M D Homes

Carrick House Nursing Home

Inspection report

61 Northwick Avenue
Kenton
Harrow
Middlesex
HA3 0AU
Tel: 02089070399
Website:www.mdhomes.co.uk

Date of inspection visit: 30 September 2015
Date of publication: 02/11/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on the 30 September 2015 and was unannounced.

Carrick House Nursing Home is a care home that provides accommodation, nursing and personal care for up to 24 older people who may have dementia. At the time of our inspection there were 23 people living at the service. Public transport is located close to the service and a range of shops are within walking distance.

At our last inspection on 29 August 2014 we found the provider was not meeting legal requirements in relation to the care and welfare of people. Some people did not have access to a call bell and told us they had to call out to staff when they needed assistance. People's care plans did not indicate when people were unable to use a call bell or detail the action staff needed to take to ensure people received the care they needed at all times. Following that inspection we asked the provider to send us an action plan telling us the action they had taken to make the improvements needed. At this comprehensive inspection we found that the required improvements to the service had been made.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a clear management structure in the home. People told us the home was well managed and the registered manager was accessible and approachable. People who used the service, staff and people's relatives told us they felt able to speak to the registered manager and other staff when they had any concerns or other feedback about the service.

The atmosphere of the home was relaxed and welcoming. Throughout our visit we observed caring and supportive relationships between staff and people using the service. All staff interacted with people in a courteous manner. People told us they were happy with the service and had their privacy and dignity respected. However, we received some feedback that indicated there had been occasions when engagement with a member of staff had not always been positive.

Staff received a range of relevant training and were supported to develop their skills and gain relevant qualifications so they were competent to meet the needs of people they cared for. Staff told us they enjoyed working in the home, felt listened to and received the support they needed to carry out their roles and responsibilities. However, although staff had regular one-to-one and/or group supervision. It was not evident from records that formal staff supervision was meeting the needs of staff. We have made a recommendation about the provision of appropriate staff supervision which supports staff to carry out their duties.

People were protected, as far as possible by a robust staff recruitment system.

People had the opportunity to participate in some activities. However, the range of activities was limited and few were planned. People were provided with the support they needed to maintain links with their family and friends.

The interior of the home was 'tired' looking and there was little evidence of the environment being supportive for people who have dementia and or impaired sight. The service lacked signage in picture format and décor did not support people with their orientation or promote their well-being. We have made a recommendation that the service finds out more about how changes to the environment of the service could benefit people using the service.

Arrangements were in place to keep people safe. The risks people experienced had been assessed and there were plans in place to minimise the likelihood of harm. Staff understood how to safeguard the people they supported, and were familiar with people's needs and their key risks.

People were given the support they needed with their medicines and were supported to maintain good health. Their health was monitored and referrals made to health professionals when this was needed.

People spoke in a positive manner about the food and were provided with a choice of food and drink which met their preferences and nutritional needs.

Staff had an understanding of the systems in place to protect people if they were unable to make one or more decisions about their care, treatment and other aspects of their lives. The registered manager knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was an appropriate complaints procedure and people knew how to make a complaint.

There were effective systems in place to identify and manage risks and to monitor the care and welfare of people. Issues were addressed and improvements to the quality of the service were made when required.

Summary of findings

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. People told us they felt safe in the home and with the staff who supported them. Medicines were stored and handled safely.

Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm. Risks to people's safety were identified and measures were in place to reduce them.

Staff recruitment was robust so only suitable people were employed in the home. The staffing of the service was organised to make sure people's care needs were met but staff had little time to spend one to-one time with people and to support the registered manager with their wide range of tasks.

Is the service effective?

Requires improvement

Some aspects of the service were not effective. Staff received the training and support they needed to carry out their various roles and responsibilities. However, it was not evident staff supervision provided staff with an opportunity to discuss their development, performance and any practice issues to do with caring for people using the service.

Any restrictions to people's liberty were appropriately authorised.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Is the service caring?

Good

The service was caring. People told us they received the care they needed and staff were kind. However, some feedback indicated there were times when a member of staff could have been more caring.

People and their relatives told us they were involved in decisions about people's care. People told us staff listened to them and respected the choices they made. Care plans showed some involvement from people.

Staff respected people's privacy.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before the provision of care began to make sure as far as possible the service was able to meet their needs.

There were arrangements in place for people's needs to be regularly reviewed so up to date information about people's care requirements were met.

Summary of findings

People took part in some activities but there was a lack of opportunity to take part in a range of individual and group activities of their choice.

People told us they were listened to and were comfortable about talking to staff if they had a worry or complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good

The service was well led. The home had a registered manager. People told us the registered manager was approachable and communicated well about all areas to do with the service.

Staff understood their roles and responsibilities. Feedback was sought from people, their relatives and staff.

There were processes in place to monitor and improve the quality of the service.

Carrick House Nursing 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.

On April 2015 the Care Act 2014 legislation came into force. Therefore due to the previous inspection of this service taking place in 2014, within this inspection report two sets of regulations are referred to. These are: The Health and Social care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

This inspection took place on 30 September 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we had received about the service. This included notifications sent to the Care Quality Commission [CQC], and other communication we had received from peoples' relatives and professionals from local authorities and other organisations since the previous inspection.

During the inspection we talked with 13 people using the service, the registered manager, operations director, a nurse, two care workers and the cook. We obtained feedback about the service from 8 relatives of people using the service and one health care professional.

We looked at all areas of the building, including some people's bedrooms, bathrooms, unit lounges and dining areas.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included four people's care files, four staff records, audits, people's monitoring records and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. Comments from people included "I do feel safe here," and "I have no concerns." People's relatives also told us they were confident that people using the service were safe and were looked after well. A relative told us"[Person] is safe I don't worry about her." A person whose relative was no longer at the home told us they "Could rest easy, my [relative] was in good hands."

At the last inspection of 29 August 2014, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person did not ensure that people always had access to a call bell so were unable to summon assistance when they needed it. An action plan was submitted by the registered manager that detailed how they would meet legal requirements. At this inspection we found significant improvements had been made and the provider was now meeting requirements. We found people had a call bell within their reach and there were records that showed us staff carried out hourly checks to make sure people had access to a call bell. A person told us that staff responded to their call bell promptly and said "If I call them they come quickly."

The service had a policy and a procedure for the protection of adults from abuse, which was available for staff. These informed staff of the action they needed to take if they suspected abuse. Staff told us they had received training about safeguarding people and training records confirmed this. Staff were able to describe different kinds of abuse and they knew about the reporting procedures they were required to follow if they were informed of or suspected abuse. However, a member of staff needed prompting before acknowledging that the local authority safeguarding team needed to be contacted by staff if the registered manager was not available to inform them. The registered manager said she would remind all staff of this and would clearly display the contact details of the lead local authority safeguarding team.

The registered manager told us people had their finances managed by their relatives or the local authority that were invoiced when expenditure for hairdressing, chiropody and other items was made. The registered manager informed us that some people chose to personally manage some very small amounts of cash, which met their preferences and helped retain some independence in this area.

We checked the systems for the storage, disposal and administration of medicines in the home. Medicines were stored safely and were administered by nurses. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Each shift the nurses in charge checked the controlled drugs [CDs] [prescription medicines that are controlled under the Misuse of Drugs legislation], stocks of medicines including pain relieving medicines and the Medicines Administration Records [MAR]. The MAR charts we looked at showed no gaps in medicines recording which indicated people received the medicines they had been prescribed. More comprehensive audits of the medicines were carried out regularly. Records showed that action had been taken when a concern to do with the administration of a medicine had been highlighted. Nurses completed an assessment of their competency before they commenced administration of medicines. The registered manager told us a pharmacist carried out annual visits to audit medication use, storage, recording, and controlled drugs. A person told us "I have my medicines. They are always on time."

We received no complaints from people about a shortage of staff. We found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Appropriate action was taken to make sure a care worker who was off sick on the day of the inspection was promptly replaced by another care worker. The registered manager told us that following a review of staff a second care worker would be on duty at night commencing the week following our inspection. Following the inspection the registered manager confirmed this had started.

However, although we did not find the current staffing numbers and skill mix had a negative impact on people we found that staff were busy throughout the day. The nurse on duty due to the high dependency needs of some people carried out personal care tasks as well as their numerous nursing tasks including a significant number of wound care duties and the administration of medicines. The registered manager told us she was aware of the volume of duties the

Good

Is the service safe?

nurses carried out and informed us she had asked the operations director for some extra care worker hours to be available some mornings to assist with personal care duties. She said this request was being considered by him. She told us she would also review the nurse's role and the tasks they did with the aim of providing nursing staff with time during each week to spend on developing people's care plans and other record keeping tasks.

Care plans showed that risks to people were assessed and guidance was in place for staff to follow to minimise the risk of the person being harmed and to support people to take some risks as part of their day to day living. Risk assessments included guidelines for staff that detailed the preventative action to be taken to lessen the risks of people falling, scalding, wandering and choking. We saw hoisting equipment being used appropriately and safely to transfer people to chairs in the lounge.

Accidents and incidents were recorded and reported to the registered manager and action was taken to make sure health professionals were informed when this was needed.

The four staff records we looked at showed that appropriate recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. Records showed checks of a sample of staff recruitment records had been carried out by the operations director.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety and electric systems.

Requires improvement

Is the service effective?

Our findings

Staff had been provided with induction training and other appropriate training so they knew what was expected of them and had the skills they needed to carry out their role. Staff we spoke with told us their induction had been helpful in getting to know the organisation, the home and their role and responsibilities. A care worker told us they had 'shadowed' a member of staff during a shift when they started work in the home which helped them to get to know people's care needs and preferences. The operations director told us about the steps that had been taken to implement the new Care Certificate [the benchmark that has been set for the induction of new care staff] which he said would be put in place by the end of this year.

Staff informed us they received a range of relevant training. This training included safeguarding people, infection control, fire safety, moving and handling, food safety and basic first aid. Other staff training appropriate for meeting the needs of people using the service included Deprivation of Liberty Safeguards [DoLS], palliative care, diabetes, dignity and respect, record keeping and person centred care. Staff were supported to obtain further qualifications appropriate to the work they perform. A person using the service told us "They [staff] seem to know what they are doing."

Staff said they felt well supported by the registered manager and the staff team. Staff told us the registered manager was available for advice and support, and they were kept up to date with information about people's care needs. A member of staff told us "I can ask for support at any time." The registered manager told us people received on-going informal supervision, one to one supervision and group supervision. The records we looked at showed that staff had supervision every two months. However, a care worker's supervision record showed us only training had been discussed during a supervision meeting. There was little detail about the training or any other information that showed the supervision meeting provided an opportunity for the member of staff to discuss their development, review work load, best practice topics and any challenges they faced when caring for people. Other supervision records we looked were similar.

People's health care needs were met and monitored. They had access to a range of health professionals including; GPs, opticians, tissue viability nurses, dietitians, psychiatrists and chiropodists to make sure they received effective healthcare and treatment. A person told us they had seen a physiotherapist from the health authority reablement team who would be "Getting me walking." During the inspection a GP was contacted to review some people's medical needs and carried out a visit of the home. Care plan records showed people had seen a range of health professionals. A care plan showed a GP had been contacted when a person had lost weight. A person told us "I see the doctor when I need to." The registered manager told us that the service was well supported by a local GP practice.

People had personalised their bedrooms with some personal possessions. A person using the service showed us some of their photographs of family members that were displayed in their bedroom. We saw a person's chest of drawers was in need of repair. A relative told us "The place is kept tidy and the bedding is always nice and clean." However another person told us the surfaces in one person's bedroom were not always clean." The registered manager told us she would carry out a monitoring check of the cleanliness of people's rooms.

We found some areas of the home were 'tired' looking. In several areas we saw chipped paintwork and the décor of some people's bedrooms was uninspiring, lacking brightness and contrasting colours that if in place could have a positive impact on people's lives. There was little evidence of the environment being supportive for people with dementia, confusion and/or sight impairment. The environment lacked signage in picture format and décor and furnishings to assist people with orientation within the home and with their well-being. The registered manager told us she would carry out a review of the interior of the home to identify where improvements could be made. A person using the service told us "My room is ok but it could do with being bigger and brighter." Following the inspection the registered manager told us she had plans to redecorate two people's bedrooms.

The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards [DoLS]. MCA is legislation to protect people who are unable to make decisions for themselves. Records showed that there were several people using the service who were subject to DoLS authorisations. Records showed that staff had received MCA/DoLS training, and knew about people's rights to make decisions about their

Requires improvement

Is the service effective?

lives. The registered manager told us some newly recruited staff would be receiving this training soon. Staff we spoke with recognised when a person lacked the capacity to make a specific decision people's families and others would be involved in making a decision in the person's best interests. Care plans showed people's capacity to make particular decisions and consent to care and treatment had been assessed and reviewed. For example people had signed to consent to photographs being taken of them. A person told us "They [staff] ask me for my permission about things." Records showed a person's relatives had been involved in making a decision about the person's care in their best interest. DoLS had been discussed and explained to people during a resident's/relative's meeting, and a letter about DoLS had been sent to family members.

People's nutritional needs were assessed and monitored. Care plans showed people's weight was monitored. Although appropriate action had been taken in response to a person losing weight which had included informing a GP who had referred the person to a dietitian. It was not evident from the person's weight records that the staff who had weighed the person had reported the change in weight to a nurse or the registered manager. The registered manager told us she would remind staff about the importance of reporting changes in people's weight.

The cook knew about people's dietary needs and provided us with examples of people's food preferences having been incorporated into menus. The cook told us people's religious and specific dietary needs were met by the service, including people who chose a vegetarian diet and others due to swallowing difficulties who needed a soft or pureed diet. He told us "I go and ask them and give them what they want, I ask people what their favourite food is." He told us a person using the service had requested paella which he planned to make the following week. People were complimentary about the meals and told us that they had a choice of what to eat and drink. A person told us they had chosen their breakfast, which they had enjoyed. We saw the cook offering people portions of fresh fruit. He told us people were provided with a choice of fresh fruit every day. A person told us she enjoyed the bananas and apples pieces she had been given. Fresh vegetables were also available.

The cook told us he regularly asked people for feedback about the meals but currently did not record this. He told us he would in future record people's views of the meals and the action he took in response to the feedback. People told us they liked the meals. A person told us they could always have an alternative to the meals on the menu. Comments from people about the meals included "Good and varied diet," "I am asked what I want," "The chef knows what I don't like, and will rustle up something else for me," and "Staff keep an eye on me and give me drinks, they ask me what I want."

Staff provided people with the assistance they needed in a friendly, calm manner, and offered drinks throughout the inspection. The menu was displayed in written format on a board. Pictures were not used to depict the menu so people who might have difficulty reading or understanding and retaining information would find the menu information hard to access.

We recommend that the provider explores relevant guidance and training from a reputable source in relation to the provision of appropriate supervision of staff that supports them to carry out their role and responsibilities.

We recommend that the provider explores relevant guidance and advice from a reputable source in relation to how modifications and changes to the physical environment of the home could benefit people with dementia, other memory needs and visual needs.

Good

Is the service caring?

Our findings

People told us they found staff to be respectful, kind and caring and were happy with the care they received. Comments from people included "I get help with getting up," "The staff are very nice," "They were welcoming and nice when I first came here," "They [staff] are very friendly," "They [staff] reassure me when they reposition me," "I can't find fault with anyone."

Relatives also spoke in a positive manner about the staff. A relative told us that staff communicated well with a person's family. Another relative described the staff as providing "Attentive care." However, one relative of a person told us communication about a person's needs between them and the staff could have been better. Staff told us they enjoyed their job caring for people. Comments from staff included "I like my job," and "The people are nice."

Records showed staff had received training about dignity and respect. The dignity policy was displayed. We saw positive engagement between staff and people using the service. We heard staff speak to people in a respectful manner, and were heard asking people how they were and if they were all right. We saw a member of staff chatting and laughing with a person using the service. Another member of staff was heard asking a person if they were warm enough and offering them a blanket. The registered manager and a nurse told us that they continually monitor staff interaction and engagement with people. However a person's experience of their interaction with a member of staff on some occasions had not always been positive. The registered manager spoke with the person and told us this would be looked into further.

Staff had a good understanding of the importance of confidentiality. Staff knew not to speak about people other than to staff and others involved in the person's care and treatment. We saw people's records were stored securely. Records showed staff had received training in the principles of care and confidentiality. People confirmed their privacy was respected. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when staff supported people with their personal care needs. Staff had knowledge and understanding of the importance of respecting people's privacy and dignity. A person told us they always opened their own letters.

There was some information in people's care plans about their interests. Staff demonstrated they had a good understanding of the needs of the people they were supporting. Staff we spoke with told us they spoke with people to gain information about their needs and preferences. Staff informed us that when people had difficulty in speaking staff communicated with people by using signs, gestures and observation of people's behaviour to gain an understanding of the person's wishes. People told us they were called by their preferred name, were happy with the time they went to bed and felt involved in decisions about their care. A person told us that staff when assisting them with their personal care always asked them what they wanted to wear. People had the choice of how and where they wanted to spend their time. We saw people spend time in their bedrooms and in the communal lounge area. A person told us they preferred to stay in their bedroom, another person said that they spent time in the lounge in the morning and rested on their bed in the afternoon. A person told us they received a daily newspaper of their choice.

Care plans showed people were supported to retain as much of their independence as possible by encouraging people to participate in their personal care. A person told us that they participated as much as possible in their own personal care. People had access to mobility aids including walking frames so they could maintain their freedom of movement. However, a relative of a person told us that the mobility of the person using the service had declined since living in the home. We spoke with the registered manager about this and she told us she would review people's mobility needs.

People were supported to maintain relationships with family and friends. Visitors told us they visited at varied times of the day or evening and always felt welcomed. Relatives of people confirmed they felt involved in people's care and were kept informed about their family member's progress and of any changes in the person's needs.

Staff had completed equality, diversity and human rights training. Staff spoke a range of languages that met the needs of people using the service. Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. A person told us "One Sunday some people came from a church and sang." The registered manager told us

Good

Is the service caring?

and records showed that representatives of various faiths regularly visited the home to support people with their spiritual needs. People told us their birthdays and religious festivals were celebrated in the home.

Good

Is the service responsive?

Our findings

People told us they took part in some activities and were involved in their care. A person told us "I drew a picture during an art session yesterday, I enjoyed that." Another person told us "They [staff] ask me what I want, and ask me if everything was all right." Relatives told us they were fully involved in people's care.

People and relatives told us they had been asked questions about people's needs before the person moved into the home. People's assessments included information about a range of each person's needs including; dependency, health, social, care, mobility, medical, religious and communication needs. Care plans had been created to show how staff should meet people's individual needs. A care worker told some people liked to wear eye make-up and moisturiser which staff helped them to apply. They told us "It's important that people do the things here that they have usually done." A person using the service told us they had chosen the hot chocolate drink they were drinking. A care worker told us about a person had chosen to have a shower and then had chosen to go back to bed. A member of staff told us "I ask people what they would like and respect their decisions."

Care plans reflected people's needs and abilities. They included individual guidance about the care people needed to meet their individual needs and to minimise any identified risks including falls, choking and pressure ulcer. A person's care plan included clear guidance about how staff should meet a person's diabetic needs. Records showed people were repositioned regularly when they had a risk of pressure ulcers. During a staff 'handover' meeting we heard staff discuss the provision of good pressure area care. A member of staff told us "We follow the care plans." Records showed that random checks and auditing of care plans took place regularly to make sure they reflected people's needs and were being followed by staff.

There was evidence that care plans were reviewed regularly, and were updated when people's needs changed. Information from professionals involved in their care had been recorded. Relatives of people told us they were kept well informed about people's needs. Records showed that relatives of people had participated in the review of their family member's care plan. During the inspection a person's needs was discussed with their relative and the person's care needs were reviewed. Another relative told us "I deal with [Person's] care." They discuss [Person's] care with me. I know their care plan." There was some evidence that people had the opportunity to discuss their plan of care but some people were not aware of their care plan. A person using the service told us "I don't know about my care plan but they ask me what I want."

Staff told us they discussed each person's needs and progress during each shift so they knew how to provide people with the care they needed. Staff discussed people's needs during a staff 'handover' meeting and records showed staff had written about people's needs and any changes, during each working shift.

People had access to a hairdresser. A person told us they planned to get their hair done when the hairdresser next visited. During our inspection we saw that there was a lack of meaningful activities available to people using the service. Some people read a newspaper, played dominoes or watched television but there was an absence of arranged activities. The daily records we looked at of the activities people took part in included watching televisions, talking with staff, reading, colouring and relaxing in bed. Records showed a barbeque had taken place in August. People told us they thought there could be more opportunity to take part in activities. In the Provider Information Return [PIR] the registered manager had told us they aimed to improve the range of "activities offered to people by having an activity co-ordinator in place, and encouraging staff to actively involve residents in their choice of activity." The registered manager told us she would take action to develop and improve the range of activities available for people. People told us "They sometimes arrange activities, I watch TV," "Sometimes staff chat with people,"

The complaints policy was displayed. Blank complaints forms were accessible for people to complete if they wanted. The registered manager told us she would look into providing a suggestion box for people to provide feedback about the service. Staff knew they needed to report all complaints to the registered manager, who told us she had an 'open door' policy. People told us they knew what to do if they were unhappy about anything and felt confident that they would be addressed appropriately. Relatives told us they had the opportunity to regularly attend meetings about the service. They said they would not hesitate to raise any issues or concerns they had about the service and were confident they would be taken

Good

Is the service responsive?

seriously by the registered manager and addressed. A person told us "It's lovely I have no complaints, if I had a worry I would tell my friend and I could tell the manager as well." Records showed that complaints had been addressed appropriately.

We saw the registered manager spend time in the morning speaking with people in their bedrooms and the lounge. We heard her ask people how they were and if they had slept well. She told us this was an opportunity to gain feedback about people's thoughts about the service including any concerns that they might have.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke well of the registered manager. They told us she was approachable and listened to them. People told us they were satisfied with the service and were provided with the care they needed. Comments from people included "Things here are very nice, I have been very happy here," and "The laundry service is very good." Comments from relatives included "In my view the manager is good and has an in-control relationship with her staff and is observant of people's needs, I have found her to be communicative and readily available by phone or in person," "The lady who runs the home is very nice," and "I am very happy. It's good care. I have no concerns."

The management structure in the home provided clear lines of responsibility and accountability. The registered manager managed the home with support from the nurses and the operations director. Staff had job descriptions which identified their role and responsibilities. During our visit the registered manager provided us with all the information we requested and was receptive to our feedback.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Records including notifications received by us demonstrated the registered manager kept the local authority commissioning and the safeguarding teams informed of any incidents, accidents, complaints and other significant issues to do with the service.

The registered manager told us she attends regular manager's meetings arranged by the provider who provided them with support and informs them of any "new developments" to do with the service. Systems were in place to obtain the views of staff working in the home. Staff meetings took place and staff said they could discuss and raise issues to do with the care of people and other aspects of the service during 'handover' meetings. They told us they felt listened to and were confident any issues they raised would be appropriately addressed. Staff told us "We work as a team. I feel supported," and "The manager is very approachable she is good at listening." The registered manager told us staff were "Encouraged to be open in raising concerns and to make any suggestions to improve the service." We saw from minutes of a staff meeting where some practice issues had been discussed that included making sure staff encouraged people to drink to prevent dehydration.

People had the opportunity to participate in regular resident/relatives meetings and relatives of people had the opportunity to complete satisfaction questionnaires. We saw from minutes of a relatives meeting when DoLS and the risks of hot weather had been discussed with people. A relative told us they attended these meetings and commented "One can say what you like and she [registered manager] addresses the issue. I haven't found anything to bring up at the meeting." Records showed recent feedback had been positive about the service. However, it was not evident that people using the service had the opportunity to complete feedback questionnaires. The registered manager told us she would address this. We saw a range of cards and letters thanking staff and complimenting the service.

Policies and procedures were regularly reviewed. However, individual policies were difficult to locate due to the way they were filed. The registered manager told us she would review the policy file and make sure the information was easier to access.

There were quality assurance systems to monitor the service and to make improvements when required. Records showed regular checks were carried out. These included checks of equipment, people's care plans, medicines and the kitchen were carried out. Action had been taken to address deficiencies in the management and administration of medicines, and to increase the staffing at night to make sure people's needs were met. The registered manager demonstrated to us throughout the inspection an awareness of the issues where improvements could be made and informed us following the inspection about the action she had taken and planned to take to develop and improve the service.