Health guidance for controlling Legionella in healthcare settings.

Staff members received training in protecting vulnerable people from abuse and all staff said they felt confident that they could raise any concerns.

Staff members were recruited safely and received induction appropriate to their role.

Medicines were stored and administered safely and staff members routinely had their competence assessed

for the safe administration of medicines.

Staffing levels were satisfactory and people were not rushed.

Staff members had completed training appropriate to their role and responsibilities. They received regular supervision and were able to attend staff meetings.

Long corridors within the home enabled people who liked to wander, to do so in a safe environment. There was dementia signage used across the home and the décor of the home was suitable for people living with dementia.

People were able to choose from a menu which meals they wished to eat. Staff were aware of who had what type of diet and who needed a soft or fork mashable diet.

The service was working within the principles of the Mental Capacity Act (2005). Appropriate capacity assessments had been completed and referred for deprivation of liberty safeguards (DoLS) in a timely manner.

We observed staff to have kind, caring and dignified interactions with people living at The Royal Elms. There were appropriate humorous jokes shared between staff and people which were well received.

People who were anxious were well support, reassured and spoken with in a calm manner to prevent their anxiety escalating.

Staff members were knowledgeable on the differing needs of people living at The Royal Elms and knew each person well.

Care plans and risk assessments were in place and reviewed at regular intervals. Both people living at the home and relatives felt they were included in the care planning.

There were activities available and we heard many people living at The Royal Elms say that they looked forward to the activities.

The service looked after people who were at the end of life. Appropriate planning was in place and the service had received the "Six Steps" award in end of life care.

A number of audits had been developed to monitor and improve the service in relation to premises safety, infection control and medicines.

People, their relatives and the staff team were very complimentary about the registered and deputy manager. The registered and deputy manager were visible within the service and had oversight of the home.

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 is safe.

Staff members were recruited safely and all pre – employment checks were completed prior to commencing employment.

Health and safety audits had been improved and were used as a technique for monitoring and improving the service.

The service did not have a Legionella risk assessment in place. However associated safety checks had been completed internally.

Is the service effective?

Good

The service is effective.

Staff received regular training in accordance with their job role and responsibilities.

People were very complimentary of the food. Staff members were fully aware of the types of diets people had.

The service was working within the principles of the Mental Capacity Act (2005).

Is the service caring?

Good

The service is caring.

All people and relatives we spoke with said the staff were very caring.

We observed staff spending time talking to people and enjoying appropriate humorous conversations.

People who displayed signs of anxiety were reassured and spoken to in a calming manner.

Is the service responsive?

Good

The service is responsive.

People had care plans and risk assessments appropriate to their needs.

Activities were very popular in the home and people looked forward to attending them.

People were supported to remain at the home for end of life care.

Is the service well-led?

Good

The service is well led.

The registered manager had improved upon a number of audits to monitor and improve the service.

The provider was completing monthly visits to the service and reporting on their finding.

People, relatives and staff members were very complimentary about the registered and deputy manager.

The Royal Elms Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 April 2018 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the provider about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection.

We had also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.
We contacted Manchester local authority commissioning, safeguarding and public health teams to obtain their view of the service and to collect information they held such as safeguarding referrals and infection control audits. There was no information of significance raised. We also contacted Manchester Healthwatch who told us they had not received any feedback about this service so far. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

During the inspection we spoke with five people who used the service, three relatives, the registered manager, the deputy manager and four staff members.

We looked at three peoples care plans and risk assessments. We reviewed three staff personnel files and records relating to recruitment, induction, training and supervision. We looked at three people's medication records and a number of audits relating to medication management, health and safety, infection control, recruitment, safeguarding and quality assurance. We checked people's feedback on the service including if

people felt safe and cared for and that whether people were involved in planning their care. We reviewed policies and procedures and business continuity planning.

We also completed a 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

Good

Is the service safe?

Our findings

At our last inspection in February 2017, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider was not ensuring that the premises were safe to use for their intended purpose, because a stair gate posed an avoidable risk to service users. We saw at this inspection that improvements had been made and this regulation was now being met.

We saw that safety stair gates were fitted to the top and bottom of each stairwell. Most people were able to move between floors using the lift. However, there were grab rails on the stairs to enable people to use the stairs safely. Stair gates were lock operated and did prevent people from using the stairs if they were unable to do so safely. This meant the service was working to keep people safe from slips and falls.

All the people and relatives we spoke with told us that they felt safe living at The Royal Elms. One person told us "I have no worries here, I feel safe, the staff are nice." Another person said "I feel fine, I feel safe." A third person told us they were happy and settled living at the service.

People were kept safe and protected from abuse. One person told us "I have no worries but I would go to [Registered manager], but I have never needed to." Another person told us, "It's great here, if I was worried I would talk to the boss [Registered Manager]." The service had safeguarding policies and procedures for managers and staff to follow if required. All the staff we spoke with could describe what action to take if they suspected abuse was occurring and each staff member said they had full confidence that the registered or deputy manager would act on their concerns. One staff member we spoke with told us that they and the other staff members were aware that they could also contact the provider if they had concerns and we saw that the provider's contact details were available. A whistle blowing policy was also in place and each staff member we spoke with confirmed they knew why the policy was in place. All staff members we spoke with told us they had received training to give them an understanding of abuse and knew what to do to make sure people using the service were protected. We also saw training certificates confirming training had taken place.

We observed the deputy manager administering medication. The deputy manager asked if people needed pain relief and any other as required medicines such as inhalers and discussed people's symptoms with them in a manner they could understand. The deputy manager ensured that each person had taken their prescribed medicines before they returned to the medication trolley which was contained in a locked medicines room. We observed the deputy manager follow the medication administration record (MAR).

We viewed three peoples MAR charts and found them to be appropriately filled in with photographs of the person on the front. We also checked the boxed medicines of three people and found that stock levels reflected the numbers recorded on the MAR.
There were records kept for the safe administration of creams. Also a body chart accompanied the record and gave directions for the location of the cream to be applied. All creams administered had been signed for on the MAR chart. This meant that people were receiving their medicines safely and there was accurate recording confirming administration had taken place.

We saw that people had protocols in place for the safe administration of "when required" medicine. When required medicine is a medicine such as Paracetamol, which is not routinely required . The protocols gave guidance to staff for the signs and symptoms people may display when in need of this medication. The guidance included monitoring of temperature, skin pallor and looking for changes in peoples general health. This meant staff were able to assess whether people who didn't verbally communicate needed an as required medicine to be administered.

Staff members we spoke with told us they had received medication training and their competency was assessed by the deputy or registered manager every six months, additionally, we saw training certificates and documented competency checks confirming this in staff files. This meant that staff had received the support required to ensure they were administering medicines safely. One person told us "[Staff member's name] always knows when my medication is due, they bring it to me, I do take it and they talk to me about it."

We saw regular temperature checks recorded for fridge and room temperatures which ensured that medicines are stored at the correct temperature. There were monthly medication audits completed which identified excess stock, missing signatures, that boxes of medicines, drops and creams were dated on opening and checks that medicines had been given. Any outcomes from the audits were shared with the staff team. There were no errors documented on the last audit completed. On delivery of monthly medication, the pharmacy worked with the deputy manager to book in the medication to ensure there were no errors. This meant that the service was assuring itself the medicines were being appropriately booked in, stored, administered and recorded.

We reviewed three staff personnel files and we saw that each staff member had the required pre-employment checks in place including two written references and a Disclosure and Barring Service (DBS) check. The service had a recruitment policy in place. This meant that there were processes in place to protect people from receiving care from staff who were unsuitable.

There were sufficient numbers of staff members to support people with their assessed needs. We looked at the rotas which showed there to be enough staff members on duty. All staff members, relatives and people living at The Royals Elms told us there were enough staff. One person said, "There are always staff about, they call on me to check I am in my room." The registered manager told us that the service does not use agency staff.

Risks to people were assessed and their safety monitored and people were supported to stay safe and have their freedom respected. We saw that people received support and monitoring with the management of falls, moving and handling, malnutrition and skin integrity. We observed people who required equipment such as a hoist to move, were supported in a reassuring manner by two staff members. We saw the service had participated in the Tamsin project. The project was devised to improve standards of nutritional care and reduce avoidable hospital admissions. We found people living at The Royals Elms had their risk of malnutrition monitored and any concerns were reported to the GP or relevant professional.

We saw an analysis of the accidents and incidents that occurred at the home. Any outcomes were documented and learning from such concerns were shared with staff members. We saw that body maps were in place which identified where any injuries had been sustained. This meant the service was proactively working to reduce the frequency of accidents or incidents from reoccurring.

People at risk of falling were monitored using a risk assessment tool and we saw that where people were at a high risk of falling, the service followed a falls care pathway which looked at peoples footwear, equipment,

hearing and vision and if they needed hip protectors or floor sensors. We saw that people were also referred to the falls clinic and the risk assessments were regularly reviewed. This meant that people's risk of falling was monitored and reduced.

We saw that Personal Emergency Evacuation Plans (PEEPs) were available for people living at the service. These documents gave information to staff on how to evacuate people from the home in an emergency. There were evacuation sledges at the top of each stair wells to assist in any emergency evacuation. Staff we spoke with were aware of the plans and were able to tell us what type of assistance would be required for each person. The registered manager told us and we saw that an emergency pack was available in the office which included high visibility vests torches, note pads, zone plans, the evacuation plans and a copy of peoples PEEPs to be used in an emergency. This meant that staff knew what support was required for people to evacuate and assist them safely from the service in an emergency.

We observed staff using personal protective equipment (PPE) such as gloves for use when delivering personal care. We also saw that PPE was readily available within the home. We saw that the service had an infection control policy in place and staff confirmed to us that they were aware of the requirements of the policy. We saw certificates confirming staff members had received training in infection control.

We reviewed risk assessments which gave staff member's guidance around handling infectious diseases and using equipment. Cleaning records were completed daily and we saw records relating to monthly checks of mattresses and cushions. We found the service to be clean throughout and were assured that the service was taking necessary action to prevent the spread of infection.

We saw all equipment had been serviced according to the manufacturer's instructions. There were weekly internal checks of the fire alarm system, emergency lighting, nurse call alarm, window restrictors, radiator covers and water and room temperatures. We viewed servicing certificates which were in date for gas, fire alarms, electrical installation, emergency lighting and hoists. The service had appointed an external organisation to manage the passenger lift. There were documents in place confirming that the lift had been serviced at regular intervals. A fire risk assessment was in place

We saw annual water samples were tested for Legionella's disease; these were seen to be clear. Water outlets that were not in regular use were flushed each week and there were regular temperature checks of water and descaling of equipment. However a written Legionella's risk assessment had not been completed and the hot water temperatures leaving and returning to the boiler were not taken. We recommend that the service follows the national Health and Safety Executive and Department of Health guidance for controlling Legionella in healthcare settings.

Good

Is the service effective?

Our findings

We observed breakfast and lunch at the home. People were given choices of what they would like to eat and one person told us "The food is lovely; I have never eaten so well." The dining tables had condiments available and one person told us that they love ketchup with their food.

We saw that food was well presented and we heard positive comments about the food throughout our observations. Staff members were attentive to people while they were eating and the atmosphere was relaxed and informal.

Care plans gave information on people's specific diets, and if they ate independently or required support. We saw people being encouraged to eat a healthy diet and those at risk of malnutrition had their diet fortified with cream or full fat yogurt to assist in weight management. This was under the advice of a dietician or other health professional. Each staff member we spoke with was aware what type of diet each person had such a soft or fork mashable. We also saw that people's weights were regularly monitored. This meant that people were given choices for their food preference and that any concerns around eating or drinking and weight loss were acted upon.

People told us that they could see a GP when they felt unwell; this was recorded in people's healthcare visits logs. We also saw that people visited or received visits from the optician, dentist, district nurses and other healthcare professionals. This meant that people's health needs were being met by health professionals supporting the service. Staff were pro-active in raising concerns they had about people's health and a relative told us that they were always kept informed of any changes with their relatives health.

We saw that chairs and beds were fitted with pressure relieving equipment such as cushions and mattresses to assist in the prevention of pressure ulcers occurring.
The staff files we viewed shown that staff received an induction into the service and staff members confirmed this. We saw induction included mandatory training and the opportunity to shadow more experienced staff members. Many of the staff team had been working at the service for a number of years and told us that they felt valued by the registered manager. Staff told us and we saw that they received regular supervision and were able to attend regular staff meetings. We saw minutes taken for regular staff meetings and information shared with staff about best practice and safeguarding.

Staff we spoke with said that they were kept up to date with training. We saw that staff received regular training which included moving and handling, safeguarding, deprivation of liberty safeguards, mental capacity, nutrition, dementia, medication, fire safety and first aid. One staff member told us that they had been able to complete a level 2 diploma in Health and Social Care while working at the service. This meant that staff had the training required for their role within the service.

We reviewed three peoples care files and found that each person had received a documented pre admission assessment prior to moving into The Royal Elms. This included looking at mobility, eating and drinking, moving and handling, health and medication and a capacity assessment. We saw a 24 hour post checklist in

place for people who had move into The Royal Elms. This was a tool devised to ensure the service did not miss anything in relation to the new person, for example, we saw that the checklist confirmed that the person had been referred to a GP, had a keyworker appointed, been shown around the service and the fire procedures, had their weight and height taken, had medication handed over and their valuables booked in. This meant that the service was working to ensure that people were suitable for the service and they felt welcomed and supported once they arrived.

People did not appear rushed and we saw that staff members had time to interact with people including sitting with people and supporting them to eat. We observed handover at the start of the day shift and saw that information was shared and concerns addressed. This meant that staff members had the knowledge, support and supervision to enable them to carry out their role effectively.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes 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.

We saw that capacity assessments have been completed for people around making the decision to remain in the care home and support with medicines and for one person who on occasions had to be restricted to prevent them from hitting out at others. Appropriate DoLS referrals had been made to the local authority, however the local authority had not been out to assess people deemed as lacking capacity to make decisions. We advised the registered manager during inspection to speak to the local authority to ensure the referrals had been received and gain further information about the assessment process.

We saw that people had signed their consent to receiving care and support and for those people whom were unable to sign, we saw that a family member had signed the document. We asked the service to check with family members if they have the right to consent of behalf of their relative under a Lasting Power of Attorney (LPA). People with a LPA have nominated someone to make decisions on their behalf when they become unable to do so. Staff members we spoke with were able to confirm with us who had a DoLS in place and any restrictions placed on the person.

The Royal Elms used dementia signage to highlight areas of the home such as bedrooms, bathroom, lounge areas, dining area and kitchen. Dementia signage is specifically designed to aid comprehension for people with dementia using words, colour contrast and pictorial images to aid understanding. There was a larger lounge area where activities took place and a smaller, quieter lounge where people can access a computer and watch television. There was WiFi access in the building. We saw that people were able to furnish their bedrooms as they wished and many rooms had photos of relatives and friends on the walls. The long corridors within the home enabled those people who liked to wander to safely access other parts of the home and were wide enough for others to pass by. This meant people had the space they needed to mobilise around the home, there was no restrictions when walking around the ground floor and the home was supportive of people living with dementia.

Good

Is the service caring?

Our findings

The Royal Elms service user charter was embedded within the home. We saw the staff were respectful, kind, offered people privacy and dignity, ensured confidentially and supported freedom throughout our visit.

We saw that keyworkers kept a communication record for when they spent time with their key person. We saw entries which included, "[Name] had their nails painted and hand massage and we talked about their love of dogs" and "[Name] helped to brush up in the yard."

We observed kind interactions between people living at The Royal Elms and staff members. There was lots of laughing and appropriate humour between everyone and the staff team put people at ease. Staff members sat with people and spoke to them in a manner people could understand. We saw people pop into the registered manager's office throughout the inspection and chat with them or the deputy manager.

We saw one person becoming distressed as they didn't know where they were. Staff members comforted the person and reassured them each time they became upset and did not overload the person with long explanations.

A relative told us that people were well looked after, they told us "Staff are kind and [Relative] is always praising them." People living at The Royal Elms said they found staff to be caring and felt well looked after.

Staff members we spoke with were aware of how to support people's privacy and dignity. They told us and we observed staff members knocking on peoples bedrooms doors and gaining permission to enter. We saw people offered protective aprons when eating and drinking. Staff members told us that they encouraged people to do as much as they could for themselves.

We saw that one person was supported to maintain a relationship with a partner. The partner was fully involved with the persons care and told us "The staff are fabulous here, they know [Name] so well. [Name] has back pain and staff are aware of the signs and offer them pain relief."

People's preferences, likes and dislikes were recorded in their care plans. The staff we spoke with knew the people they were supporting well and were able to describe their routines and activities.

Where people lacked capacity and did not have any relatives, the registered manager told us that they were able to contact advocacy service on the person's behalf. An advocate is independent of the funding authority and the service provider and speaks on behalf of the person living at the service, to ensure that their views are considered and their rights are protected.

People's religious and cultural needs were recorded in their care plans. The care plan documented if the person had any needs on a religious or cultural ground. Staff members we spoke with told us that the service could arrange for a priest or reverend to visit if a person requested it. This meant that people could continue to follow their faith as they wished.

We saw that care files were stored securely in the registered manager's office and was only accessible to staff working at the service.

Good

Is the service responsive?

Our findings

People we spoke with said they enjoyed living at the home. One person said "I love it here, I see my daughters, I have a good laugh, I have a nice bedroom and I am looking forward to arm chair exercises this afternoon."

During the breakfast, people were reading the Daily Chat. The Daily Chat is a reminiscence newspaper written in large text covering some of the United Kingdom's most famous news articles. We observed two people reading information relating to the death of Winston Churchchill which sparked a lively debate. On another table, two people were reading some news about Fred Astaire which led them into singing "singing in the rain."
People told us and we saw that they enjoyed activities in and outside of the home. One person told us that they visited the Blue Planet Aquarium and described the fish and marine life they had seen. Another person said they had been on a trip to Blackpool and enjoyed eating fish and chips on the prom. We saw photos captured these trips and other in house activities such as the Glenn Girls who were a singing group that frequently visited the home. People told us they had a dance and looked forward to their visits. One person said that they look forward to the hairdresser visiting. Additionally, we observed a staff member completing arm chair exercises with a group of people and there were lots of positive comments, laughs and jokes heard throughout the session.

We saw life stories for three people living at The Royal Elms. Some stories were detailed and gave information about peoples education and work history and family life. The documents were used as a conversation starter for people with more advanced dementia and also contained a list of activities that people enjoyed prior to moving into the home.

Care files contained care plans which were tailored to people's individual preferences. The care plans described what help people needed with mobility, eating and drinking, physical health, sensory, spirituality, environment and safety. We saw information relating to the person's risk of falls, nutritional risk and risk of developing pressure sores. Information was recorded on what help people required with managing medicines and if there were any wishes to be assessed for self-medicating. No one living in the service chose to self-medicate at the time of our inspection. Care plans and risk assessments were regularly reviewed and people told us they had been able to contribute to their care plan.

We saw in one file that a person had a ReSPECT plan in place. ReSPECT is a clinical process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to express choices. ReSPECT is used for people who are nearing the end of life or who have complex health needs or might be at risk of sudden deterioration or cardiac arrest. In this case, the decision had been made by the person, their family and health professionals that resuscitation would likely be unsuccessful due to the person's condition. All staff members we spoke to were aware of this, We also saw that people had documented their advanced wishes for end of life care. The service was accredited with the six steps framework. Six steps is a programme of learning to ensure care staff develop awareness and knowledge of end of life care. This meant the service worked with people to promote quality and pain free end of life care

and to enable people to stay at the home for as long as possible.

We saw that the service had discussed end of life planning for some people in conjunction with the person, if able to do so, the family and the GP where decisions had been made on how best to support the person. We also saw a number of information leaflets available to support family members when their relative was at the end of their life or had passed away. This included information on bereavement and money management.

We saw that the service had a complaints policy in place. The service had received no complaints since the last inspection. Relative's we spoke with said they had no complaints but they felt confident to speak to the registered manager. The deputy manager told us that if someone was to bring a concern to them, it's dealt with immediately before it escalates into a complaint.

We saw a number of compliments sent to the service, One said "To [registered manager], I only met one understanding, compassionate, helpful person on [person's name] journey and that was you. You made a difference." Another said, "Two years ago today my [relative] was going to pass. We knew this and you set up a bed in the room for me. I slept beside [relative] in their last hours. Our family will never forget you."

Good

Is the service well-led?

Our findings

At our last inspection in February 2017, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of oversight and scrutiny of the quality and safety of the home. We saw at this inspection that improvements had been made and this regulation was now being met.

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was supported by a deputy manager.

We saw the registered provider visited the home as least monthly and provided the registered manager with a review of the service which include comments on the health and safety and management of the home, observations of people living at the service and records inspected. This meant the provider had oversight of how the home was run and could identify areas for improvement.

People, their relatives and staff members we spoke with were very complimentary of the registered manager. Each staff member we spoke with said the registered manager had an open door policy and they felt they can approach the registered manager at any time and they would fully take on any concerns a staff member had.

Staff told us they felt well supported and the staff turnover of the home was low. One staff member told us "[Registered manager] is a brilliant manager, we are a good team." A relative told us that they would absolutely be able to go to the registered or deputy manager with anything and had full confidence they would listen to them.

We saw robust systems in place for the management of medicines and clear audits of medicines. There were systems in place to monitor the cleanliness, infection control, fire safety, nurse alarms and health and safety of the service.

The registered manager told us there were plans going forward to replace the chairs in the living areas. We will review this at the next inspection.

We saw that a business continuity plan was in place to assist in managing the service in the event of a power cut, flood or if at any times, people needed to be moved to a place of safety. This meant that there were plans in place to continue the running of the service during periods of disruption. We saw that the registered manager had arranged with a local taxi company to be able to use them in an emergency to move people from the home including people with mobility difficulties. There was also a register of all people at the home with their next of kin details on which the staff were aware they had to take in an emergency. This meant the registered manager was proactive in planning for an emergency.

We saw that all statutory notifications had been sent to CQC in a timely manner.

We saw a number of satisfaction surveys completed by visiting professionals, relatives and people living at the home. The last survey was completed in October 2017. Six professionals responded to the survey and all stated that they found staff extremely polite and always helpful. One professional said the staff always know each person in details and another professional said they are always reassured with the care provided.

A resident's satisfaction survey had received 10 responses. All respondents said they can choose to get up and go to bed when they want and they were treated with dignity and respect All but one said they were satisfied with laundry, however, one person said their clothes returned creased on occasions. We saw that the registered manager had addressed this with the staff to improve the laundry service.

A relative's satisfaction survey received four responses. All replies stated they felt that managers and staff made them feel welcome, there were sufficient activities, they were kept informed of any changes, they were aware of the complaints policy and the home is odour free. This meant the service was obtaining feedback on what they offered and was able to use the information received to monitor, evaluate and improve the service.

We saw that the service was displaying the last inspection Care Quality Commission (CQC) rating within the home. This is a legal requirement for any premises providing a regulated activity. At the last inspection, the overall rating for the service was requires improvement. At this inspection, we found that the service was good in all domains.