Crabtree Care Homes

The Raikes Residential 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

The Raikes Residential Home is registered to provide residential care for up to 31 people. Most of the people who use the service are older people, some of whom live with dementia. The home is situated just outside the village of Silsden. Accommodation is provided in single rooms on the ground and first floors. Two passenger lifts provide access to the first floor. On the day of inspection 30 people were living at the home.

This inspection took place on 7 September 2017 and was unannounced. At the last inspection on 9 May 2016 we rated the service 'Requires Improvement' overall and identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found this regulation had been met and no further breaches of regulation were found.

There was a registered manager in post. 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 home had a safeguarding policy in place which made staff aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and kept them as safe as possible. People told us they felt safe because the staff were caring and because the registered manager listened to them and acted quickly if they raised concerns.

There were enough staff on duty to meet people's needs and staff had undertaken training relevant to their roles. Staff told us there were clear lines of communication and accountability within the home and staff meetings were held to keep them up to date with any changes in policies and procedures or anything that might affect people's care and treatment.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA).

People told us they enjoyed the food and we saw people's weights were monitored to ensure they had sufficient to eat and drink.

We saw the complaints policy had been made available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

The care plans in place were person centred and identified specific risks to people health and general well-being, such as falls, mobility, nutrition and skin integrity.

We saw arrangements were in place that made sure people's health needs were met. For example, people

had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists.

We found medication policies and procedures were in place and staff responsible for administering medicines received appropriate training.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required.

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 staff recruitment and selection procedure was thorough and ensured only people suitable to work in the caring profession were employed.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and had a policy and procedure which advised staff what to do in the event of any concerns.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff that received appropriate training and supervision.

People's right were protected because the service was working within the principles of the Mental capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals if appropriate and staff followed their advice and guidance.

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People who were able told us staff were kind and caring. Relatives said they were happy with the care and support provided.

People's privacy and dignity was respected and the atmosphere within the home was caring, warm and friendly.

People were supported to maintain relationships with their

family.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their individual needs and were reviewed and updated as their needs changed.

There was a range of activities for people to participate in, including activities and events in the home and in the community.

There was a complaints procedure in place and people felt confident that if they made a complaint it would be dealt with appropriately and in a timely manner.

Is the service well-led?

Good

The service was well led.

The registered manager provided staff with clear leadership and direction and was proactive in ensuring wherever possible both people who lived at the home and staff were involved in all aspects of service delivery.

The provider had systems in place to monitor the quality and safety of the services provided and to ensure action was taken to deal with any shortfalls identified.

The Raikes Residential 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 checked 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.

Our last inspection took place on the 9 May 2016 and at that time we found the service was not meeting one of the regulations we looked at regarding 'good governance' and the overall rating for the service was required improvement. This inspection was carried out to see what improvements had been made since the last inspection.

This inspection took place on 7 September 2017 and was unannounced. The inspection was carried out by two adult social care inspectors 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. In this case the expert-by-experience had experience of services for older people and people who lived with dementia

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at four people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the registered manager.

We also asked the provider to complete 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. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection we spoke with ten people living in the home, five relatives, four care staff, the cook, the activities co-ordinator, the office administrator, the registered manager and the provider. We also spoke with three health professionals who were visiting at the time of the inspection.

Good

Is the service safe?

Our findings

People told who used the service and the relatives we spoke with told us they felt people were safe living at the home. One person said, "Yes, I do feel safe here, because there is always plenty of staff on duty." Another person said, "They (staff) are all caring and (name of person) is safe."

We found people were supported by staff who understood what may constitute abuse and knew how to protect them from avoidable harm. For example, staff told us they had attended training and were able to explain their responsibilities with regard to keeping people safe. Staff told us they had confidence in the registered manager and were sure any concerns they may have would be acted upon. They were also aware they could report allegations of abuse externally to the Local Authority or the Care Quality Commission (CQC).

We saw the registered manager held money in safekeeping for a number of people who used the service and transaction sheets were in place showing income, expenditure and a balance. We saw the money was held separately in a locked safe and only the registered manager and office administrator dealt with people's finances. We crossed reference the money held for three people with the transaction sheets and no discrepancies were found or concerns identified.

We saw there was a recruitment and selection policy in place which showed all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process. The registered manager told us during recruitment they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working in the caring profession.

We looked at three staff employment files and found all the appropriate checks had been made prior to employment. The staff we spoke with told us the recruitment process was thorough and they were not allowed to start work until all relevant checks had been made. They also said they felt well supported by the registered manager and senior management team.

The registered manager told us sufficient staff were employed for operational purposes and that staffing levels were based on people's needs. The staff we spoke with confirmed this and told us the registered manager listened to them and took action if they felt there were not sufficient staff deployed to meet people's needs. For example, they had highlighted to the registered manager the difficulties they were having on the morning shift assisting people to get up and dressed. They told us in response to these concerns, the registered manager had changed the rota so that morning staff now started an hour earlier and this has made a big difference. The staff rotas we looked at showed sufficient staff were on duty at all times to ensure people received safe and appropriate care, treatment and support.

We asked people who used the service and their relatives if staffing levels were adequate and they told us in their opinion the home was always adequately staffed. One relative said, "There is always seems to be plenty of staff on duty when I visit." Another relative said, "There is always plenty of staff around no matter

what time I visit."

We looked at medication administration records (MAR) and reviewed records for the receipt, administration and disposal of medicines. The MARs we looked at had been completed correctly by the senior staff and we saw medicines prescribed to be administered before or after food were given as prescribed. We observed a senior staff member supporting people to take their medicines in line with their individual prescriptions and explaining to people what the medicine was and why it was important for them to take it.

We saw all 'as and when required' (PRN) medicines were supported by written instructions which described situations, frequency and presentations where PRN medicines could be given. We saw one person self-administered their own medicines within a risk management framework and had been provided with a lockable facility in their room to store their medicines safely.

Some prescription medicines contain drugs controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. At the time of our inspection seven people were receiving controlled medicines [pain relieving patches]. We inspected the contents of the controlled medicine's cabinet and controlled medicines register and found all medicines accurately recorded and accounted for.

We saw the medicines refrigerator provided appropriate storage for the amount and type of items in use and since the last inspection a new controlled drugs cabinet had been installed which complied with current legislation. We saw the medicines refrigerator and room storage temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures. However, we noted that for two days prior to inspection the temperature records had not been completed. This was discussed with the registered manager who told us this would have been identified during the next medicine audit but took immediate action to address the matter.

We saw medicine audits were carried out on a regular basis and action was always taken if shortfalls in the system were found. We also saw evidence to show all senior staff responsible for administering medicines completed competency assessments to ensure they continued to administer medicines in line with the policies and procedures in place.

We noted the date of opening was recorded on liquids, creams and ointments that were being used and found the dates were within permitted timescales. Creams and ointments were prescribed and dispensed on an individual basis. Whilst no person was received their medicines by covert means the registered manager had a good understanding of the legal framework which applied.

We completed a tour of the premises and inspected people's bedrooms, toilets, bathrooms and various communal living spaces. All hot water taps we looked were protected by thermostatic mixer valves to protect people from the risks associated with very hot water. Heating to the home was provided by covered radiators which protected people from the risk of burns from a hot surface. We saw fire-fighting equipment was available and emergency lighting was in place. We saw fire escapes were unobstructed. We saw upstairs windows had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows.

We found all floor coverings were appropriate to the environment in which they were used, were well fitted and as such did not pose a trip hazard. We inspected records of the lift, gas safety, electrical installations, water quality and fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested as required.

Staff had undertaken training in infection prevention and control. This meant the staff had the knowledge and information they needed to minimise the risk of the spread of infection which they demonstrated during the day of our inspection as they carried out practical tasks We saw that Control of Substances Hazardous to Health Regulations 2002 (COSHH) assessments had taken place to prevent or control exposure to hazardous substances. All cleaning materials and disinfectants were kept in a locked room out of the reach of vulnerable people.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us staff were competent and knowledgeable and always provided care and support in line with the agreed care plan. One relative said, "If (name of person) is ill the staff will contact me even if it is minor things." Another relative said, "(name of staff) would always contact me if there was anything wrong with (Name of person) health."

The staff we spoke with told us they had received induction training when they started to work at the home and the registered manager confirmed all new staff were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw staff training was logged electronically and the office administrator responsible for monitoring training used a colour coded system to show when training had either been completed, was out of date or required updating.

We looked at the training log and found all staff had completed mandatory training on topics such as fire prevention, moving and handling, infection control, basic life support, health and safety, food hygiene, safeguarding vulnerable adults and person centred care. The training log showed staff updated their training on an annual basis in these areas to ensure they were following current good practice guideline. The training log also showed staff were provided with additional training to meet the needs of the people in their care. For example, we saw staff received training in dementia care, equality and diversity, epilepsy, palliative care, diabetes and dignity.

We also saw evidence a group training session had taken place which had included role play. For example, some staff had been blindfolded whilst others assisted them to eat a meal. Staff told us this had helped them gain a greater understanding of the people they were caring for.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings with the registered manager. We saw that supervisions were structured and all members of the staff team including the catering, housekeeping and maintenance staff received formal supervision. We saw if required the registered manager had completed unplanned supervision to manage concerns quickly and effectively. In addition, we saw each staff member had an annual appraisal which looked at their performance over the year.

The staff we spoke with demonstrated a good knowledge about a range of topics and out of a care staff team of 28 we saw 20 staff had achieved a National Vocational Qualification (NVQ) at level 2 and six staff were currently completing the course. Staff told us the training they received enabled them to work effectively and safely with people and they felt well supported by the registered manager and senior staff team.

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 are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the DoLS which apply to care homes. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw four standard authorisations had been granted by the supervisory body and a further nineteen authorisations were still with the supervisory body awaiting a decision. We saw some authorisations had been submitted to the supervisory body over a year ago. However, the office administrator had maintained records of communication with the supervisory body to demonstrate an auditable trail of attempts to secure a decision regarding the DoLS. The staff we spoke with had a good understanding of the MCA and DoLS and were able to inform us who had authorised DOLs in place and what this meant in relation to the care, treatment and support they received.

We observed both the breakfast and lunchtime meals and saw people were given time to eat their meals and there was a relaxed atmosphere. The people we spoke with told us the meals were very good and there was always plenty of choice. We saw menus were displayed on every table in a pictorial format and tables were set with an assortment of condiments and serviettes available.

However, during the lunchtime meal we saw one person appeared to have a choking episode which staff were slow to respond to. Although the person came to no harm this was discussed with the registered manager who confirmed the matter would be addressed through staff training and supervision.

The people we spoke with and their relatives told us the meals were very good and there was always plenty of choice. One relative said, "The food is good here. (name of person) has put weight on as (person) enjoys their meals." Another person said, "The food is exceptionally good here." We saw if people required assistance or prompting to eat their meals staff sat with them and encouraged them to take an adequate diet. We saw staff assisted people with patience and kindness but did not always explain the individual components of the meal. This was discussed with the registered manager who confirmed they would address this matter.

The nutritional care plans we looked at for individual people gave clear instruction for consistency of the meal, equipment required, eating position along with the individuals likes and dislikes. We saw mid-morning and mid-afternoon drinks were offered and there were jugs of water or juice available for individuals to help themselves. During the morning and afternoon a range of snacks were also available to people including such things as biscuits, cakes, crisps, bags of mini cheddars and fruit.

We spoke with the cook and found they were knowledgeable about people's specific dietary requirements and had their own file in the kitchen with information relating to this. At the time of inspection the only special diets catered for were for a diabetic. The cook explained that all meals were cooked from fresh and for people who required their meals fortified they added cream, butter, cheese and used full fat milk. The cook confirmed the registered manager kept them up to date with any changes in people dietary needs and they felt an integral part of the staff team.

We saw if people were nutritionally at risk their weight was monitored and a malnutrition universal screening tool (MUST) had been completed. This is an objective screening tool used to identify adults who

are at risk of being malnourished. In one person's records we saw they had experienced a weight loss of 8.5% of their body weight over a six month period. Records showed their GP had been involved and fortified drinks had been prescribed and provided. Their care plan had also been updated to reflect the changes.

We saw fluid and/or food charts were put in place if staff felt people were not taking an adequate diet or had experienced weight loss. The fluid and food charts we looked at had been completed correctly by staff.

The records we looked at showed staff worked with other healthcare professionals to ensure people received appropriate care and treatment. We saw this included GP's, hospital consultants, community nurses, tissue viability nurses, speech and language therapists, dieticians and dentists. At the time of the inspection we had the opportunity to have discussions with three healthcare professionals. They told us they had no concerns about the care and treatment people received and staff always followed their advice and guidance.

Good

Is the service caring?

Our findings

We found people's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. One relative described the positive experience they had when they initially visited the home to see if the service was suitable and could meet their relative's needs. They told us that they were made to feel welcome and the atmosphere at the home was positive. They told us the registered manager answered all their questions and concerns and said how they were impressed with the home, staff and the registered manager and knew that The Raikes was the right place for their relative.

People who used the service and their relatives told us staff were kind and caring. One relative said, "(name of person) is happy here. The staff are all very good. They are all very pleasant. Overall, I am very satisfied with (name of person) care. What I like about the home is that it is so friendly and homely and not institutionalized." Another relative said, "This is a great home. It is very homely and has a good atmosphere. The staff are all lovely. It is absolutely spot on."

We saw people had been able to make choices about the decoration and furnishings in their rooms and many rooms contained personal treasured items such as family photographs, ornaments and items of furniture. One person said, "I love my room, it's clean and comfortable." Another person said, "The fact I can go back to my room whenever I want during the day is wonderful. I like to spend time in the lounge with other people but there are times when I just want peace and quiet."

Staff spoke and interacted with people in a calm and friendly manner and it was apparent they had developed positive relationships with them. We saw people were treated with respect and staff took every opportunity to engage in conversation with people which resulted in lots of good humoured exchanges.

The staff we spoke with demonstrated a good knowledge and understanding of people's needs and were able to explain how they maintain an individual's dignity whilst delivering care. We saw staff paid particular attention to people who remained in their rooms to ensure they did not become isolated.

The registered manager told us people's relatives and friends were able to visit without any restrictions and our observations confirmed this. We saw visitors were able to spend time in people's rooms or in one of the comfortable lounge areas of the home. The relatives we spoke with told us they were always made to feel welcome when they visited the home and offered a drink and light refreshment. One relative said, "There are no restrictions, only just to avoid mealtimes if possible." Another visitor said, "There are no restrictions. I can visit at any time."

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

We saw information relating to people's care and treatment was treated confidentially and personal records were stored securely. A relative told us that confidential information was always discussed away from other people which they found reassuring.

We saw end of life care plans were in place where people had chosen to complete these. People with potentially diminishing mental capacity had recorded their wishes whilst they were able to do so. Care plans considered physical, psychological, social and spiritual needs to maximise the quality of life of people and their family. One healthcare professional we spoke with told us they were impressed with the emotional support provided especially around death and dying to both the individual person and their family. They said, "There is always a nice vibe here; it's a Silsden vibe, there is a nice community feel."

Good

Is the service responsive?

Our findings

We saw a pre-admission assessment was carried out before people started using the service to determine people's needs and to ensure the staff had the skills and experience to meet their needs. We saw the outcome of these were used as the foundation to create a safe care plan covering such things as mobility, continence, nutrition, communications, sleep pattern and personal hygiene.

We saw the service used an electronic system to record care plans, risk assessments and other records relating to people's care and treatment. We saw all the staff on duty had a hand held devise with their own unique log on which was used to record all activities throughout their shift. This meant any changes in people's care and treatment were recorded as they happened, which ensured the information available to staff was accurate and up to date. In addition, if a person needed to go into hospital staff were able to log onto the system and print off a hospital pack to go with them. This ensured the hospital staff received all the essential information they required.

The care plans we looked at were person centred and informed staff how individual people should be supported to ensure they receive safe and effective care. We saw care plans recorded what the person could do for themselves and identified areas where the person required support. We found care plans were detailed and provided staff with the information required to provide personalised care and treatment. For example, the guidance given to staff for one person who could not communicate verbally but appeared to have some understanding of what was being asked of them was to observe their body language, which would reflect if they were happy for staff to assist them. Another person's plan included details regarding repositioning them when in bed to maintain their skin integrity, including when repositioning should be increased. Entries in the daily records we looked at evidenced staff were using the care plans as working documents thereby ensuring people received appropriate care and treatment.

Throughout the inspection we saw staff responded appropriately to people's requests for support and always asked for people's consent before assisting them. The care documentation we looked at showed wherever possible people were involved in the care planning process and care plans were reviewed on a regular basis.

The registered manager told us people were supported to maintain relationships with their family and this was confirmed by the relatives we spoke with. Relatives told us they were in regular contact with the home and were kept informed of any issues regarding their relative. They told us they were invited to care plan reviews and were always informed of any changes in their relative's general health or welfare.

We spoke with the recently appointed activity co-ordinator who told us since being appointed they had written to the families of people who used the service asking for information about them such as previous addresses as they had started to complete memory boards. They told us this had led to people reminiscing and had highlighted that three people who lived at the home all went to school together.

The activities co-ordinator told us they intended to provide people with a wider range of social and leisure

activities and people were now making jewellery and doing arm chair exercises. In addition, a recent garden party had been held which families had been invited to attend and a Christmas party had already been planned along with a visiting pantomime. On the day of the inspection we saw staff playing games with people and in the afternoon a 'pat a dog' visited which people enjoyed stroking. The hairdresser was also visiting and a number of people enjoyed visiting the salon which had been set up in one of the smaller lounge areas.

The people we spoke with told us that there was new activities co-ordinator. One person said, "We have a new activities girl so it's improving; she has only been here a short while." Another person told us, "I think things will improve and the new girl appears to have a lot of good ideas, I don't like being bored so let's just wait and see." People also told us about the garden party and how they and their relatives had enjoyed this.

We saw the service had a complaints procedure which was available to people who used the service and their relatives. The staff we spoke with told us they were aware of the complaints procedures and were able to describe how they would deal with and address any issues people raised with them. We looked at the complaints register and saw only one formal complaint had been received since the last inspection. We saw the complaint had been dealt with appropriately by the registered manager and the complainant was happy with the response received.

People who used the service and the relatives we spoke with told us that they did not have any concerns or complaints but knew who to speak with if they had any concerns about the care and support people received. One person said, "I would go to the top and speak with the manager." Another person said, "I would speak to (registered manager) or (name of staff member) if I did have a complaint." The registered manager told us they were pro-active in making sure low level complaints and concerns were dealt with before they escalated to a formal complaint. They also told us complaints were welcomed as they were used as a learning tool to improve the service for everyone.

Good

Is the service well-led?

Our findings

The relatives we spoke with told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support they received. One person said, "(Registered manager) is very approachable, which makes a difference. I would recommend, in fact I have recommended the home to several people." Another person told us, "I would definitely recommend the home to people. I would not hesitate in recommending this home to my parents, as the residents come first."

At the last inspection the registered manager had only been in post a short period of time and was not registered with the Commission (CQC). In addition, although the registered manager had started to implement an internal audit system it was not fully operational. On this inspection we the audit system was fully embedded and we saw there was a quality assurance monitoring system in place designed to continually assess, monitor and improve the service. The registered manager had also registered with the Commission. 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.

We saw the registered manager and the office administrator carried out a range of meaningful audits to include care plans, medication, infection control, staff training and supervision, environmental and accidents and incidents. We saw where shortfalls in the service had been identified action had been taken quickly to address the concerns and a lesson learnt exercise carried out to reduce the risk of a similar incident occurring again. The registered manager was also able to quickly review the care, treatment and support people received on a daily basis due to the 'live' electronic care record system.

The registered manager told us as part of the quality assurance process a selection of people who used the service and relatives were asked to complete regular customer satisfaction survey. They confirmed the information provided was collated and an action plan formulated to address any concerns suggestions or concerns raised. For example, we saw people had made comments about the garden area needing to be improved and the provider had responded by providing more garden furniture.

We saw that staff meetings were held on a regular basis to keep staff informed of any changes to work practices or anything which might affect the day to day management of the service. In addition, the provider sent out quarterly letter to staff to keep them up to date with key policies and procedures and sent out staff questionnaires twice yearly to seek their views and opinions of the service.

On the day of inspection the registered manager was a visible presence throughout the home. People who used the service, their relatives and staff spoke positively about the way the home was managed and how approachable the registered manager was.

Staff told us they felt the service has improved since the registered manager was appointed. They told us the registered manager had made a difference. For example, there were more activities for people, less staff

sickness and staff were now working together as a team. Staff told also told us there were clear lines of communication and accountability within the home and the registered manager listened to their ideas and suggestions about how the service could be improved.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service both in the home and on their website and we found the service had also met this requirement.