HC-One Limited

Aston House 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

We undertook an unannounced inspection of Aston House on the 3 and 4 October 2016.

Aston House is a purpose built home providing accommodation for up to 48 people with mental health and/or dementia care needs. The home is situated within a residential area of the London Borough of Hillingdon. At the time of our visit there were 39 people using the service.

We previously inspected Aston House on 29 May 2014 and 6 August 2014 and the provider had met all the regulations that were inspected.

At the time of the 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.

There was a policy and procedure in place for the administration of medicines. We noted an issue with the storage of controlled medicines but this was resolved during the inspection.

The provider had processes in place in relation to infection control and cleaning but we noted the footplates of two hoists had not been cleaned appropriately. This was resolved during the inspection and a refurbishment programme for communal bathrooms and toilets was underway.

People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments were in place in the support folders in relation to the care being provided.

The provider had an effective recruitment process in place. Care workers and nurses told us they felt supported by their line manager.

The provider had policies, procedures and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

People gave mixed feedback in relation to the food provided and a menu based upon photographs of each meal option was in development.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

A range of activities were arranged at the home which included trips to the pub and local garden centres but alternative activities were not always organised for the people not participating in the trip. We have made a recommendation for the provider to review guidance on providing activities in care homes.

Detailed assessments of the person's needs were carried out before they moved into the home and each person had a care plan in place which described their support needs. Care workers completed a daily record of the care provided. The registered manager introduced guidance for staff on providing more detail about the person's daily experiences in these records during the inspection.

People using the service and their relatives had a range of ways to provide feedback on the way care was provided and the quality of the service.

The majority of records we looked at were up to date but some records of personal care had not been completed accurately. The registered manager took action during the inspection and resolved the issue by providing additional guidance to care workers and nurses.

The provider had systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service.

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. The provider had appropriate processes and training in place for the safe administration of medicines. Issues identified with the storage of medicines were resolved during the inspection

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments were in place in the person's care folder in relation to the care being provided.

The provider had an effective recruitment process in place and the number of care workers required to provide appropriate care for a person was based on the assessment of the person's needs.

Is the service effective?

Good

The service was effective. People gave mixed feedback on the food options and a menu system using photographs of each option was being developed.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training on the act and understood the importance of supporting people to make choices.

There was a good working relationship with health professionals who also provided support for the person using the service.

Is the service caring?

Good

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence.

The care plans identified the cultural and religious needs of the

person using the service.

Is the service responsive?

Good

The service was responsive. Activities were organised at the home and we made a recommendation for the provider to review guidance on improving the range of activities available.

An initial assessment was carried out before the person moved into the home to ensure the service could provide appropriate care. Care plans were developed from these assessments and were up to date.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Care workers completed a daily record of the care provided. The registered manager provided guidance for staff on improving the range of information they recorded.

Is the service well-led?

Good

The service was well-led. Care plans and risk assessments were up to date and the registered manager provided additional guidance for care workers and nurses in relation to recording personal care.

The provider had a range of audits in place to monitor the quality of the care provided.

People using the service and care workers felt the service was well-led and effective. Care workers felt supported by their line manager.

Aston House 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.

This inspection took place on the 3 and 4 October 2016. The first day of the inspection was unannounced with the following day being announced. On the first day of the inspection period the home was visited by one inspector and an expert-by-experience and on the second day two inspectors carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection had personal experience of caring for people who had dementia.

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.

We also reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with ten people using the service, two relatives, three care workers, one nurse, the chef and a visiting healthcare professional. We also spoke with the registered manager and the deputy manager. We reviewed the support plans and daily records for seven people using the service, the medicine administration record (MAR) charts for 16 people, the employment folders for three care workers and one nurse, the training and support records for all the staff and records relating to the management of the service.

Good

Is the service safe?

Our findings

We saw the provider had a policy and procedure in place in relation to the administration of medicines. The medicines were stored securely in rooms which were air conditioned and daily checks on the temperature of the room and the fridge were recorded. In each trolley the medicines for the people living on that floor were provided in their original packaging and were placed in separate plastic boxes with the person's name clearly marked. Where controlled drugs had been prescribed these were stored in a secured box within the wall cabinet. During the inspection we saw that due to lack of space the nurse was unable to store all the controlled drugs in the secured box. The remaining controlled drugs were stored in the locked wall cabinet and, during our checks; the nurse was able to fit these medicines into the secure box. We raised this with the deputy manager who confirmed they had contacted the pharmacy and larger secure boxes for control drugs had been requested and would shortly be fitted. The controlled drugs were checked by the nurses every shift and the stock levels were recorded.

During the inspection we looked at the Medicine Administration Record (MAR) charts for 16 people completed during September 2016. The MAR charts were completed clearly and showed that medicines were administered as prescribed. We did note that a medicine had been administered as and when required (PRN) for but the MAR chart indicated that it should be administered regularly and not as required. We raised this with the deputy manager who confirmed this medicine was prescribed as PRN and the MAR chart provided incorrect information. They contacted the General Practitioner (GP) who reviewed the prescription and the MAR chart was updated.

The provider had appropriate processes in place in relation to infection control. The care workers used appropriate equipment including aprons and gloves when providing support. There was also alcohol hand gel available for care workers to use. We saw care workers had completed infection control training. During the inspection we noted that the foot rests on the hoists used at the home were not clean. We raised this with the registered manager who ensured the hoists were cleaned before the second day of the inspection and improved monitoring would be carried out.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. People told us "Yes. They don't harm me or take me for a ride. No one tries to scrounge off me", "I do. The staff are good at making you feel safe", "Yes. There are a lot of people around" and "I have not had any reason not to feel safe." A relative told us "It is very good here. If anything goes wrong, they will tell you straightaway. They are always good." We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. We looked at the records for three safeguarding concerns raised during 2016 and we saw information relating to the concern, notes of the investigation, any actions taken and the outcome recorded.

We saw each person had a Personal Emergency Evacuation Plan (PEEP) in place in case of an emergency which provided care workers with guidance on what action should be taken to support the person appropriately. The plan also identified issues which might impact on the evacuation of the person from the home including mobility and the number of care workers required to assist them.

We looked at how accidents and incidents were managed in the service. There was guidance available for the registered manager on how to record incidents and accidents as well as a copy of the policy and procedure. If an incident or accident occurred a form would be completed with information relating to the type of event, what immediate and long term action was taken and if the General Practitioner (GP) or ambulance was contacted. A body map was also completed when required. The information was then recorded on the computer system and the registered manager reviewed the completed forms to ensure the appropriate action was taken. During the inspection we looked at ten incident and accident record forms completed during 2016 which were detailed and identified the actions taken.

We saw that risk assessments were in place in the care folders we looked at. Each person had a range of risk assessments which included information for care workers and the nurse covering such areas as falls, nutrition, continence, choking, use of bed rails, skin integrity and moving and handling. If a specific risk was identified there was clear guidance for care workers on what actions were required to reduce any possible risks. The risk assessments were reviewed monthly or sooner if a change in support needs was identified. The risk assessments we reviewed were up to date.

We asked people if they felt there were enough staff and they told us "Yes. Always staff on duty right around the clock", "There is always someone here. I don't think they are ever short", "Yes they have a lot of staff coming in and out" and "There is always someone here to talk to you, and never have to wait around to see someone." We also asked people if they had to wait for assistance when they used their call bell. They commented "Within a few minutes. Maximum I think was like five minutes when they were really busy", "A couple of minutes, I have never had to wait too long" and "Something like five maybe ten minutes. It's never really long."

The registered manager confirmed the number of care staff, including care workers and nurses, at the home was based upon a ratio of one staff member for every four people during the day and one staff member for ten people at night. The staffing levels were based on how much support each person required and this was identified through monthly dependency assessments. During the inspection we saw the care workers and nurses on duty were able to provide the level of support required by people using the service in a timely manner.

During the inspection we saw a number of communal toilets and bathrooms were not in use. The registered manager explained there was a refurbishment programme underway with the shower room on the ground floor being replaced first. While the shower room was being replaced on the ground floor there was a bathroom that could be used and the shower room on the first floor. The registered manager confirmed the communal shower rooms, bathrooms and toilets would all be replaced over the coming weeks.

The service followed suitable recruitment practices. The registered manager explained applicants would be asked to complete the application form at the home and they would then discuss the role with them to ensure they are aware of what it entails. As part of the recruitment process applicants were asked to provide the details of two references and list their employment history. The registered manager told us that following the interview they would as an experienced care worker to take the applicant to the lounge so they could meet and interact with people using the service while supervised to assess their suitability for the role. We viewed the recruitment records for three care workers and one nurse which showed the relevant checks had been completed before each person began work, these checks included suitable written references, interview records and a check for any criminal records had been completed. The registration information with the Nursing and Midwifery Council was also recorded in relation to the nurses. This meant that checks were carried out on new care workers to ensure they had the appropriate skills to provide the care required by the people using the service.

Good

Is the service effective?

Our findings

We asked people if they had enough to eat and drink and if they like the choice of food provided. We received mixed comments which included "Not enough could do with more. No good food. Its things like corn beef hash. I want pork chops, steak things like that. The chef can't cook he just heats up the food", "Yes plenty of food. Yes the meals are always good", "You get a lot of food here. Could do with a bit more flavouring but other than that it is not too bad" and "Yes I do [get enough to eat and drink], it's not the best but still pretty nice."

People were given a choice of food from the menu but people did not have easy access to the menu each day. There were no menus on the tables in the dining room but care workers took a plate with each choice on the menu to each person so they could choose. We saw that some people were unsure of what they were choosing as they had to make an immediate decision which resulted in some people changing their mid during the meal and asking for another option. We discussed this with the registered manager who confirmed they would start developing a picture based menu by taking photographs of actual meal options available. This would enable people to see a picture of each option to help them make a decision.

We reviewed the menu options for each day and saw on some days there were only meat or spicy food or vegetarian options. Alternatives were not clearly identified on the menu. The chef explained many people did not choose the spicier menu options but the menu was decided by the provider. We saw records were available in the kitchen and the dining rooms identifying each person's dietary needs and if they required a soft or pureed food. The chef told us that, where a person is identified as vegetarian they would ensure they received suitable sources of protein, such as pulses, to supplement their diet. Where people received a vegetarian pureed meal the specific content of the meal was not recorded. We discussed with the chef who agreed more detail regarding the content of the meal would be recorded. The chef also confirmed they purchased and cooked separately Halal meat to meet the people's specific religious needs. The home received a five star food hygiene rating from the local authority in January 2016.

We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely and to an appropriate standard. The registered manager explained that new care workers shadowed an experienced care worker for one day. New care workers completed a local induction in relation to the processes and procedures in place at the home as part of a three day induction. They completed the training courses identified as mandatory by the provider as part of their induction. They completed the moving and handling training course before working unsupervised. The new care worker would also be allocated a mentor that they can ask for support and advice. All new care workers also completed the Care Certificate during their six month probation period. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. We saw Care Certificate workbook had been completed recently by a care worker.

The provider had identified specific mandatory training courses to meet the needs of each staff role. The training included safeguarding, infection control, moving and handling and health and safety. We saw that the care workers had completed the training identified as mandatory for their role and they had been

booked on refresher training when it became due. Care workers and nurses also completed a range of other training courses which related to the care they provided at the home. These included catheter care, falls awareness, person centred approach to dementia care and understanding and resolving behaviours that challenge. The computer system indicated each month when permanent and bank care workers and nurses were due to complete their refresher training.

The provider recently introduced a new role for care workers as a nursing assistant to provide additional support for the nursing homes. The training included nutrition, hydration, catheter care, taking blood, skin care, diabetes and basic life support. The nursing assistants completed a workbook which was reviewed and their competency was assessed. The provider aims for nursing assistants to provide assistance for the nursing staff and when any other health care professional visited.

The registered manager told us, and records confirmed that care workers had a supervision session every two months and an annual appraisal.

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 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.

The registered manager confirmed that people using the service were assessed to ensure they had capacity to make decisions about their care and treatment. We saw copies of DoLS authorisations in people's care folders. The registered manager provided a list of all the DoLS authorisations that had been applied for, approved and the list also indicated when the applications needed to be renewed. We saw the records indicated that some applications had been with the relevant local authorities for more than six months. The registered manager confirmed he had been in regular contact with the local authorities and they had informed him the applications were delayed due to an increased level of demand. During the inspection the registered manager resubmitted the applications which had experienced the longest wait to ensure the information was up to date and accurate in relation to each person. Care workers and nurses had completed training in relation to MCA and DoLS and were able to demonstrate their understanding when we spoke with them.

The provider had a good working relationship with healthcare professionals and other professionals involved in supporting people using the service. The registered manager told us when a person moved into the home they would check to see if they had lived locally to the home and they were registered with a GP. The registered manager would then contact the person's GP to see if they would be happy for the person to remain on their list. If this was not possible one of the four GP surgeries that provide support to the home would be contacted to register the person. There was a record of professional visitors in each person's care folder which included visits by the General Practitioner (GP), district nurse and chiropodist. A copy of the person's records from the optician and dentist were also kept on file.

Good

Is the service caring?

Our findings

We saw people were supported by kind and gentle nurses and care workers who understood people's individual needs and limitations and communicated with them in an empathetic and appropriate manner. We saw during meals care workers and nurses provided encouragement and support to help people to eat. There were occasions where care workers and nurses may have been able to deal with issues sooner to prevent people becoming frustrated or distressed. We saw one person had been shown the option of two plates of food which were the menu options for lunch that day but then waited a further five minutes before they received their meal. The person could see other people were receiving their lunch before them and became frustrated. In relation to other people using the service we saw both the nurses and care workers engaged with them and provided encouragement throughout the meal. We discussed this issue with the registered manager who told us he would be carrying out observations of care during meals and would speak with the care staff to put a process in place to ensure, where people may become frustrated with a short delay they received their meals quickly..

People using the service were asked if they felt the care workers and nurses were kind and caring when they provided support. People told us "Yes they are friendly and they take care of me in a nice way", "Alright, they are friendly. No-one is not friendly", "I like the staff they are a good bunch of people", "I get on with everyone with, I have not had any problems" and "The staff aren't bad. They try there hardest. They should get paid more."

We also asked people if the care workers and nurses treated then with dignity and respect and maintained their privacy when providing care. People said "They always treat me with respect and talk to me kindly", "All the time. They leave you alone", "Yes, they do things like close the door when I am getting changed" and "Always. They do their best to close curtains makes sure no one else is around. Like once they were going to change and my family were around they waited until after they left." A relative commented "Yes they are always respectful. Everyone I have spoken to has listened to everything I say and act on it."

During the inspection we saw the care workers and nurses demonstrated how they treated people in a caring manner and respected each person's privacy and dignity. We saw the care workers spoke to people in a kind way and asked if they were happy and if they needed anything. The care workers knocked on people's bedroom doors before entering and ensured people could make choices throughout the day for example about meals or activities.

People using the service were asked if care workers and nurses helped them if they became upset. They told us "If you tell them they do. I have no complaints", "Yes whenever I am upset they talk to me and calm me down", "If you talk to them and let them know what is upsetting you they do" and "I have no problems in telling them I am upset, and they listen and try to help."

We asked people if the care workers and nurses called them by their preferred name. They told us "I never taken any notice", "They do", "They call me by my first name" and "I don't mind. They use my first name and that is fine." The care plans identified the person's cultural and religious needs. The care plans we looked at

also identified the preferred name a person wished to use. The care plans provided care workers with information relating to a person's likes and dislikes, favourite activities and what was important to them.

We saw care workers provided support when required but encouraged the person to do as much as they could. We asked staff how they helped people maintain their independence. The care plans we looked at identified the activities each person could do without support and when the care worker needed to provide additional assistance.

Good

Is the service responsive?

Our findings

We asked people what activities they did and they told us "Singing nothing else to do", "We did singing today. I don't remember doing anything else", "Not a lot to do here" and "I mainly just watch TV." There was an activities coordinator who split their time between the two floors and we saw they carried out an activity in one area before moving to the next. They also supported people to move between units if they wished to continue with the activity on the other floor. We saw a schedule of activities was displayed in the reception area but this was not easily accessible to people using the service. We discussed this with the registered manager and they introduced a way to display the activities for the day in the lounge area by using pictures displayed on the wall. This meant that people could clearly see what was planned during that day when using the lounge. The activities included singing, pamper sessions, making cakes and visits from the barber and hairdresser. The home had access to a minibus so visits to a pub and garden centres were also included on the activity schedule. There were also parties and events held regularly and we saw a harvest festival was planned for later in the week of the inspection.

We saw the activities coordinator involved as many people as possible during each activity. They also supported the care workers to lead on activities and spend time with time with people. We saw care workers encouraging people to take part in activities which improved their mobility and picture quizzes. We saw the activities planned for the weekend were limited and included a session for family time. We discussed this with the registered manager and pointed out that some people may not have any family that could visit them so there were no alterative activities in place. The registered manager confirmed this would be reviewed and additional activities be identified.

We recommend the provider review guidance on providing activities in a care home.

People's needs were assessed prior to them using the service. We saw detailed assessments were carried out before a person moved into the home to identify if the appropriate care and support could be provided. These assessments reviewed their individual support needs including mobility, social and health issues and were kept in the person's care folder. This information was used in the development of the care plans.

When the person moved to the home a care plan was developed for the first seven days based upon the pre admission assessments. A full care plan was then developed based upon the observations from care workers, relatives and the person using the service. The care plan was then reviewed between four to six weeks later to ensure it reflected the person's support needs. Reviews of the care plan would then be carried out monthly or if a change in the person's support needs was identified. The registered manager explained they tried to involve the person's family as much as possible in the development and review of the care plans.

During the inspection we looked at the care plans for seven people. Each person had a care plan folder which was kept securely in an office. The care plan folder included a photograph of the person, the contact details for their relatives, GP and social worker if they had one. There were a range of care plans in place including routine on waking, continence, nutrition, likes and dislikes including allergies, sleep and night time

routine and social and psychological health. We saw two different templates were being used in the development of the care plans. The registered manager explained that they were in the process of transferring the care and support information from all the care plans onto a new template. The care plans we looked at identified how people wished for their care to be provided, their preferences and how the care workers could provide appropriate support.

Care workers completed a daily record of the support and care they provided for each person using the service. We looked at the daily records for six people and we saw the records were up to date but some were focused on the care activities carried out and not the experience of the person. We discussed this with the registered manager and they introduced guidance for the care workers by the end of the first day of inspection. This guidance identified the types of information they needed to have in their daily record of support including the person's mood, skin integrity, food intake and any activities or visitors during the day.

People using the service confirmed they knew how to make a complaint in relation to the care provided. They said "To the manager. Never ever had to complain", "I would tell my relative", "I don't know I guess I'll talk to the manager" and "I would talk to the manager if I had to." We saw there was a complaints policy and procedure in place. Information relating to any complaints received was kept in a folder with any related correspondence, investigation and the outcome of the complaint. People using the service and relatives could raise concerns or make formal complaints and the registered manager confirmed any issues received were dealt with as soon as possible.

People using the service and their relatives could provide feedback on the quality of the care provided. The registered manager explained that the annual questionnaire to obtain feedback from relatives had been sent out a few weeks before the inspection. Relatives meeting were organised each month and the dates were displayed in the main reception area. The times of the meetings alternated between the afternoon and evening to enable as many relatives as possible to attend. The minutes of the meetings were also circulated to relatives.

Good

Is the service well-led?

Our findings

During the inspection we saw care plans and risk assessments were up to date and provided accurate information relating to the care needs of each person using the service. We did look at the supplementary records which were completed by the care workers and nurses which related to personal care, food and fluid intake, bowel movement record, repositioning of the person in bed and application of prescribed creams. We reviewed the records for six people and we saw some information had not been completed in full. The records of oral care and optimum fluid levels had not been completed in the records we looked at. We also noted that care workers and nurses did not complete the records of food intake directly after meals. We discussed this with the registered manager who immediately reviewed the records and spoke with the care workers and nurses to ensure regular checks were carried out on these records.

The provider had effective quality monitoring system in pace to identify issues and a range of audits were regularly carried out. An audit was completed each month which reviewed a range of information for key performance indicators from across the home. The audit included the number of pressure ulcers, accident and incidents, falls, infections and hospital admissions and included an overview of all the actions in response. Management of each person's weight was also reviewed showing the number of people who had experienced any weight loss or gain that month. The audit included any trends that were identified in relation to each key performance indicator.

A dining experience audit was carried out regularly and during the inspection we saw the audit for September 2016 which reviewed if people had a choice of food, food quality, snacks, main meals and any feedback from people.

A quarterly falls audit was completed which included a review of furniture in bedrooms and communal areas to identify any trip hazards, lighting, the bathrooms and if people had suitable footwear. The numbers of falls each month were reviewed and the level of seriousness and any trends were identified.

A care plan audit was completed each month were up to 12 care folders were reviewed to check documents were in place and up to date. This included if the risk assessments and care plans were in place and up to date.

A monthly medicine audit was completed for each floor which reviewed the ordering and delivery of medicines, safe storage and administration as well as stock levels and disposal of unused medicines. During the inspection we looked at the medicine audits which were completed in July, August and September 2016 which identified any issues and actions that had been completed.

A health and safety audit was completed three times a year and we saw the audit for May 2016 which indicated the level of risk for each issue identified, the action taken and who completed it. There was also an infection control audit three times a year which reviewed the cleaning in the communal areas and minimum of four bedrooms per floor would also be checked. We saw the completed audit from August 2016 with issues and actions identified.

A 'Resident of the Day' system was in place which ensured that every month each person had a specific day on which various checks were completed. These included a deep clean of their room and their records were reviewed to ensure they were up to date.

This range of audit systems meant the provider could monitor the quality of the service provided and ensure issues were identified and responded to.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

We asked people if they thought the service was well-led and they said "Yes. The staff all know what they are doing and it must come from the top", "I would guess it was" and "I am not sure. The manager is nice though." We also asked if people thought they could speak to the registered manager if they wished and they told us "I think so", "Yes", "I have spoken to him a few times. Never had any problems" and "I don't know never tried."

We also asked the care workers and nurses if they felt the service was well-led and if they felt supported by management. They told us they felt supported and they commented in relation to the registered manager "Trying their best", "Takes on suggestions and advice", "The manager listens and is flexible" and "The manager is helpful and flexible." One care worker said they would go to the registered manager or the deputy if they had any concerns and they also commented "They try to solve problems. I try to talk to the nurses" and they also felt able to speak up at team meetings.
Another care worker said "The manager knows what is going on. They pick up on everything and the manager talks to the residents. I feel comfortable to go to the manager and I know he would take action."

The registered manager explained they ran a regular surgery session with staff which enables any staff member to meet with the registered manager and discuss any issues, concerns or suggestions. We saw notes were taken for each meeting and any issues identified.