Ruddington Homes Limited

Balmore Country House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 9 March 2016.

Balmore Country Home provides nursing and accommodation for up to 46 older people. It is registered for a maximum of 46 people. There were 34 people living at the home at the time of our visit.

On the day of our inspection there was a registered manager in place. 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 at the service. They were supported by staff who understood how to report allegations of abuse. The provider took a protective approach to respect the people's human rights when necessary. Risk assessments were in place, but did not always identify or reduce the risk to people's safety. There were enough staff to keep people safe and medicines were stored and handled safely.

People were supported by trained and knowledgeable staff. People received effective suitable care that met their individual needs, preferences and choices.

People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink, but did not always have a good experience at meal times. Some people were not fully supported when eating their meal. People had access to other healthcare professionals and received care that was relevant to their needs.

People were encouraged and supported to keep positive caring relationships with each other, staff as well as their family and friends. People were treated with kindness and compassion and spoke highly of the staff. Staff interacted with people in a friendly and caring way. People's privacy and dignity was protected and they felt able to contribute to decisions made about their care. Arrangements were in place for people to receive support from an independent advocate if they needed one.

People's care records focused on people's wishes and respected their views. Staff responded to people's needs promptly. They encouraged people to participate in activities that were available in the home which reflected their needs. A complaints process was in place and staff knew how to respond to complaints.

People, relatives, staff, and healthcare professionals all complimented the registered manager. The registered manager actively sought people's views and acted on them. There were systems in place to monitor and improve the quality of the service provided. The service was led by a registered manager who had a clear understanding of their role and how to improve the lives of some of the people at the service. They had a robust auditing process in place that identified the risks to people and the service as a whole and any issues were dealt with quickly and effectively.

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 felt safe at the home and were supported by staff who understood how to report allegations of abuse.

Risk assessments were in place, but did not always identify or reduce the risk to people's safety.

Sufficient staff were employed to keep people safe and medicines were stored and handled safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People received effective care that met their needs. Staff training and development was reviewed and updated appropriately.

Staff had awareness of the Mental Capacity Act and followed appropriate guidance to ensure people who lacked capacity were not restricted.

People received sufficient amounts of food and drink to maintain a balanced diet, but some people were not fully supported at meal times.

Is the service caring?

Good

The service was caring.

People were encouraged to form meaningful relationships.

People were supported to express their views and be actively involved with decisions about their care and support.

People were treated with respect, compassion and in a dignified way at all times by the staff who cared for them.

Is the service responsive?

Good

The service was responsive.

Staff understood what people's needs were and responded to their changing needs in a positive way. People participated in meaningful activities and staff supported people to purse their hobbies and interests.

People were aware of the complaints procedure. The provider responded to concerns when necessary.

Care plans were reviewed with people on a regular basis to ensure they received personal care relevant to their needs.

Is the service well-led?

Good

The service was well-led.

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

Staff and people who used the service were encouraged and felt able to voice their views and concerns.

Staff worked well with other health care professionals and outside organisations which meant that they shared information and reflective practice for joined up care.

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.

This inspection took place on 9 March 2016 and was unannounced. The inspection team consisted of three inspectors and a specialist nurse advisor

Before the inspection, the provider completed 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. Before our inspection, we reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals and the commissioners of the service to obtain their views about the care provided.

During our visit we spoke with eight people who used the service, four relatives, two visiting health care professionals, one nurse, one Head of care, two care workers one senior care worker, the cook, the registered manager and the provider's representative.

We observed people participating in day to day activities. We looked at the care plans for ten people, the staff training and induction records for four staff, six people's medicine records and the quality assurance audits that the registered manager completed.

Requires Improvement

Is the service safe?

Our findings

People using the service were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

Seven people we spoke with said they had no concerns about safety in the home. One person said, "Someone sometimes comes into my room and takes my personal items. Staff are on the ball and it gets sorted." This meant the staff took appropriate action to ensure the person's items were returned to them. Another person said, "I definitely feel safe here, no worries at all." They also said, "They look after my money." We spoke with three relatives and one relative told us the service had stopped them using the code to enter the home. They said, "This is sensible, it is safe." They told us they still had access to the code to let them out. This showed us the provider was prioritising people's safety by giving limited access in to the home, but also ensuring people with capacity and their relatives were able to leave when they wanted.

Three staff we spoke with confirmed they had attended safeguarding training. One staff member said, "Safeguarding training was part of their induction and ongoing development." Records we looked at identified safeguarding training had been attended by staff. We found that Information on safeguarding was also displayed in the home. This provided guidance to people and their relatives about what they could do if they had concerns about their safety. The registered manager told us about the process they used for reporting concerns of a safeguarding nature.

We discussed the provider's safeguarding policy and procedures with the registered manager. We found they had followed these procedures when dealing with any concerns raised. However we found one concern had not been discussed with the local authority safeguarding team and we discussed this with the registered manager. They told us they had took a protective approach to respect the person's human rights. Although they conducted an investigation the person who used the service chose not to report the allegation to the local authority or other members of their family. We saw this was recorded. The registered manager told us that lessons learned by this incident meant they would contact the local safeguarding team for advice regarding any allegation and record this.

Individual risks were identified and managed. Systems were in place to manage accidents and incidents to ensure they mitigated any risk to people. People who required two staff to assist with moving and handling and other tasks were allocated two staff. The registered manager showed us the dependency chart they used to make sure people were supported adequately. We found where a person was at high risk of falls equipment was in place. We saw one person had a sensory mat at the side of their bed. This identified to staff if the person was out of bed and they could take appropriate action.

Risks to people's health and welfare were being assessed, but action was not always being taken to minimise some risks identified. One person required daily blood sugar tests and we saw they had been seen by a diabetic nurse when needed. However we found staff training had not been recently updated in regards to diabetes. The nurse had no diabetic training since their induction. There was a risk staff would be unable to identify triggers if a person had high or low blood sugars. There was no guidance for staff how these

triggers could be identified and managed. We spoke with the registered manager and they told us they had arranged for all staff to attend training for diabetes from the 13 April 2016. One person who lived with this condition had food brought in by their family. There were no policies or procedures in place about families bringing in food for people with diabetes. Food brought in was not monitored. There was no information for relatives to be aware some food would be inappropriate for a person living with this condition.

We found risk assessments in the care plans were reviewed monthly. Monthly weight checks were monitored and action was taken when people experienced an increase or loss in weight. . Food and fluid charts were put in place where appropriate.

People had their own personal evacuation plans (PEEP) to ensure they were fully supported in an emergency. There was a copy of evacuation plans in reception. This meant staff had easy access to information should an emergency arise, such as an outbreak of fire, and could ensure people were evacuated safely.

We found the premises were well maintained and the member of staff responsible for the maintenance of the home undertook and recorded weekly and monthly checks. These included checks such as, water temperatures, call bell systems and fire tests to make sure people were safe. There was a maintenance book where staff reported any issues. We had a concern raised with us prior to our inspection. This was regarding no hot water in one of the rooms. We checked the water supply and although the water was cold at first touch it soon became hot. We spoke with a member of staff and they told us this was because it was older pipe work and it took some time for the hot water to filter through.

People were complimentary of the staff and one person spoke highly of a named member of staff. They said, "[name] is a grand one." Other people told us staff were quick to respond to their requests. Another person told us the staff were really excellent. They said, "There is continuity of staff here." A relative said, "Staff are polite, take their time and don't rush people. They are a consistent team."

Staff told us they felt there was sufficient staff most of the time. One staff member said, "There were odd occasions when staff were absent and no one could fill the gap, but this was infrequent. Sometimes this happened at weekends." Another staff member told us, "It feels like we have enough staff, it is busy, but manageable." We saw that there were sufficient staff on duty and noted the numbers of staff on duty were consistent with those detailed on the rota. We observed positive interactions between the staff and people who used the service. Staff supported people in a way that showed they were committed to keeping people safe. People's needs were responded to promptly when they used their call bells to request support. The call bell panel gave clear information about who was calling for assistance, how long they had been waiting and when staff had responded. Staff told us the panel gave them helpful information so they could ensure people were not kept waiting for any significant time periods.

Staff we spoke with told us the staff team worked well together and were well supported by the registered manager. One staff member told us, "You've got the support if you need it." They also said, "If you do something well you get praised. If anything is missed the registered manager was straight onto it and get things sorted."

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that staffing levels were based on people's dependency levels any changes in people's dependency were considered to decide whether staffing levels needed to be increased.

Staff confirmed they had been through a robust recruitment process. Safe recruitment and selection processes were followed. We looked at four staff recruitment files. The files contained all relevant information and appropriate checks had been carried out before staff members started work. Systems were in place to support staff and where required appropriate disciplinary procedures were followed to ensure staff were suitable to work with older people.

People's medicines were stored and handled safely and people received them in a safe way. One person told us they received their medicine on time. Another person told us they used to be responsible for their own medicine, but used to forget when they had to take them. They said, "My medication has settled down now. I am better and brighter as staff are responsible for supporting me take my medicines. I am taking them properly. They [staff] are very reliable and I am satisfied with the arrangements in place."

Staff confirmed and records we looked at showed they had received up to date medicine training. There was a named person responsible for completing any audits of medication administration records (MAR) and ordering and disposing of any medicines. Staff told us food supplements were given during the medication round. We saw that these were in stock and signed for as given.

We found MAR charts identified the person and the medicines they were taking. It was recorded if the person had any allergies and the preferred way they wanted to take their medicine. Appropriate protocols were in place. Where required prescribed medicines were given in line with other guidance, such as, international normalisation ratio (INR's), which is used to measure how long it takes for blood to clot. We saw medicines were dated when opened and creams were stored in individual's bedrooms and administered by staff. Body charts were in place to identify to staff where they should apply the cream on the person's body, but creams were not always signed for on opening and sometimes they had expired. We spoke with the registered manager and they told us they would address this.

Requires Improvement

Is the service effective?

Our findings

People told us they felt staff were skilled enough to support them. They were supported by trained and knowledgeable staff. People gave positive feedback about their care and support. We asked people if they were offered choices. One person said, "Staff know me, I get a choice of what I want them to do and how to care for me." Another person said, "Staff come and ask what time do I want to go to bed." They also told us they could ask for a shower or a wash when they wanted it. One person told us they had been to three homes and this was the best one. They said, "They pay attention to the care and the care they provide is good. The staff are excellent." One relative told us the staff and service had worked marvellously with their relation. Another relative told us they felt the staff were a stable group and knew their relatives needs well. The provider representative and the registered manager told us people received effective suitable care that met people's individual needs, preferences and choices. The registered manager told us this was demonstrated through them monitoring and observing that people had received care that was effective and met their needs, as they completed daily walk rounds. They also said, "The registered manager and provider's representative spoke to people who used the service and monitored staff competencies and training.

We found staff offered people choices about the way they wanted to spend their time and the activities they chose to participate in. We heard staff asking people if they preferred to watch certain television programmes or listen to music.

Staff confirmed they had attended training and had opportunities to undertake specialist training or complete the care certificate. The care certificate was developed by 'The Skills for Care', which is a nationally recognised qualification. It is regarded as best practice for the induction of new healthcare assistants and care workers. It also offers existing staff opportunities to refresh or improve their skills. We found staff were knowledgeable about the people they cared for. They were able to describe the support people required and the level of care needed to ensure they received effective care. One staff member discussed how they provided care for a person who used a catheter. They told us the procedures they followed and records they kept to ensure they supported the person effectively. We saw records of when catheters had been changed and when the next change was due. A health care professional described how the staff were working to ensure they provided appropriate catheter care. Issues that were raised by the health care professional were dealt with quickly by the registered manager and additional training was provided for staff when a concern was found. We spoke with the registered manager who confirmed this action was correct. The registered manager showed us a corporate template they were planning to implement to advice staff on catheter management.

Staff worked with the dementia outreach team and had adopted a specific way of caring for people with dementia. The service identified the level of dementia for each person and how staff should interact with them. It was recorded in each person's care file how staff should provide the best effective care to support people's needs. .

Staff told us they received supervision, appraisals of their performance and shadowed an experienced staff

member for two to three weeks as part of the induction process. One staff member told us "I loved my induction I found if useful." We found that although staff had completed specialist training for dementia or diabetes, there were gaps in their knowledge and understanding. We found staff awareness for people living with the condition of diabetes was limited. We spoke with the nurse and they told us they would address this and share appropriate guidance with staff. One staff member told us how they had completed some dementia training. They said, "I completed dementia training as part of the induction, but that had not fully prepared me for the practical side of working with people living with this condition.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS applications were made where appropriate.

The requirements of the MCA were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment and best interests documentation had been completed.

We asked people if staff asked permission when providing care and support. One person replied "Yes." Staff told us they had received training in the MCA and DoLS. One staff member described how the MCA reflected people's rights to make decisions for themselves. They told us that if a person was unable to make a decision, staff would need to make sure any decisions were made in the person's best interests. Staff we spoke with were able to show a good understanding of how to apply this in their work. We observe staff asking people if they wanted to go and sit in another lounge area. Other staff were asking people if they wanted to participate in some activities or exercise. Some staff were aware who required a DoLS and if or where restraints were used. One staff member described how the only restraint they used were bed rails and bumpers. They told us they would have to have authorised consent from the person or put a relevant DoLS in place.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. These had been completed appropriately.

People were supported to eat and drink. One person told us, "The meals had got better lately. They really seem nice. The corn beef hash the other day was spot on." Another person said, "The food is fine, you get a choice." A third person said, "You always get a choice of food I had an omelette today as I did not fancy the chicken." This showed us people had a choice of food they wanted to eat and could choose an alternative if they wished.

We spoke with the cook who told us they always ask people what they would like to eat and they could also change their minds at lunchtime if they wished. They confirmed they offered alternative choices such as salad, omelette and Jacket potato. The cook also said that the majority of the food was homemade. They gave details of people who required special diets. Templates were in place detailing people's dietary needs and preferences but these were not always completed. The cook told us if a health care professional requested or people needed specific food or drink these were provided. Previously barley water and decaffeinated tea had been purchased when requested.

We observed lunch being served. People had different experiences at lunch time as it was a little

disorganised. We found that tables were not set before people were seated. There were no condiments on the table, but salt was provided when one person requested it. We saw the menu was written on a wipe board, but this was not visible for everyone. The menu was not available in alternative formats to make sure people could choose an appropriate meal. Two people had finished their food quickly. Staff had removed their plate without asking if they would like seconds. This meant there was a missed opportunity to ensure these people had sufficient to eat.

Staff did not demonstrate an understanding of people living with dementia. They verbally asked people if they would like some more food. Most people said no. We asked staff to show people another plate of food and encourage them to eat. When staff did show people more food they ate another meal. One person requested that they only want a pudding for their meal. This was respected, but the person had to wait until everyone had finished their main meal before they were served. We found this was unacceptable as it meant the person was waiting too long for food.

We saw plenty of staff available at lunch time to offer support to people when required, but they were not organised. During lunch several people required assistance and prompting to eat their food, but did not receive it. One person had been given their cutlery and was verbally prompted to eat their food. The person did not eat anything until a member of staff sat beside them and assisted them to eat. They waited 20 minutes before they ate any food which meant their food was cold. We discussed this with the registered manager. We also saw that two people were seen to be drinking from a jug or pouring gravy into their drink. These people were also not supported sufficiently during their meal.

People were supported to maintain their health and wellbeing and this was supported by having access to healthcare services. This included a GP, dentist, chiropodist, tissue viability nurse, diabetic nurses and community nurses . Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required. One person said, "Once I mentioned I was ill and they got the GP out and it was all sorted." We saw people had been referred to appropriate health care professionals. However, not all documents had been completed to make sure people received effective care. One person was living with diabetes that was controlled by diet. There was no care plan or information from outside agencies regarding how staff should support this person. During the inspection the registered manager spoke with the GP and assured us they would take appropriate action. Another visiting health care professional we spoke with gave positive feedback about the care staff provided. They told us that staff followed their recommendations when required. We found evidence that staff were working with other health care professionals when needed.

Good

Is the service caring?

Our findings

People told us they felt staff were kind and always nice. They said, "There is some very nice staff they are kind to me." One relative told us the staff always treat my relation very well, it's never any different. People were encouraged and supported to keep positive caring relationships with each other, staff as well as their family and friends. One person said, "Family and friends can visit at different times of the day."

We observed staff sitting with people at their level and engaging in meaningful conversation with them. Staff engaged with people and visitors and initiated conversations about topical subjects such as, the weather and what was happening within the home. There was a light atmosphere and light hearted comments, which were received very positively by people using the service as people were laughing and happy.

People were supported to express their views and be actively involved with decisions about their care and support. People told us they felt involved in how their care was delivered because the staff always asked them what care they wanted on a daily basis. Care records contained evidence that the person or their relatives had been involved in the development of their care plans.

People received care from staff who understood their preferences and needs. Staff were able to describe people's care needs and preferences. One person said, "They know me, they know my personality. I can use my call bell in an emergency, but staff come by often and ask if I am ok. They are really very good and pay attention." A relative told us they felt the staff knew their relation. They said, [name] liked a paper and they get one every day and the staff also give them a night paper; they know the one they like. We saw people reading the morning papers when we arrived at the home.

Care records contained information which showed that people and their relatives had been involved in their care planning. Care plans contained information regarding people's preferences and wishes. The registered manager told us there was a plan in place to make sure all care plans were person centred. Care plan audits and reviews had taken place and there was a plan in progress to update to ensure they reflected people's needs.

People had access to an independent advocate if required. Information was displayed on the notice board in the home about how people could access an advocate service. Advocacy services use trained professionals to support, enable and empower people to express their views. A relative told us of a time when an independent advocate group had contacted their relative as the home felt their involvement would help with a particular issue. The registered manager told us they also used an outside group who provided a report that identified some positive area of change for people who use the service to help with their aspirations and choices. We saw it had been established through discussions with people, relatives and staff that more sitting areas were required, such as a library and quiet room. We saw a copy of the report.

People told us they were treated with dignity and respect. People talked about how staff treated them and spoke to them in a caring and respectful manner. Relatives told us that their family members were clean and well fed. Another relative said, "Staff are very polite and take their time with people." Staff described how

they treated people respectfully when providing personal care. We observed staff being respectful and caring. Staff talked about people keeping their independence and how they encouraged people to do things for themselves. One staff member said, "I assist people to the sink to wash and note what they can do first before I support them. I make the bed without them thinking I am watching them, but keep a gentle overview without standing over them. It is surprising sometimes how much people can do for themselves with a bit of encouragement." Staff received dignity training and they confirmed the training had been discussed in their supervision. This meant people's privacy and dignity was respected.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We observed staff responding promptly to most people when they required assistance or support. One person told us they had asked twice to go to the toilet and they [staff] still had not responded, but they said that usually they were quick enough. Another person told us staff were quick to respond to their needs when asked. One person kept shouting out, but staff were aware of the person needs and how to respond to this person. They told us it was part of the person's condition and that they could not help shouting out. They said even when you engage in conversation with the person they still shout out occasionally. We also spoke with the person and even though we got a sense the person was happy and content, they did continue to shout out. The person was able to tell us staff often came in to see them. They said, "They always pop their head in to see if I am ok."

People, or their representatives were actively involved in making decisions about the way their care was to be delivered and arrangements were made to review their care needs. Care plans were developed from the initial assessments that were completed before the person moved into the home. Reviews and assessments took place and there was guidance for staff to meet people's needs.

Care plans identified aspects of care that people could do independently, while also identifying areas of support. For example, staff talked about people who lived with dementia and how they communicated with them effectively. One staff member told us they speak to people in a calm manner and slowly, so they can understand. The home adopted a model to improve the way they supported people with dementia. The system used a precious stone to identify the level of dementia for each person. This in turn identified to staff different techniques they could use to support and communicate with individuals. The system also helped people to engage with other people with an identical stone.

People were supported to take part in activities. One relative told us the activity person worked well with their family member and had got them engaged in the activities that were going on in the home, such as exercise or playing games. They said, [Staff name]Is very good. One staff member told us about a time when they took a person for a walk in the country park near the home. They said the person had commented that they had had the most marvellous morning.

Staff demonstrated that they were able to support peoples' social interaction by engaging them in activities that people were interested in and found stimulating. During the morning of our visit we observed a staff member leading a small group of people in a session reminiscing about traditional household objects. Items such as, old whisks and shaving beakers were passed amongst the group and people chatted about the items and shared their stories. We also observed another group participate in some seated exercise. This helped to keep people alert and they interacted well with others. In the afternoon we saw a member of staff spend time sitting in a quiet, clam area of the home working on a jigsaw with a person whilst chatting about the person's childhood and things that were important to them. It was evident the person enjoyed this one to one time and they responded positively to the activity and the conversation.

We saw a newsletter called the 'Balmore Bugle.' This was used to keep people informed of what was going on in the home. We saw it was documented with activities that had been happening the previous month. For example days out and people baking bread and cakes. The registered manager told us one person had an interest in gardening and the newsletter showed the person had participated in growing some vegetables. They told us the home will be having home grown potatoes around June time. People's religious interests had also been discussed with individuals. We saw some church services had taken place within the home, which people told us they enjoyed participating in. This showed us people were encouraged to take part in hobbies and interests that were important to them.

The home environment was dementia friendly. There was directional signage for people with dementia to assist them to orientate around the home. Toilets and bathrooms were marked in a dementia friendly way. We could see the home was working with the Dementia Outreach Team. The registered manager told us about the model they had adopted to support people living with this condition to help respond to their needs.

People told us they knew what to do if they had a complaint or problem. One person told us they had raised a concern that their side table was missing. They told us this was acted upon and resolved. Two relatives told us they knew how to make a complaint and who they needed to contact. They said if there were ever any problems the service alerted them and they were always kept informed. However, we had a concern raised with us by a family member who said that they had raised a number of concerns with the home. We found one concern had been recorded. We discussed this with the registered manager and the area manager who told us this concern had now been passed to the higher management team and would be addressed accordingly.

Staff were aware of how to deal with complaints and the process they needed to follow. One staff member told us if any concerns were raised with them they would report them to the manager. We saw the service managed and monitored complaints and took action when required. Where necessary the provider's disciplinary procedure was followed. Guidance on how to make a complaint was made available and we saw a copy of the complaints procedure displayed in the reception area. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

People and their families had the opportunity to be involved with the service. One person told us they had attended a resident and relative meeting about refurbishment of the home and was asked for feedback. They told us they had discussed fund raising and also completed a questionnaire about how the service was run. Another relative said, "There appears to be continuous improvement over the last two years and the service is now excellent."

Systems were in place for people and their families to feedback their experiences of the care they received and make comments. We saw management had sent out questionnaires.

People complimented the way the home was managed. We saw compliments from people who's family member had received care and support at the home. One relative commented that they were always informed of any concerns and were able to relax between visit knowing their family member was in good hands. Another relative wrote they could not thank the management and staff enough for the support they had continually given the family at a time of a bereavement.

Staff told us they felt supported in their role, they felt listened to and valued. One staff member said, "The manager is lovely, approachable and very fair." Another staff member told us, "[registered manager] has done wonders. She has revamped everything. What she told us she is going to do she does. She is hands on." They said, "I had never been given so much support when I wanted to take on another role within the home. They went on to says, "She had a wealth of idea. If you make here cross she will tell you, but I have never felt so supported.

A registered manager was in post. All staff we spoke with felt the registered manager was approachable and listened to their views or concerns. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including those of night staff. Staff told us they had handover meetings at the end and start of each shift. They also used a communication book to keep all staff informed of any changes in people's needs. One staff member said, "The handover and communication book are useful and we get enough information about the people who use the service. We can raise questions and issues if needed

The registered manager told us they regularly met with their area manager to discuss best practice for the home. They told us they discussed the things that worked well and the things that could be improved to help them increase the quality of the service that people received. The registered manager told us their key challenge was to get the home to feel like home for people who lived there and to get staff on board. They said that their key achievement was to make changes to the environment and make it even more dementia friendly .They had listen to what people wanted in the home. The registered manager told us they worked well with other care professionals, such as the Dementia Outreach Team who had given them recommendations and an insight to how to decorate the home for people living with dementia. The registered manager also told us they shared and attended good practice forums. They gave examples of ideas they had adopted from other homes like a wall mural that made one person feel like they were back

home in their country of origin.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by representatives of the provider. The registered manager told us they completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. This told us the service was monitored on a regularly basis There was time scales in place and actions they adhered to ensure they provided effective care.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy.

Incidents and accidents were responded to. We saw that incident and accident forms were completed. Themes and trends were monitored and action taken when required. The service followed their legal obligation imposed on them by CQC and other external organisations where appropriate.