St Saviours Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 1 and 2 December 2016 and was unannounced. St Saviour's provides accommodation and personal care for up to 58 people. On the day of our inspection 57 people were using the service who had a variety of needs associated with dementia and physical health conditions.

The service had a registered manager working at the service. However she had stepped down from the overall management of the service and was undertaking a supportive role for an associated manager who had recently been employed. We discussed with the provider and associate manager that the Care Quality Commission would require them to register with us as they were undertaking the role and responsibility of a registered manager. Both the provider and associate manager told us they would be making this change in the near future. 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 were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager shared information with the local authority when needed.

The risks to people's safety were assessed when they were admitted to the service and measures identified to reduce the risks however there were occasions when measures in place to reduce the risk were not in place.

People received their medicines as prescribed and the management of medicines was safe.

Staffing levels were sufficient to support people's needs and people received care and support when required. Medicines were managed safely and people received their medicines as prescribed at the times they needed them

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care.

People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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 always safe.

The risks to people's safety were assessed but there were occasions when we saw the measures identified with not in place, placing people at risk.

People were protected from abuse as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff able to respond to people's needs in a timely manner.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced diet and adequate fluid intake and their health was effectively monitored.

Is the service caring?

Good

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good

People were supported to raise complaints and concerns to the management team.

People, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Is the service well-led?

Good

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

St Saviours 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.

We visited the service on 1and 2 December 2016, this was an unannounced inspection. The inspection team consisted of two inspectors, one pharmacy inspector, 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with 18 people who used the service, nine relatives, five members of care staff, a housekeeper and a laundry assistant, an activities coordinator, the cook, the maintenance person, the associate manager and the registered manager. 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. We looked at the care plans of six people and any associated daily records such as food and fluid intake charts. We looked at five staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for people.

Requires Improvement

Is the service safe?

Our findings

Risks to individuals were assessed when they were admitted to the service and reviewed regularly. Where appropriate there were referrals to health professionals such as the falls team. We saw these recommendations written in people's plans and in majority of cases the recommendations were in place. However we checked on one person who had suffered a number of falls, one of which had resulted in a serious injury, and saw the recommended alarm mat was not in place. We raised this with staff who told us it was because the person had moved from one area to another and staff had not taken the alarm mat with them. We asked staff to put the mat in place but when we checked later this had not been done and we needed to raise it a second time before staff acted on our concerns. We raised this with the associate manager who accepted this was not safe practice and would address it straight away. Following our inspection the associate manager sent us a template of a revised check list for staff when undertaking regular checks on people and this included a check that appropriate equipment such as alarm mats were in place and in working order.

People's care plans showed the measures in place to protect them from risk of harm. People we spoke with told us they had the equipment they needed to keep them safe. One person we spoke with told us a lot of people had buzzers under their seats the person said, "If they move the staff come running." Another relative we spoke with told us their relation had come to the service as they weren't managing at home very well and had fallen a number of times prior to admission. They told us their relation was very independent and that staff had ensured they had the correct equipment to enable them to mobilise safely. The relatives told us staff had rearranged the person's bedroom so they could move around safely with their walking frame. Another person we spoke with told us they enjoyed going out for a walk each day and staff enabled them to do this. We viewed the person's care plan and risk assessment and saw the risks had been assessed and there were measures in place with the agreement of the person to allow them to remain independent and safe. This example showed the service was proactive in managing risks to allow people their independence.

However whilst we saw the associate manager audited the number of falls in the service each month there was no robust analysis of these audits. If people had a consistently high number of falls there was no evaluation of why this was and whether the measures in place were sufficient to reduce the risks as far as possible whilst maintaining people's independence. Our discussion with the associate manager showed they had put measures in place to reduce the risk for people but more work could be undertaken in analysing trends and looking at measures that may reduce the number of falls in the service overall.

Throughout our visit we saw staff using equipment such as hoists safely and with confidence, staff confirmed that people had their own slings and had been assessed for the correct size. Where people were at risk of tissue damage we saw the correct pressure relieving equipment was in place and there were charts in people's rooms to show when staff had repositioned the person or encouraged them to move.

People could be assured the environment they lived in was safe. The service employed a maintenance person who made routine checks of systems in the home to ensure they were in good working order. They were able to show us records of when external companies came to undertake routine services of equipment

and the environment. The maintenance person confirmed they were asked to complete jobs and repairs in a timely way and that they were given the time and resources to manage this.

People we spoke with told us they felt safe at the service, one person said, "Safe yes, I've got a call button they (staff) rush here if you press it." The person's relative told us they also felt the service was safe as their relation sometimes felt ill and staff made sure the call bell was within reach. They told us, "If (name) is really bad they clip it to their chair and put in easy reach. If they are in bed and they put a pressure pad by the bed." Relatives also told us they would know who to go to if they had any concerns about their loved one's safety. One relative told us when their relation had first arrived one or two residents tended to walk into the person's room. The relative said, "We told the manager and staff were super with it, stayed aware of it and looked after (name)." Another relative told us that occasionally some people presented with challenging behaviour. They said staff were, "Brilliant, calm, get it in hand really quickly, totally take control."

Staff we spoke with were aware of their responsibilities in keeping people safe. They had a good understanding of the different types of abuse people who lived in the service could be exposed to. They told us they had been given training in safeguarding and this had helped their awareness of these issues. One member of staff said, "If I had a concern I would know who to go to and am sure that I would be supported all the way so that things got better." Another member of staff also told us they could approach their senior carer or the management team and they said, "If someone did something (they considered abuse) I would stop them." They went on to say, "I would go to the safeguarding team, we were given leaflets and have posters with the telephone numbers on."

Both the registered manager and associate manager told us they felt confident staff would protect people who lived in the service. The associate manager told us they had recently reviewed the safeguarding training and felt it was more robust. They told us the staff would watch a DVD and then the trainer would sit with them and discuss the content. Staff were then required to complete a questionnaire to ensure they had an understanding of the safeguarding issues raised. The associate manager said, "The staff's level of awareness is good and they do come to me with issues so I can deal with things."

The management team were aware of their responsibilities in keeping people safe and the associate manager said, "I would raise (safeguarding) issues with the local authority and with their permission investigate and I would report to the CQC (Care Quality Commission)." Our records showed the service had reported events in the service to us in a timely way.

Some people we spoke with told us there was not always enough staff on duty to meet their needs. One person said, "It depends on the time of day. Mornings are busy times, if you need the toilet say around 11.30am that can be an issue." The person said this was because staff were getting people ready for lunch. Another person said, "Sometimes they are a bit short if people are sick. Maybe short at night." However some relatives we spoke with told us they felt there was enough staff when they visited and there was always someone around to talk to.

Staff we spoke with told us they felt there were enough staff on duty. One member of staff said, "We have enough staff – Yes!" Another member of staff we spoke with said, "Yes staffing levels are fine. They never leave it so you are one down, they will ring someone in or ask staff to do a long day." We discussed staffing levels with the associate manager who told us they were working with the senior care workers to ensure the staffing levels at particular times of the day were sufficient to meet people's needs. They told us they were formulating a dependency tool, monitoring different times in the day and were responding to the information to ensure staffing levels continually met the needs of the people living in the service.

On the day of our visit we saw that call bells were answered in a timely way and people were not kept waiting. We viewed the staff rota for the previous five months and saw that the for majority of this time period the numbers established were met with some staff working extra shifts to cover short notice sickness.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined five staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. People we spoke with told us they received their medicines on time. One relative said, "I've seen them come round with the trolley and that they stay with the people and make sure they take it (the medicine)."

We observed a medicines round and saw the staff member followed safe practices and ensured each person took their medicines. We saw medicines were stored correctly and records relating to administration and ordering were up to date. There were protocols in place giving staff clear information about 'as required' medicines (known as PRN) and staff we spoke with showed a good understanding of ensuring people who required medicines at particular times received them at those times.

Senior care staff audited people's medicines records daily to ensure all medicines were given, as there were some medicines that were administered by visiting district nurses. The associate manager undertook regular medicines audits and we saw up to date records of these audits.

Good

Is the service effective?

Our findings

People received care from staff who had undergone appropriate training for their roles. People we spoke with told us the staff were competent in their roles. A relative we spoke with said "Yes; staff do things with confidence, we see they have regular training."

Staff we spoke with told us they received regular training for their roles. One member of the housekeeping staff said, "(I have) had training, including the things I need for my job, like health and safety as well as other things so I can understand how the (care) staff work." They went on to say, "We always get training in anything new too; like new chemicals when they come in."

Staff also told us they underwent ongoing training to ensure they could remain competent and confident in performing their roles and responsibilities. One member of staff told us, "I have learned a lot of new skills here." This information was supported by records examined on the day of our inspection. They verified that staff received regular training in a wide range of subjects such as moving and handing, food hygiene, mental health awareness and safeguarding vulnerable adults.

Staff told us that on commencing employment they were required to undertake an induction process. Staff told us they felt the induction was sufficient to meet their needs. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service and also gave them the opportunity to read the organisation's policies and procedures. We also found the induction process included a period of 'shadowing' more experienced staff until newly recruited staff felt ready to work independently. A member of staff also told us they had been made to feel very welcome by their peers on commencing employment.

Staff told us they received regular supervision meetings and found these meetings to be supportive and useful. One member of staff told us, "I do feel supported by the seniors and managers." We viewed supervision records that showed these meetings had been undertaken on a regular basis. We spoke to the associate manager who told us whilst staff had been receiving supervisions they had not received regular yearly appraisal and this was something they were addressing in the coming year.

People had their right to give their consent and make decisions for themselves promoted and respected. One person confirmed they told the staff what they needed and the staff would help them. The person went on to say they liked to do as much for themselves as possible and staff only helped when needed. Relatives we spoke with were happy with the way staff approached their relations when providing care. One relative told us, "Yes they (staff) would always tell (name) what they are doing and we've seen them checking it's alright." Records we looked at showed that consent to care forms had been signed by the person or their chosen representative.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's mental capacity in their care plans. These assessments were detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. Staff we spoke with showed a good knowledge of the MCA. One member of staff told us, "(Mental Capacity): It's their (people they care for) ability to understand, answer and respond. People can't always remember straight away." The member of staff went on to say they would use things to help people make decisions by jogging their memory with things like photos or other prompts. Staff we spoke with were also aware that some people's capacity fluctuated and they would take this into account when supporting them. Staff we spoke with told us that simply because a person may not be able to make a decision, such as what clothes to wear, it didn't mean that the person's right to choose was taken away from them every day. One member of staff said, "We assess people each day to see if they are able to make everyday decisions."

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) .At the time of the inspection the service did not have anyone residing there who required a DoLS authorisation.

People were supported to maintain a healthy diet and were offered regular hot and cold drinks. People we spoke with told us the food was good and they had enough to eat and drink. One person said the food was, "Marvellous" and another person told us the food was, "Good. We get enough and there is a choice." Relatives we spoke with were also happy about the way their relation was supported with food and drink. One relative told us their relation had a special diet as they were prone to weight loss, they told us staff supported their relation by ensuring the person received a fortified diet. They told us their relation was weighed regularly by staff and was maintaining their weight.

Staff we spoke with had a good knowledge of the different diets people required. They were able to explain who needed support and what support each person required. One member of staff told us the associate manager was undertaking a lot of work with the staff on nutrition at present. They said, "We have different things for weight loss, fortified diets, milk shakes with full fat milk and cheese." They went on to say people who had problems with swallowing were assessed by the Speech and Language therapists (SALT) and they discussed the different levels of soft diets available for people. We spoke to the chef who was supporting staff during lunchtime; they explained their menu planning and told us how they were kept informed about the differing needs of people at the service. The chef felt the communication about people's dietary needs, between themselves and the care staff was good and was able to show us a folder kept in the kitchen with the information required on each person's diet.

Information about people's nutritional needs was contained within care plans. There were appropriate referrals to the SALT team and dieticians and from our observations of meals times we saw people received the correct diets and support from staff to manage their diets.

People told us their health needs were well met. One person said, "They (staff) are very organised if you need to go to any appointments, hospital, anything like that." Relatives were also happy with the way their relations' health needs were managed. One relative said, "If there's anything, dental work, opticians, appointments at the hospital the staff get the appointments and take (name) in the minibus." Another relative told us the staff had arranged for the local optician to come to the service for their relative.

One relative told us their relation had a particular medical condition and the staff had been to the local hospital to understand how to support the person. They went on to say, "If staff find there's a problem they'll get the doctor and an ambulance straight away and they let us know immediately." Other relatives confirmed that staff were quick to communicate with them to let them know if their relation had any health issues, and relatives told us they were reassured by this.

Staff we spoke with showed a good understanding of peoples health needs and felt the senior staff were quick to manage any issues they highlighted to them. One member of staff said, "Yes, brilliant, as soon as there is a problem the seniors sort it straightaway." We spoke to two different health professionals during our visit and received mixed feedback from them. One health professional felt at times there were communication issues with staff in the service but was unable to tell us what work had been done to improve this. We spoke with the associate manager who told us they had been working with the teams of health professionals who visited to improve communication. They told us they continued to work with health professionals to ensure the people who lived in the home received a good service. We did speak with a second visiting professional who confirmed they had been working with senior staff and told us, "They (staff) have been much more open to listen." The health professional felt positive relationships were being built.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service and that staff were caring towards them. One person said, "It's a very good home, everybody's so pleasant and they help you out," they went on to say, "They (staff) do look after you, they are very good." Another person said staff were, "Very caring, very nice, very helpful, all the staff." A further person we spoke with told us, "They (staff) are good people; they do their best for you. If you ask them to do anything they will."

Relatives we spoke with were also happy with the attitude of staff towards themselves and their relations. One relative said, "Caring? Yes very much so. You see it, the way they are, towards everyone." Another relative we spoke with told us there was no restriction on when they came to visit, they said "I sometimes come in at breakfast, sometimes seven at night and it's never an issue."

Staff we spoke with told us they enjoyed working at the service and had formed positive relationships with the people who lived there and their relatives. One member of staff said, "It's a lovely attitude from staff, I feel I could go up to any colleague and they would help me with care for someone." They went on to say, "We see a number of relatives and we can have a chat – we have good interactions with them." Another member of staff said, "I love it here. Doesn't feel like a job. It is my second home, best part of the job is talking to residents and seeing how they are."

Our observations supported what people, relatives and staff told us. During the visit we saw a number of positive, caring interactions between staff and people who lived in the service. All the staff groups working in the service interacted well with people and their relatives. We saw housekeepers chatted to people when they went to clean their rooms and the receptionist and maintenance person stopped to chat to people as they worked around the home. It was clear this was a regular occurrence as people responded with familiarity to all the staff groups.

When care staff carried out such tasks as supporting people with their mobility they did so with patience and gentleness, encouraging them and letting them know what they were doing to help them. When staff conversed with people who were seated, they crouched down to be able to talk at eye level and ensured people were given the information they needed to make a decision. For example we observed a member of staff offering hot drinks and snacks to people, they gave people time to make their choices and when needed gave people visual choices of what was on offer.

People's care plans reflected the care they required and staff we spoke with showed a good knowledge of people's care needs. For example one person's plan showed what help they required with personal care and how they liked to receive the help. The focus was on what the person could do for themselves and how staff could support them with the choices they made each day. One member of staff told us, "I talk to people to find out what they like and how they want to be cared for, always making sure people are happy with what I am doing for them."

People and their relatives were encouraged to express their views on their care and relatives felt their

knowledge of their relations was taken into account when their care was planned. We saw there were systems in place to involve people and their relatives in the planning of their care. One relative we spoke with told us their relation had only been living at the service for approximately six months. They said they had assisted with the development of the care plan and there had been a further review with them. They told us they were happy with the way the staff involved them in their relation's care. Another relative we spoke with told us, "Yes I have read them (care plans) and signed them. I write in them too."

We spoke to the associate manager about the use of advocacy services for people. An advocate is a trained professional who supports, enables and empowers people to speak up. The associate manager told us this service was being been used by a person at the home and we saw there was information in the home about the availability of advocacy services for people.

People we spoke with told us that staff respected their privacy and dignity. One person told us, "They (staff) do knock before they come in. They shut the door and curtains when are undressing you or changing you." Another person said, "My door is usually open but they (staff) do knock if they come and it's closed." Relatives we spoke with told us they felt that their relations' privacy and dignity was respected.

Staff we spoke with showed understanding and empathy when discussing how they maintain people's privacy. One member of staff talked to us about being discrete when dealing with people's personal care. They said, "If someone wants to use the toilet when they are in the dining room, I will talk to them quietly." The registered manager told us they had dignity champions in the home. Dignity champions re-enforce to the importance of maintaining people's dignity. This is done through leading by example or challenging poor practice. The associate manager said there were regular discussions in staff meetings about people's privacy and dignity.

People were encouraged to remain as independent as possible. One member of staff we spoke with said, "We help people do things for themselves and not do things for them." The associate manager and senior care worker we spoke with told us they wanted people to feel as independent as possible. It was noticeable to us during the visit that whilst staff did provide care and assistance they allowed people to do as much for themselves as they were able or comfortable with.

Good

Is the service responsive?

Our findings

The people and their relatives we spoke with felt that they received the care and support they required and that it was responsive to their needs. The information in their care plans reflected people's individual needs. One relative we spoke with said, "Yes the plan is especially for (name). They are individualised; (name) is not just a number." The relative told us their relations needs had been gradually changing over the previous months. The relative told us staff had discussed changes and the way they could adapt their support for the person

Staff told us they found the care plans useful in keeping up to date with people's needs. They told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. They told us that any changes were effectively communicated. One member of staff told us, "I read the communication book to find out what has changed if I have been off for a few days." Another member of staff said, "All the information we need is in people's care plans, but we know people's needs really well here."

The associate manager told us the registered manager was in the process of reviewing the care plan system in the service, and as a result of feedback from a resident and relative survey had increased the involvement of people and their relatives in the development of the care records. The care records we viewed were a mixture of the old and new style plans. The registered manager told us they plan to have all care plans updated by the end of 2016.

People could be assured that staff were responsive to their individual needs. For example, we looked at the records of people who had difficulty in maintaining their skin integrity. The care plans contained a risk rating for people to show a person's tissue viability and what staff were required to do to assist people maintain their skin integrity. Records showed that staff provided the level of support people required.

As well as the information in the care plans the associate manager had been promoting an initiative that assisted both people and staff to look for and manage early signs of tissue damage. As well as the information in people's care files we saw displays in the service on prevention of tissue damage and we saw staff working with individuals to carry out the recommendations.

The staff at the home worked to ensure there were a range of activities on offer to meet the needs of people who lived in the service. There was a full time activities co-ordinator employed who advertised events on notice boards in the home. People we spoke with told us there was enough to do in the service. One person told us that they joined in with the bingo and singing. Other people we spoke with told us there were sing songs, summer fairs, Christmas fairs and special birthday parties.

Relatives we spoke with also told us they were included in the different activities if they wished to participate. One relative said, "We come to summer fairs and Christmas parties." Another relative told us the service organised singers and special birthday parties. A further relative we spoke with told us, "They (people

who live at the service) are all asked to join in, some choose not to." Other people we spoke with confirmed they had the choice of whether they joined the different activities on offer. One person said, "They do ask if I want to join in when there's something going on. I do what I want to do, read."

The activities co-ordinator told us there was a planned activities programme that included; Bingo, dominoes, trips out, sing-a-longs and outside entertainers. They told us the service owned a minibus and the previous day they had taken a number of people to a tea dance at the town hall.

During our visit we saw a game of bingo being played which was led by a member of staff. A visiting relative assisted their family member to play and the game was a lively event with plenty of friendly banter and laughing.

The company's complaints procedure was on display in the entrance of the home, but none of the people we spoke with had needed to make a formal complaint. People did tell us they felt they could and would approach management and staff if they did have any issues of concern. A visiting relative told us they had no issues but were confident that if any arose they could mention it to one of the senior care workers and they would deal with it. The relative went on to say, "If I needed to complain I would, I wouldn't hesitate."

Staff we spoke with told us they knew how to deal with any complaints or concerns raised with them. One member of staff told us, "If someone makes a complaint to me I would listen. I would act if there was anything I could do to deal with things and put it right." They went on to say they would always tell their senior or the management team who would always respond and deal with any issues raised.

Good

Is the service well-led?

Our findings

During our visit we found although the registered manager was still employed by the service, they had stepped down from the manager's role and was undertaking a training role in the service. The provider had employed an associate manager to undertake the overall running of the service. We discussed with the provider and associate manager that the Care Quality Commission would require the new associate manager to register with us as they were undertaking the role and responsibility of a registered manager. Both the provider and associate manager told us they would be making this change in the near future.

On the day of our visit both the registered manager and associate manager were visible around the service. We observed them interacting with people on a regular basis and it was evident that they had a good rapport with people. Many people knew the names of the registered manager and associate manager and people told us they felt confident in approaching them if they wanted to discuss anything with them. People and relatives we spoke with told us the management team were approachable and responded to issues raised to them. One relative said, "If I've any worries I can go to (manager)." Another relative we spoke with said, "The new manager has changed quite a bit and seems on the ball, if you have a problem they are on it right away."

Staff told us the management team was approachable and was a significant presence in the home. They said they felt comfortable making suggestions about possible improvements within the home and felt management were proactive in developing an open inclusive culture within the service. One member of staff told us, "The seniors and management are all easy to talk to. They help you and give advice." Another member of staff echoed these comments and told us they enjoyed working at the service, they said, "I feel safe and comfortable at work and would feel safe and comfortable speaking up if I had any concerns."

Staff told us they enjoyed working at the service. Throughout our inspection we observed staff working well together and they promoted an inclusive environment where friendly banter was being undertaken between staff and people who used the service. We saw staff were supporting each other and it was evident that an effective team spirit had been developed.

Staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. We also found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed we had been notified of significant events in the service and the issues had been managed effectively. We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service.

The associate manager was proactive in developing an inclusive environment where the quality of the service was monitored not only by themselves but also the leads of the different areas of the service. They had started monthly meetings and a representative from housekeeping, catering, maintenance, administration and care staff attended. Significant events in the service were discussed and there were standing agenda items such as health and safety, infection control, tissue viability and nutrition. The

associate manager told us this was helping to raise staff awareness of how things like health and safety issues could be addressed and what their responsibilities were.

The associate manager also used these meetings to develop particular projects to improve the quality of care people received. For example the introduction of a tissue viability project and improving the dining experience for people. This meant they discussed the way an initiative could be introduced with key staff to ensure they felt a sense of ownership and this would improve the chance of the success.

People were given the opportunity to give their views of the quality of the service. People and their relative had been sent a questionnaire that covered a wide range of questions relating to the standard of care at the service. The questionnaire had produced a high response rate and the associate manager had developed an action plan based on the feedback to address issues raised. For example whilst the feedback about meals was good, people asked for more seasonal choices. Our discussion with the chef showed this had been taken into account as they showed us the winter menu they had recently developed. The associate manager had also held a relatives' meeting since being in post and was planning to hold monthly meetings in the future. Relatives were aware of different ways they could provide feedback to the management team and we were told they could speak to the management team face to face, email or ring them.

The associate manager had systems in place to monitor the quality of the service provided. Regular audits were carried out in areas such as medicines, care plans and the environment.
We saw records with action plans showing how any issues had been addressed. Systems were in place to record and analyse adverse incidents, with the aim of identifying strategies for
minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.