Ruddington Homes Limited

Balmore Country House

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

We carried out our unannounced inspection visit on 25 July 2017. We returned announced on 1 August 2017.

Balmore Country House provides nursing and personal care for up to 46 older people and people with dementia and physical disabilities. On the day of our inspection there were 38 people using the service. At our last inspection we rated the service requires improvement overall. The provider had made the necessary improvements to the service people received.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Action had been taken following accidents or incidents to prevent further occurrences. Risks associated with people's care needs and the environment had been assessed and measures put in place to prevent avoidable harm.

People were supported by staff who understood how to keep them safe and could raise concerns if they needed to. There were enough staff to meet people's needs. The provider followed safe recruitment practice.

People received their medicines as prescribed by their doctor. People were supported to maintain their health and had access to health professionals.

People were supported by staff who had received training and support to meet their needs. Staff felt supported and their competency in their role was checked.

People were supported to have enough to eat and drink. Where people had dietary requirements, these were met and staff understood how to provide these.

People were supported in line with the requirements of the Mental Capacity Act. People's mental capacity to consent to their care had been assessed where there was a reasonable belief that they may not be able to make a specific decision.

Staff at all levels treated people with kindness and compassion. Dignity and respect for people was promoted. People were supported to maintain their independence.

The care needs of people had been assessed and were regularly reviewed to ensure they continued to be

met. Staff had a clear understanding of their role and how to support people who used the service.

People had access to activities so that they could follow their interests and remain active if they wanted to.

The registered manager had sought feedback from people and their relatives about the service that they received. We saw that they had taken action based on this feedback.

Staff felt supported. Where necessary the provider's disciplinary procedures had been implemented.

People and their relatives felt the service was well led. They felt the registered manager was approachable and that they would deal with any concerns they may have. The registered manager had a good over sight of the service.

Systems were in place to monitor the quality of the service being provided and to drive improvement. Where systems had identified areas of concern action had been taken to address these in a timely manner.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who understood how to protect them from harm. There were enough staff to meet people's needs.

Risks associated with peoples care needs were assessed and action taken to prevent harm.

Action had been taken following accidents or incidents to prevent further occurrences.

People received their medicines as prescribed by their doctor.

Is the service effective?

Good

The service was effective.

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health and their nutritional and hydration needs were assessed and met.

People were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and understood that they should be treated with dignity and respect.

People felt listened to and that they mattered. Staff understood people's individual needs.

People's communication needs were identified and action taken to encourage effective communication between them and staff. People's independence was promoted and encouraged.

Is the service responsive?

Good

The service was responsive.

People's care needs had been assessed and were reviewed to make sure that they continued to meet people's needs.

People had opportunities to remain active and follow their interests if they wanted to.

People understood how to make a complaint if they needed to and were confident that any issues would be addressed.

Is the service well-led?

Good

The service was well led.

People knew who the registered manager was and felt they were approachable. The registered manager had sought feedback from people using the service.

Systems were in place to monitor the quality of the service being provided. Action had been taken in a timely way when concerns had been identified.

The staff team understood their responsibilities and felt supported by their managers.

Balmore Country House

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.

We carried out our unannounced inspection visit of Balmore Country House on 25 July 2017. We returned announced on 1 August 2017.

The inspection team consisted of an inspector, a specialist nurse advisor 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 spoke with eight people and five relatives of people who used the service.

During our inspection visit we spoke with staff members employed by the service. This included the area manager, the kitchen assistant, the activities coordinator, two nurses, the deputy manager and four care workers. We also spoke with the registered manager. We looked at the care plans and care records of six people who used the service at the time of our inspection. We looked at three staff recruitment files to see how the provider recruited and appointed staff. We also looked at records associated with the provider's monitoring of the quality of the service and staff training.

We observed care and support provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

Before the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted Healthwatch Nottinghamshire who are the local consumer champion for people using adult social care services to see if they had feedback about the service. We contacted the local health commissioners who had funding responsibility for some of the people who were using the service.

Good

Is the service safe?

Our findings

People and their relatives felt safe with the care provided at Balmore Country House. One person said, "I am safer here than at home. At home my wife could not provide me with all the care however much she tried. Coming here has been the best thing for all of us and especially me. I am comfortable, feel safe and get to meet my family regularly. I cannot ask for something better." One relative told us, "I have never heard or seen anything here that would worry me, and Dad has been here for over 5 years." A staff member told us, "Safe, yes, everyone who works here genuinely cares about people. Things are in place to keep people safe."

There were enough staff to meet people's needs. One person told us they felt safe because staff were available to them when they needed it. They said, "You have to be grateful that there is always someone on call to look after you – day or night. I really appreciate that." Another person said, "I think staffing levels are ok most of the time, but when people are on holiday at the same time it gets a bit hit and miss at times." People told us that they could summon help when they needed to. One person said, "They (staff) do come when you buzz them, but it does depend on what time of day it is." They went on to say, "They always come, but it is longer sometimes." Staff told us that there were usually enough staff to meet people's needs. One staff member said, "There is always enough staff to give care to the people, there are times when staff go off sick at short notice and we can't get anybody. This is not very often. When this happen everybody pulls together and help. This is very reassuring." The registered manager completed a dependency tool each month to evaluate if staffing levels were suitable to meet people's needs. We noted that during our visit people received support without delay and call bells were not left unanswered for long periods of time. The staffing rota reflected the agreed numbers of staff required. We found that there were sufficient numbers of staff to meet people's needs on the day of our visit.

Risk associated with people's care needs and conditions had been assessed and staff received guidance regarding how to minimise harm to people. For example a person had a catheter. The person told us, "The staff emptied my bag regularly and they ask me whether I am in pain. I have not had any problem with it for a very long time." Staff were aware that the person was at risk of urinary tract infections. Records showed that the catheter was changed regularly. There were guidelines to indicate whether the person was drinking adequately. One staff told me "We wear aprons and gloves when dealing with the catheter. We washed our hands before and after the procedure. We also have a colour charts to indicate whether the person is drinking enough". The records showed that there had been no infections in the last three months. We saw that risks associated with people's skin were managed and people's skin conditions had improved as a result of staff's interventions. In these ways people were protected from the risks of harm.

Where people needed equipment to help them with their mobility or to keep them safe this was provided. Equipment was regularly checked and maintained to ensure it was safe for use. Risks associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Where regular testing was required to prevent risk, such as water safety testing, these were recorded as having happened within the required timescales. Where checks had identified a concern, action had been taken to address it immediately. For example fire safety doors had been altered when it was identified that some had not closed fully. We identified that window restrictors

were not in place on all of the first floor windows. This meant that here was a risk that people could fall from a height. We pointed this out to the registered manager who arranged for window restrictors to be fitted by the end of our inspection visit. A system had been implemented so that staff, visitors and people using the service could report any maintenance issues or faults. The registered manager checked that any reported concerns were rectified.

People received their medicines as prescribed by their doctor. We observed people being supported to take their medicines. On most occasions we observed that this was not rushed and the staff member informed people about their medicines. The person administering people's medicines knew how best they liked to take their medicines. We did observe on one occasion a person was not given time and warning before their medicine was put in their mouth. The registered manager was made aware of this and took appropriate action to address medication administration practice with the staff member.

Medicines were stored securely. The registered manger explained that the service had adopted an electronic medication administration system. Staff had been trained to use the system. Staff told us that the like the new system because it is easy to use and efficient. The registered manager told us, "At a glance the system gives a good account of stocks, how PRN [when required] medicines has been dispensed, we have reduced our stock by two thirds since its introduction and staff have taken to it very well." They told us that after some initial teething problems this system was effective in ensuring staff were guided to administer people's medications as prescribed by their doctor. We observed that staff used the system to check which medicine was required and dispense the medicines. Where people had medicines, which they took on an as and when basis, there were protocols in place. This was important so that staff had clear guidance about when they should give the medicines. People's medication was ordered three weeks in advanced. It arrived at least five days before the start of the new cycle. This allowed time for staff to check that everybody had their medicines available. Medicine was stored safely in locked trolley within a locked clinic room. The keys were kept by authorised staff. The register showed that unused medicine was taken back to the pharmacy for safe disposal. Staff had received appropriate training before they were able to administer medicines to people. Their practice was monitored to ensure that it continued to be safe.

Staff understood how they would recognise the different types of abuse and neglect which could occur in a residential care setting. They were able to explain the actions they would take in accordance with the adult safeguarding procedures to protect people from harm. One staff member told us, "I'd go straight to the management, I'd go above them to [regional manager], then [provider]. If he didn't do anything I would report it to CQC." Staff understood how to act as 'whistle-blowers' and report concerns outside of the organisation if their managers did not take actions to keep people safe. The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three staff recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. The registered manager had checked if nurses were registered with the Nursing and Midwifery council and therefore safe to practice nursing.

Action had been taken following accidents or incidents to prevent further occurrences. For example following a fall a person had been offered a bedroom on the ground floor so that staff could provide the

person with closer observation. We also saw that a risk assessment had been implemented and shared with staff and a person's relatives following an incident. This was to ensure all people involved in this person's care were aware of measures in place to prevent further incidents. Staff were clear about how to respond to accidents or incidents. People care plans were updated to reflect changes as a result of the accident or incident if required. The registered manager had systems in place that enabled them to look for trends in incidents or accidents.

Good

Is the service effective?

Our findings

People were supported by staff who were suitably trained and supported to meet their needs. One person's relative told us, "Staff appear to know what they are doing and seem well-trained. It's not an easy job though is it?" Staff told us that the service had equipped them with the knowledge and skills they required to do their job. One staff member told us, "Since I have started I have had induction and have been on a number of courses that have helped to do my job effectively. I have been booked on training for diabetes next month." Another staff member told us, "We did a diabetes course. That was really helpful." Records confirmed that staff had completed a variety of training courses relevant to their role. Staff also received regular training refreshers to ensure that their knowledge was kept up to date

Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and safeguarding training. Staff also confirmed that they shadowed more experienced staff members before they supported people on their own so they could understand their support requirements. New staff were required to complete induction training which followed the Care Certificate standards. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

Staff we spoke with told us that they had supervisions regularly. One staff told me "I find supervision very useful. My supervisor is very supporting and had helped me to grow professionally. She is non-judgemental and has encouraged me to learn from my mistakes." However another staff member reported that supervisors were not consistently carried out and the quality of the meeting was dependant on the member of staff who led the meeting. Records reflected that supervisions took place. The senior staff used supervisions to checks staff understanding of the providers policies and procedures and their health and safety responsibilities. For example we saw that staff were asked how they would support a person who was experiencing a medical emergency. The registered manager had arranged for an external professional who was a trained nurse to carry out clinical supervisions with the nurses. This was to ensure that they were receiving support from a suitably qualified clinician.

People were supported to access health care professionals when they needed to. One person said, "The Chiropodist comes regularly." Another person said, "The GP comes round sometimes and so does the exercise person (Occupational Therapist)." People health conditions were managed in line with health care professional's guidance. For example we saw that a person with diabetes had their blood sugars taken regularly and staff knew what to do if their condition deteriorated. People's GP's were contacted if they became unwell and if necessary emergency medical attention was sought. Records reflected that people had accessed a wide variety of health professionals.

The Mental Capacity Act (MCA) 2005 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 found that people were being supported in line with the MCA. Staff received training on the MCA and understood how it applied to their role. The registered manager had requested DoLS authorisations for people who required them. We saw that mental capacity assessments had taken place when people needed them. These were person specific and contained details about how people's capacity had been assessed. Decisions had been made that were deemed to be in people's best interest when it was evidenced that they no longer had the mental capacity to make the decision for themselves. People's family members were involved when a best interests decision was made on their behalf about their care and support. Staff were knowledgeable about MCA and DoLS. They understood the key principles of the MCA and understood how to put these into practice. One staff member said, "As long as they can communicate [there decision] in any way. One person can't speak but can nod or point to what she wants."

Where people had the mental capacity to consent to their care, this had been sought. Care records reflected the fact that people had been involved in making decisions by participating in meetings and reviews. One record about a person with diabetes showed that although the person had been given all the information about diabetes, they had chosen not to stick to a diabetic diet. The staff respected his decision and provided them with their choice of food. We witnessed staff asking people questions about their care. When they did not get the response they needed, they continued to ask the question in other ways until they got a response. Where people retained the mental capacity to make some decisions, such as what to wear or where they wanted to spend their time, this was recorded so that staff had guidance. Some people had a lasting power of attorney (LPA) agreement in place regarding their care and welfare and finances. This is a legal agreement that allows another person to manage a person's finances or make decisions on their behalf with regard to their care. We asked the registered manager to ensure that it was clear within people's care plans what LPA was in place in order that only people with legal rights could make decisions on people's behalf. They told us that they would.

People enjoyed the meals that were on offer. We observed the lunch time service. People waited for up to 45 minutes from entering the dining room to having their meal. Food portions were generous and well presented. Where people needed support with their meals this was given and people were not rushed. However there was minimal interaction between care staff and people eating. Meals looked appetising and well presented. The first day of our inspection the cook was away on leave. The kitchen assistant had taken to lead in preparing the lunch time meal. The registered manager told us that this was the kitchen assistant's first time preparing the lunch time meal hence the delay in service. On the second day of our inspection we were told that the lunch time service was running more smoothly.

People were encouraged to have enough to eat and drink. We saw that drinks were available and people were encouraged to drink throughout our visit. Snacks were provided throughout the day and included cake and biscuits. One person said, "To be honest, I don't need snacks during the day! I started to put on weight. We get breakfast, a drinks trolley, lunch, a tea trolley, supper and the evening drinks trolley before bed. All come with biscuits or cake!" This was particularly important for people who were at risk of de-hydration and weight loss. Where people's weight was identified as a concern they had been referred to their GP or dietitian for advice. Staff were clear about which people required support to maintain their diet and fortified foods and drinks were offered to the people who required them. We observed staff discreetly watching over people while they ate and drank when there was a risk that they might choke. Where people required

specialised diets, such as diabetic diets these were provided.

People were offered choices about their meals. People were asked what they would like for their meals and we overheard meals being described to them. There was a television screen in the dining room which showed the menu for people to choose from. We also saw menu cards in the dining room which we were told staff used to help people understand the choices on offer. Where people wished to take their meals in their bedrooms this was respected and meals plated up for them. One person told us that they often experienced that their plated up meal was cold. We brought this to the attention of the registered manager who told us that they would ensure this was monitored closely.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person told us, "I get all the support I need, the staff are very gentle with me." Another person told us, "I don't mind whether it's a man or woman (carer) as long as they are kind to me." We asked whether they felt that staff were kind and they replied, "Oh they are lovely. I have a good laugh with them sometimes which brightens my day." A person's relative said, "The staff here are wonderful; they can't do enough for Dad. I really have no complaints." Throughout our inspection visit we observed staff using people's preferred names. They were courteous and caring. At times their interactions were task led however we also observed times when staff spent time chatting and interacting with people.

Staff understood what was important to people and their individual needs. One person told us, "I get everything I need here. The staff are kind and caring and takes time to talk to me. They explain everything to me". A person's relative said, "The staff really do their best for my wife. She isn't the easiest to deal with at times, but they just get on with the job and chivvy her out of her moods. I couldn't do that when I was looking after her." People were addressed by their preferred name. One staff member told us, "I asked [person] how they wanted to be addressed." We saw that people's preferred names were recorded in their care plans. People's choices were respected. One staff member said, "Don't take things away from them, give them options." Staff were guided on people's preferences thorough their care plans.

People's dignity was protected and privacy promoted. One person said, "It's not nice when you need help to wash and dress. I never thought it would come to this, but the girls (staff) are kind and I never feel embarrassed." Another person said, "They are very polite, they respect you." A person's relative told us, "The staff respect his wishes and treat him with dignity." Staff were able to explain to us ways in which they protected people's dignity while supporting them with personal care. People's bedrooms were respected as private spaces. We observed staff knock on doors before entering people's bedrooms. People had the option to lock their bedroom doors if they wished. However we observed that the downstairs toilet doors did not have locks on them. This meant that people would be at risk of being observed while they were using the facilities. We pointed this out to the registered manager who arranged for locks to be fitted before the end of our inspection visit.

People could be clear on what service they should expect to receive. We observed that there were guides for people who used the service within each person's bedroom. This included information about how people could raise a concern if they needed to, the level of care they should expect to receive and details of staff roles and responsibilities. Information was displayed within the home informing people about how the service was run and what facilities were on offer.

People's independence was maintained and promoted. We observed staff encouraging people to do as much as they could for themselves before they stepped in to help. This was sometimes done without asking, but they were explaining what they were going to do and why. The registered manger told us that they intended to open a kitchenette so that people could make their own snacks and drinks independently or with staff support if they wanted to.

People's relatives were able to visit them without undue restrictions. One person's relative told us, "We are able to visit whenever we want." We saw from the visitor's book that people's relatives had visited throughout the day. People could meet privately with their visitors in their bedrooms, the library or the sun lounge if they wished. People's relatives could eat with them if they wished. One relative said, "I visit my wife every day and they often feed me and won't take any money for it." This was important as it helped people to maintain relationships with people that mattered to them.

People's communication needs were identified in their care plans, for example, if they wore glasses or had problems with their hearing. Staff were guided to adapt their communication styles to people's needs. For example we saw staff were encouraged to speak clearly and allow people time to process the information they had received. We saw that pictorial communication aids were available throughout the service in order to support people to understand what was being asked of them. We also saw that there was appropriate signage to help people to orientate themselves with their surroundings. Some people told us that at times they did not always understand staff. One person said, "There are some women working here and sometimes it's hard to understand what they are saying and when they are talking to each other I don't understand a word." We observed that a staff member struggled to communicate with a person using the service. Another staff member observed this and went to their aid. They were successful in communicating with the person. We brought this to the registered manager's attention. They told us they would remind staff to use clear, concise verbal communication.

Good

Is the service responsive?

Our findings

People received the care that they needed. One person said, "I really like living here. They look after me well considering." Another person told us, "They look after me as best they can, so I have no complaints." A person's relative told us, "When I leave here, I have complete peace of mind that Dad is well looked after and that if there is anything I need to know about, they will get in touch with me immediately."

People and their relatives were involved in planning and reviewing their care. A staff member told us, "I meet with the relative to discuss the care plan and take on board their contribution, this keeps them in touch with the care of their loved ones. It is a win win situation because everybody is happy." People's care plans were individualised to people's needs. Each person had a pre-admission assessment which informed the care they would receive. Information was gathered from different sources to plan the care of the person. Other health care professionals that were relevant to the care of the person were also involved.

Care plans had been put in place for staff to follow to ensure that people's needs were met. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. We saw that the level of detail in care plans was person centred so that staff had all the information they needed to provide care as people wished. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history. We reviewed care records and found that people were receiving their care as advised in their care plan. Some records had been inconsistently completed with some gaps in observation charts. This meant that the registered manager or nurse could not be sure that people's care was suited to their changing needs. We pointed this out to the registered manager who informed us that they would review all monitoring charts and guide staff on completion where required.

Where people's conditions meant that their behaviour could cause upset to themselves and others they were supported to minimise upset. We saw that people had been referred to the relevant professionals such as the community mentally health team or psychiatrist who contributed to the person's care plan. Charts were used to monitor the behaviour and look for patterns in causes or times of day when the behaviour occurred. Records showed that staff were consistent in their approach to the behaviour. Staff interventions were the least restrictive response to the challenging behaviour. This ranged from being present, listening and observing to ensure the safety of the person and others, keeping calm and quiet and reassuring the person.

People's relatives were kept informed of their changing needs and progress if appropriate. One person's relative said, "I always get a call if anything has happened, but they often catch up with me when I come to visit as I am here most days." We saw within people's care records that their relatives had been contacted following events occurring with their relative or in the home.

People felt able to raise concerns and make complaints if they needed to. One person said, "Oh if I wasn't happy with something, I would say, believe me." We asked who they would direct their complaint to they said, "To the manager, or one of the nurses." One person told us that they had raised a concern regarding

the care that they had received with the registered manager. Since this having been raised they had not experienced any further problems. A person's relative also told us that they had raised a concern and felt comfortable to do so. They confirmed that their complaint had been addressed to their satisfaction. We saw that when a complaint had been received it had been handled in line with the provider's policy. Complaints had been investigated and action taken to resolve the concern. If appropriate the registered manager had issued an apology. Complaints had been used as an opportunity to learn and improve the service. For example staff had received additional training and guidance around infection control procedures following a complaint.

People were encouraged to take part in activities that they enjoyed and were meaningful to them. One person said, "I enjoy Mr Motivator (exercise) when he comes." We were told by the registered manager that this was six times a month. Another person said, "I like the crafts. I haven't used the buttons before, but they look nice don't they?" We observed people taking part in arts and craft activities. People told us that they had enjoyed the activity and felt proud of their results. A person's relative said, "They do have fundraising events in the garden which is a change for residents, and sometimes there are singers who come in from the local church." Another relative said, "Some are able to participate, some just like to watch." The service had a pet rabbit and parrot which people enjoyed spending time with and interacted with. The activities on offer were displayed so that people were aware of them. Some people enjoyed spending time in their bedrooms or watching television. People's care plans identified people's interests and activities that they had previously enjoyed to guide staff when they were encouraging people to take part in activities.

Good

Is the service well-led?

Our findings

People and their relatives told us that the service was well led and that the registered manager was approachable and competent in their role. One person's relative said, "I must say though, it has been running a lot more smoothly since [registered manager] started (working here)." They went on to say. "Well, the staff seem a lot happier with more direction and things just seem to run more smoothly." Another person's relative said of the registered manager, "Oh yes, they couldn't be more supportive. She is in good hands here." A third relative told us, "The staff and management are really nice. Friendly and open and they will always listen to what you have to say or anything you are worried about. (Registered manager) is really good and makes you feel important, even when she's busy." The registered manager was accessible to people and their relatives. They had an 'open door' policy. Throughout our visit we observed that the registered manager visited with people and took time to chat with them.

Staff felt supported and said the service was well led. One staff member said, "I get a lot of job satisfaction here and it's a nice atmosphere. No raised voices." Staff told us that they enjoyed working at the service. They said that morale was good and there is good team work. One staff member said, "Even the agency staff who works here feel like a member of the team because they have worked here before and know the place well". Staff said that the registered manager was approachable. One staff member said, "She is around most of the time and not only walks around, but she joins in and have a joke and a laugh. She always asks how I am and listens. This makes her special." Another staff member said, "The manager is brilliant. It's a nice environment to work in." Staff said that communication is good and the registered manager met with the staff individually and in staff meetings. Staff meetings took place. We were told that staff used these as a forum to share ideas and air any concerns they may have. One staff member described staff meetings as "Useful."

Staff were aware of their responsibilities to follow the provider's policies and procedures. Their understanding of these was checked through their supervisions. We saw that where staff practice or knowledge was identified as a concern, action was taken in line with the provider's disciplinary policy. Actions taken following concerns raised had included disciplinary measures, retraining and offering additional support.

Staff at the service worked with other professionals in order to improve care delivery and safety for people. We saw that the local authority falls team had visited the home and offered advice and guidance to staff to help prevent people falling. The registered manager told us that they were working with the local health commissioners to reduce the amount of testing that took place when people had a suspected urinary tract infection (UTI). Staff were guided on using other techniques to help them identify and intervene more quickly when a person was suspected of having a UTI.

There were systems in place to monitor the provision of service and identify where improvements could be made. The registered manager told us that they carried out daily medicine audits and acted on them as soon as possible. They showed us copies to demonstrate this. For example we saw checks had identified that the temperature of the medication refrigerator was too high. The pharmacist had been contacted for

advice and a new refrigerator had been ordered. Other audits had identified when people's pressure mattresses were not set to the person's specific needs. Action had been taken to address this immediately and monitor settings on a weekly basis. The registered manager or other senior staff conducted 'spot checks' in order to monitor the quality of the service. We saw that they had conducted these at times that staff would not expect them to be present. We saw that where spot checks had identified concerns action had been taken to resolve it immediately. We noted that the registered manager's care home audit had not identified the issues we had raised regarding window restrictors and lack of locks on the downstairs toilets. The registered manager amended their audit following our visit to ensure that these specific topics were audited as part of their monthly checks. In these ways the registered manager demonstrated that they had oversight of the service and made changes to drive improvement when needed.

People and their relatives had been asked for feedback about the service. Residents and relative meetings took place on a regular basis. One relative told us, "I have attended a couple of the meetings here, but very few come." Another relative told us, "They have asked about medications and preferences in food and meals." We reviewed meeting minutes and saw that feedback from people's relatives had been acted upon. For example the registered manger had arranged for photographs of staff to be displayed near the entrance of the building so that people's visitors would know who each staff member was. The provider conducted surveys in order to check if people were satisfied with the care that they received. One relative told us, "I have had a survey thing in the post and happily sent it back but I can't make the meetings." Another relative said, "I have filled out a survey and I know they read them because one of them (staff) asked me about one of my answers." They went on to say, "It was about activities and a suggestion I made." We asked if they took up their idea, they told us they did. The outcome of the survey was displayed within the home and the provider had communicated with people what actions they intended to take based on people's feedback.

The provider had recognised the importance of ensuring that people's rights were respected and upheld. Staff had taken measures to respect people's cultural and religious needs when providing them with support. The service had an equality and diversity policy that they were in the process of updating. This was because they had recognised that there was a need to make the current policy more inclusive and respect the needs of people using the service and staff. All staff had received training in relation to the Equality Act and human rights.

The provider had a duty of candour policy. Duty of candour is a requirement of providers to act in a way that is transparent and open with people and other agencies. We saw that the provider's policy was followed when incidents had occurred in the home. It was not always clear from some incident reports if the duty of candour process had been followed. We discussed this with the registered manager who told us that they would ensure that all incidents were recorded as being managed under the policy moving forward.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken. However the registered manager had not informed us of the outcome of DoLS notifications. We pointed this out to them. By the end of our first day of inspection they had submitted the relevant notifications.