HC-One Limited

Falstone Manor

Inspection report

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27 September 2018

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 24 September 2018 and was unannounced. A second and third day of inspection took place on 26 and 27 September 2018, which was announced.

Falstone Manor is a care home with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Falstone Manor can accommodate 51 people in one adapted building across three floors. It is situated in a residential area of Roker, Sunderland near the coast. At the time of the inspection 46 people were resident, some of whom were living with a dementia.

At our last inspection in September 2017 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to Good Governance and Staffing. Following this inspection, the provider sent us an action plan which included detailed actions and dates by which actions would be achieved. As part of this inspection we were able to evidence some improvements been made as a result of those actions taken.

The service did have a registered manager who had been in post since January 2018. 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.

The provider had a robust recruitment process in place to ensure that only suitable people were employed to care for vulnerable people.

Staff had received training in safeguarding practices and were able to describe how they would keep people safe from harm and abuse.

Regular risk assessments and care plan reviews were carried out to ensure that people's care was appropriate for their needs.

The provider had a good system in place for recording any incidents and accidents which allowed for analysis of any emerging trends. Any issues highlighted were addressed and where applicable involvement from other Health Care Professionals was sought.

Medication records showed that medication was handled safely, including the receipt, storage, and disposal of medication. People we spoke with told us they received their medication on time. However, we identified an ongoing issue with how some people's medication was documented in terms of administration.

The home was clean, bright and free from malodours. We saw evidence of regular environmental checks to ensure the home was clean and tidy. Records showed that regular health and safety premises checks were carried out.

Staff training records showed that staff had received regular training which provided them with the skills they required to look after people safely. Staff also received regular supervision sessions with their manager.

People were supported to maintain a good level of nutrition and hydration. People we spoke with were complimentary regarding the food served. People had access to a range of healthcare services such as dieticians, GPs and hospital appointments.

People and their relatives we spoke with praised staff for the care they received. They told us that staff were thoughtful, respectful and maintained people's dignity at all times.

Prior to any admission to the service, the provider carried out a detailed assessment to ensure that the service was able to meet people's needs in terms of their care and well-being

The provider provides a range of social activities both within and outside of the home with a dedicated activity co-ordinator employed to oversee this.

Regular meetings took place for people, relatives and staff.

The provider has a range of quality assurance systems in place which included a variety of in-house monthly audits. In addition to these, the service is also inspected by the provider's own quality assurance team which identifies areas of risk and supports improvements . However, a review of the audits identified that not all audits had identified issues found on inspection and further improvements to audits were required.

Feedback is sought from people and their relatives via monthly meetings along with an annual questionnaire which is sent out for people to complete.

A complaints policy and procedure was in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medication records were not always up-to-date.

Individual risk assessments had been carried out to keep people safe.

Staff knew how to keep people safe from harm and abuse.

Is the service effective?

Good

The service was effective.

Staff received regular supervision sessions with their manager.

Staff received training on a regular basis with an opportunity to request additional bespoke training.

People had access to other health care professionals.

Is the service caring?

Good

The service was caring.

Staff were kind in their support of the people they cared for.

People and their relatives told us that staff were very caring.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

People had access to and were encouraged to take part in activities.

A robust pre-assessment is carried out prior to admission to the service to ensure that the service can meet the needs of people.

Is the service well-led?

Requires Improvement

The service was not always well-led

Audits carried out had not always identified or actioned issues in a timely manner.

Staff told us that they felt supported by the registered manager.

People and relatives had opportunities to provide feedback via meetings and completion of questionnaires.

Falstone Manor

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 24 September 2018 and was unannounced. This meant the provider did not know we would be visiting. A second and third day of inspection took place on 26 and 27 September 2018 which was announced.

The inspection team was made up of one adult social care inspector, one specialist advisor who was a nurse 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.

Before the inspection we reviewed information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted the local authority commissioning team, clinical commissioning group (CCG) and the safeguarding adults team.

During the inspection we spoke with ten people living at the service and 9 relatives. We spoke with the registered manager, the care manager, the Area Quality Director and the Area Director. We also spoke with care six staff, the activities co-ordinator, the chef, a visiting district nurse and visiting chiropodist.

We pathway tracked two people, including their care and medicine records, we also reviewed medication records for a further three people. We reviewed four staff files including recruitment, supervision and training information. We also looked at records concerned with the day to day running of the service.

We looked around the building and spent time in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in September 2017 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing. Feedback at the last inspection from people, their relatives and staff was negative regarding staffing levels. At this inspection we found the necessary improvements had been made. The service is therefore no longer in breach of Regulation 18.

We looked at how medication was monitored including ordering, receipt, storage, administration and disposal. This was to ensure that medication was being handled properly and that systems were safe. We found that the provider had completed monthly medication audits on each floor and these had identified some of the issues we found for example, PRN protocols needed updating. Some people were prescribed PRN (as required medicines). Some PRN protocols were in place to assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines, such as pain relief medicines. We identified that there were some gaps in PRN Protocols, some were missing and some PRN medicines were not documented on the MAR charts. Of the five medicine records we reviewed, we found six instances whereby PRN records had not been updated. This meant that we could not be assured that people were always offered their medicines or that this was appropriately documented on the MAR chart.

We spoke to the care manager who acknowledged that some PRN protocols were missing, and some were not documented. The care manager told us that they would ensure that all PRN protocols would be checked for accuracy.

We were also told that one person's medication was crushed. We were unable to see that pharmacist advice had been sought since the administration involved altering a medicine's licensed presentation, together with medicines administered via a feeding tube. The care manager told us that they would speak to the pharmacist to arrange this. The provider was able to later confirm that verbal advice had been sought. However, this information was not detailed and was not easily accessible for staff. Best practice would be for written detailed instructions to be obtained from the pharmacist, thus avoiding any misinterpretation.

A dependency tool was used to calculate how many care hours were required to support people with their needs. This tool was reviewed every two weeks and took into account the level of care that people required. When we reviewed the tool, staffing levels exceeded those assessed as required using the dependency tool. During the inspection we observed when buzzers were sounded staff responded in a timely manner. We observed that some people were in communal areas (lounge) watching TV for periods of time, with staff often 'popping in' to check on people. However, on the second day of inspection whilst sitting in the lounge, the inspector heard one person calling out for assistance with their personal care. This person was unable to call for assistance via the static call bell system. The inspector spoke to the registered manager to request for someone to attend to this person's needs. The care manager immediately supported this person as requested.

We asked people living in the home, their relatives and staff working in the home, if they felt that staffing

levels were acceptable. We received mixed responses. For example, one person we spoke with told us, "I've had no problems in the years I've been here because they look after me really well, so I think there are enough nurses here to look after me well. However, another person we spoke with told us, "No, I don't because they are always busy and you press the buzzer sometimes it takes a while for them to come to see me especially at mealtimes. Relatives that we spoke told us, "Oh yes, every time that I've been visiting him there always seems to be plenty of staff members around in my opinion." However, another relative we spoke with told us, "There is an issue with the dependency tool. The nurse on duty doesn't do any caring, very rarely, as they do all the paperwork." Staff we spoke with told us, "Yes, uh-huh. I always help out at mealtimes as part of my role and then go back to doing my activities." Another member of staff told us, "Yes, I think there is enough staff and it does go on dependencies. However, it doesn't take into account other factors outside of clinical tasks." We spoke to the manager regarding the less positive comments received regarding staffing levels. They told us that plans are in place to recruit permanent nursing staff along with a continual review of where staff are deployed each day throughout the service.

People we spoke with told us that they felt safe living in the home, comments included "I think I've been here for two and half years or so and I've always felt secure as the staff look after me really well." Relatives we spoke with also confirmed that they felt their loved ones were safe, they told us, "Mam's been at this home since May this year and I feel she is really safe because of the 24 hours that the staff look after her in any day."

We looked at four staff files and seen that the provider had a robust recruitment process in place which included obtaining two written references, proof of identification and an enhanced Disclosure and Barring Service check (DBS) check. DBS checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working within a care setting. The provider also has a process in place which included checking the professional registration of all nursing staff
The provider had a safeguarding policy in place and staff we spoke with confirmed they had received training in safeguarding procedures. Staff were aware of how to report any concerns in relation to people's welfare which included contact with the local authority or CQC. Safeguarding was discussed during supervision sessions and staff meetings. Records showed that safeguarding referrals had been made to the local authority and investigations carried out.

Care plans reviewed showed that the provider had carried out risk assessments to ensure that the service was able to safely support the needs of that person. Risks were assessed to ensure people were safe and where possible, actions were identified for staff to take to mitigate these occurring. Personal emergency evacuation plans (PEEPs) were in place for each person. People were encouraged to take positive risks and these were documented in people's care plans. Risk assessments were re-assessed on a regular basis.

Records showed that accidents and incidents were recorded and investigated and appropriate actions put in place to mitigate reoccurrence. Analysis of these records had also been carried out to identify any emerging trends with appropriate actions implemented where necessary.

Records reviewed showed that general health and safety premises checks and equipment tests had been carried out. These checks included for example weekly fire alarm tests, emergency lighting and hoist checks. However, for the month of August 2018, we could find no records of these checks being completed. We spoke to the registered manager about this who told us that during the month of August there had been an issue with maintenance staff availability and only priority checks had been carried out, but these had not been recorded. However, from September 2018, all checks had been completed. Other premises and safety certificates seen indicated that appropriate checks had been carried out. For example, gas testing, portable appliance testing and a five-year electrical test.

The provider had an infection control policy in place. The home was clean and free from malodour, and domestic staff were observed carrying out cleaning duties throughout the inspection. Inspection of the kitchen area showed that food was stored appropriately. The kitchen area was clean and tidy with a cleaning schedule in place. The home had recently been awarded a five-star rating from the local authority's environmental health department regarding food safety and hygiene.

Good

Is the service effective?

Our findings

At the last inspection in September 2017 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing. We found there were shortfalls in levels of staff training and supervision. At this inspection we found the necessary improvements had been made. The service is therefore no longer in breach of Regulation 18.

Staff received regular supervision and appraisals were planned. We asked one member of staff if they received supervision sessions and they told us, "Yes, I have them frequently with [care manager] but both [care manager] and [registered manager] are accessible to raise any concerns with."

Staff received training to help them do their jobs. A system was in place to enable the registered manager to monitor and manage staff training. New staff were required to complete an induction. Staff were encouraged to take ownership of their own development/career pathway. Staff we spoke with confirmed they received regular training. We spoke with people to ask if they felt staff had the right skills and knowledge to look after them, one person we spoke to told us, "I don't know what training they do get but they seem to know exactly what they are doing in the home. I've no complaints." One relative we spoke with told us, "Yes, definitely without a doubt, they all look competent to me and they seem very efficient, and I've watched them working."

Prior to admission to the service, the care manager carried out a pre-assessment of people's needs. This was to ensure that the service could meet those needs, for example whether the service can support this person's physical and mental well-being. People's personal preferences and wishes also formed part of this assessment.

People were supported to maintain a healthy diet. Records showed that people's weight was monitored and if necessary referrals to other healthcare professionals (HCPs) was made in a timely manner. These HCPs included dieticians and speech and language therapists (SALT). The SALT team are used to help individuals who may experience weight loss as a result of experiencing difficulty in swallowing, eating or drinking. The SALT team had also provided one person with an iPad to assist them in their communication with staff by the use of predictive text.

On the first day of inspection we observed lunch-time to be a very relaxed and positive experience with lots of gentle chatter between staff and people. People were offered a choice of food and prior to serving the food, staff were seen to ask people if they were still happy with their choice of food. The food was nicely presented and was of adequate portion size. Staff were seen to offer gentle encouragement and support to people to eat their lunch. We asked people if they enjoyed their food and people told us, "By my request I like to eat all my meals in my own room. The food has got a lot better in the last couple of months I think". One relative we spoke with told us, "[Person] says the staff take him to the dining room in his wheelchair all of his food is blended and he says it's fine and the staff go out of their way to help him."

We spoke to the chef who told us that they were aware that some people may not always want what was

offered on the menu, as such the kitchen was always happy to support any 'off the menu' requests. The chef also confirmed that they were aware of people's dietary needs which was held in a file in the kitchen. Any changes to people's diets were notified to the chef as soon as possible and records were updated to reflect the change.

Occasionally there may be times when it was necessary for people to move to a different home. The registered manager told us that in these instances, the 'new' home would conduct their own pre-assessment. This included a review of people's current care plan. External letters, such as SALT letters and hospital letters would transfer with that person to their new home to support their ongoing care.

Care plans reviewed showed that people were supported to have access to other HCP s. This included GPs, tissue viability nurses and occupational health therapists. During our inspection we spoke to two visiting HCPs. They told us, "I have been here a few times for routine visits, and have no concerns, all is great" and "I am here twice per day and have no issues. Staff are very approachable and I have no concerns." We asked people if they felt involved in their care and one person told us, "I've seen a doctor a couple of times and the staff have arranged for a doctor to come today about my chest infection."

The home environment was suitable for the needs of people living there. All areas were found to be airy, bright and clean. We noted however that lounges did not have any curtains at the windows. This issue had been discussed at a Residents and Relatives meeting held in June 2018. Minutes from August 2018 meeting, stated that monthly requests were 'going to head office for additional soft furnishings, chairs and furniture.'

People's rooms were very personalised and homely, with many rooms containing family photographs, memorabilia and reading books. We spoke with one person and they told us, "I want to go and buy some new bedding for my room and I would like my room painted a different colour."

The home had an interior courtyard which people can access, especially during nicer weather. The care manager told us that during recent events (Tall Ships Race and Sunderland Air Show), a lot of people had spent time on the lawn area which is to the front of the home to watch these events.

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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found people who used the service were either appropriately subject to a DoLS or were awaiting authorisation for one.

People who did not always have capacity, mental capacity assessments and best interest decisions (BIDs) had been completed for bed rails. Records of BIDs related to bed rails showed involvement from people's

family and staff. However, of the three care plans we looked at, in one care plan we found that a decision was not specific. We discussed this with the manager who told us what actions they would take to put it right. Staff we spoke with understood the principles of the MCA and were able to tell us how they would support people who lacked capacity to make certain choices.

Good

Is the service caring?

Our findings

At our last inspection we rated caring as 'requires improvement' as concerns had been identified around people being left unsupervised for periods of time and people feeling rushed with their care. At this inspection we have judged that the service has improved to 'good' following improvements in this area.

Everyone we spoke to, both residents and relatives praised care staff. People we spoke with told us, "They are really good and they treat me as a person and respect my wishes. They close my curtains and doors if carrying out any personal care, so I feel it's very private." Another person we spoke with said, "The staff treat me really well, they often give me hugs and cuddles and if I need any help they close my door so it's done in private." Relatives comments included, "I can only say that the staff are brilliant with him and if he needs support they talk to him from start to finish, letting him know what's happening. He is always treat with dignity at all times" and, "Of course, they definitely treat him well as far as I have seen. The staff are absolutely lovely with him and very respectful and talk to him, not at him." During the inspection we observed staff treating people with dignity and respect and this was observed during lunch when people were supported with discretion.

People's needs were reviewed and updated at least once per month to ensure they reflected people's current support needs and preferences. People (where possible), their relatives and staff attended these review meetings. The care manager told us that they carried out an audit of 12 care plans per month. Additionally, the care manager informed us that staff carried out a 'resident of the day' review.

Observations during the inspection showed that staff were kind, caring and considerate of the people they cared for. We observed lots of positive interactions and staff knew the people they cared for very well. One member of staff we spoke had worked at the home for a number of years and told us, "I love my job!" We asked why this was and they said, "The residents, I love the residents, I just love my job and it's just nice to come to work. If you come in smiling on a morning they will smile all day long."

Information on advocacy services was made available to people who used the service and this service was available via 'Total Voice' who are based in Sunderland. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

The registered manager told us that people were encouraged (where possible) to be independent and care plans we saw reflected that. They told us that one person is out and about every day on their mobility scooter, and quite often when they are out, will pick up newspapers for other people living in the home. We spoke to the person with the scooter and they told us, "They always encourage me to get out and about on my scooter. I like getting out and about." Another person we spoke with told us, "Yes, they do encourage me to get around a lot in my wheelchair when possible. I do manage to go to the dining room on my own for meals."

Good

Is the service responsive?

Our findings

At our last inspection we rated responsive as 'requires improvement' as concerns had been raised around staff's ability to respond to people's individual requests. At this inspection we have judged that the service has improved to 'good' following improvements in this area.

Prior to admission to the service the care manager carried out an assessment of people's care and nursing needs. Care plans showed that individual plans of support had been created to allow staff to read and understand how best to care for people in terms of their health and well-being. Care plans we looked at contained person-centred information on people's support needs and reinforced the need to involve people in decisions about their care. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. For example, we saw that one care plan we looked at included, "[Person] likes the TV or radio channel playing in background until they settle to sleep; prefers to have light off overnight; comfortable with a quilt cover; has a 'v' pillow to give support." Another care plan included, "[Person] enjoys a warm drink before settling down."

Relatives we spoke with told us that they had regular discussions with staff regarding their loved one's care needs. One relative we spoke with told us, "I get to sit and talk to the staff on a regular basis about mam's needs, they are really helpful to me and mam and we have no worries at all." People we spoke with told us, "I talk to the staff every day, they always ask if I need anything and I feel I'm really cared for, I've had no problems in 20 years." Another person we spoke with told us, "I'm happy with the time I spend talking to the nurses about my care needs but I do have family to do this for me."

Activities form an important part of social inclusion and the provider employed a dedicated activities co-ordinator who arranged activities both inside and outside of the home. Visits to local amenities were supported by the use of the mini-bus. People we spoke with told us that they enjoyed going out in the mini-bus but had not done this for a while. The activities co-ordinator told us that the mini-bus driver had been absent and therefore the home was unable to fulfil these requests. However, we were told that a new volunteer had recently completed the necessary paperwork to allow them to drive the mini-bus, which meant that external visits would recommence soon.

We asked people and their relatives if they enjoyed the activities. People we spoke with told us, "I do get involved in all the activities and I collect photographs of old buildings in the town because I like my art and horror films are my favourite." However, one person told us, "I don't get involved and no one comes to my room, I've only got my TV." Relatives comments included "Mam's been out in the mini bus a few times and she sometimes does go to the lounges but she doesn't like too much noise." Another relative we spoke with told us, "Mam is bed ridden pretty much but the staff do get her down to the lounge to listen to the singers which she really enjoys." Another relative told us, "He goes out in the mini bus when there's seats available and I take him to some of the activities which he likes."

Following a recent internal audit, amendments have been made to the way in which activities are monitored for each person. People now have their own dedicated activities log.

The provider had a complaints policy in place and people and relatives we spoke with told us they knew how to raise a complaint. People we spoke with told us, "I've had some little complaints and spoke to the manager about them and things got sorted out." Another person told us, "I would know who to raise any complaints with and that would be the management. Relatives we spoke with told us, "Yes, both mam and me, know who to complain to if need be, but to date there's been nothing to complain about." Another relative told us, "Yes, if we had anything to complain about it would certainly be the management team we would speak to, but everything is fine."

Any complaints or concerns received were recorded. Concerns were addressed either verbally or by written explanation. Complaints were formally acknowledged and responded to in line with the provider's own policy. Records showed that the provider had responded to complaints and concerns received.

In care plans reviewed, we saw that end of life care plans were in place for people, with terminal and life limiting illnesses which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected.

Care plans reviewed showed where appropriate, care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we rated well-led as 'requires improvement' with a breach of Regulation 17. At this inspection although we found some improvements had been made in relation to good governance further improvements were needed.

The provider conducted its own internal inspection which was carried out by a Quality Regulation Manager in July 2018. The inspection focussed on CQC's five domains of safe, effective, caring, responsive and well-led. During our inspection we found that despite an issue which had been highlighted as part of both the provider's own July 2018 inspection, and a Local Authority inspection carried out in February 2018, an issue remained regarding a lack of best interest decision for restrictive equipment. They informed us that they would carry out an immediate mini-audit to ensure that all best interest decisions were recorded and were decision specific.

Records showed that although the provider had a system in place to carry out monthly audits of both medication charts and care plans, these audits had not always been robust in either identifying issues or addressing issues in a timely manner. For example, two care plans we reviewed, showed that one person had not signed their care plan (where they were able to), and where one person was unable to sign themselves, their spouse had signed the documentation on their behalf. However, this person's relative was not the legally authorised representative and a best-interest meeting had not taken place with people, staff and other professionals involved in their care. This meant that people may not have been consulted about their care, and thus the quality and continuity of care may not have been maintained.

The registered manager had been in post since January 2018. Comments from people, relatives and staff, regarding staffing levels have been more positive and following the last inspection, the provider now monitors staffing levels every two weeks.

Staff meetings were held regularly and minutes taken. This allowed those staff who may not have attended to read and understand what had been discussed. Staff we spoke with confirmed that both the registered manager and the care manager were very approachable and supportive. We asked staff if they felt supported in their role and one staff member we spoke to told us, "Oh yeah, definitely. Registered manager and care manager are more than happy to help. If I raise any issues they action them for me." They also added how much they felt things had 'come on' since the last inspection for example, more organisation, paperwork was more accurate. Another staff member we spoke with told us "The registered manager and care manager are very approachable and their door is always open. I have been here a lot of years and they are the best two managers I have had."

The provider used an in-house database which captured various information, for example any incidents and accidents that had occurred, outcomes of any premises checks, and any safeguarding issues that had been raised. The database supported the manager with their analysis and quality assurance for the home. This information was also reviewed weekly at a regional level by the provider's own internal inspectors, to allow for further support or action where necessary.

Daily flash meetings were held with department managers. Any actions or updates from these meetings were then shared with other staff. In addition, any documents reviewed/discussed during the meeting were printed and put into dockets to allow any staff who may be absent to read and understand. The care manager was then responsible for ensuring any changes have been implemented.

A review of records showed that accidents and incidents had been notified by the provider in line with their legal requirements. A review of the provider's website confirmed that the last inspection report and rating were available to view.

The registered manager informed us that regular residents and relatives meetings are held. These meetings included discussion of ideas or concerns that people may have, sharing of any updates along with general feedback. A review of these records confirmed that regular meetings had taken place.

The registered manager also held a monthly surgery, which was an opportunity for people and relatives to raise any concerns they had. In addition to this an annual questionnaire was sent out to people and their relatives for completion. The last questionnaire was sent out in April 2018 and questions included for example, safety, care and management. We noted that the results of the survey were displayed on the relative's and resident's notice board.

The registered manager told us that they received support in their own role through fortnightly visits form the Area Quality Director and the Area Director.

The home had a 'care and kindness' reward nomination scheme for staff. Staff were nominated by people, relatives and colleagues. Nominations were reviewed and the member of staff selected, received a gift voucher by way of a thank you for the care and kindness they have shown whilst carrying out their role.

The home had a 'You Said / We Did' board on display. These were issues or ideas that people and their relatives would like to see either changed or implemented. During the inspection one idea visible on the board was how people could keep in touch with relatives who did not live nearby. The home was in the process of contacting relatives to seek their opinions and ideas on how to improve communication.

The home had a monthly newsletter which included for example, which activities are being held that month and details of resident and relative's meetings. The registered manager told us that the newsletter is created by a resident living at the home and this is something they take great enjoyment from producing.

A review of compliments received showed that since the last inspection 25 compliments had been received. One compliment reflected positive action that the provider had taken which was in relation to what was an initial complaint.