Michael Goss

The Friendly Inn

Inspection report

Gloucester Way
Chelmsley Wood
Birmingham
West Midlands
B37 5PE

Website: www.friendlycare.co.uk

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11 January 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 11 January 2016 and was unannounced.

The Friendly Inn provides accommodation for up to 30 people including some people who have dementia. At the time of the visit 27 people lived at the home.

The service had a registered manager. 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 told us they felt safe living at the home and we saw enough staff on duty to keep people safe. Risk assessments were in place to minimise the risks to people's safety and staff had a good understanding of how to minimise risks, however records were not always updated.

People received their medicines as prescribed from competent trained staff. Medicines were stored safely and securely.

Infection prevention required improvement in some areas of the home. The provider was recruiting more domestic assistants to maintain the required standards of cleanliness.

Recruitment checks were carried out prior to staff starting work at the home to make sure they were suitable for employment. New staff received an induction prior to working independently and staff received training in health and social care to develop their skills further.

People were not always supported in line with the Mental Capacity Act 2005(MCA) to make important decisions. Assessments of people's capacity were not always completed. People were verbally consenting to their care and support but this was not always reflected in their care records.

Staff were kind and patient and people told us staff showed them respect. People were encouraged to maintain relationships with people important to them.
People told us they enjoyed the food, which met their dietary needs. They told us they were able to have drinks and snacks throughout the day.

People and their families were positive about the care being provided however they told us they knew how to make a complaint. Some concerns were raised about the laundry service and the registered manager told us action would be taken to address this.

People had some opportunities to put forward their views on the service provided and further plans for opportunities were in place.

People and the staff were positive about the management team and the running of the home. There were processes to monitor the quality and safety of the service provided.

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.

People told us they felt safe and were supported by staff who knew how to keep them safe. Risk assessments were in place but these were not always updated.

People received their medicines as prescribed from staff who were trained and competent to administer medicine.

People told us staff were available at the times they needed them. However, a shortage of domestic staff meant care staff were completing cleaning tasks and we found some areas of the home were dirty.

Is the service effective?

Requires Improvement

The service was not always effective.

Assessments of people's mental capacity were not always completed however people told us staff asked for their consent before providing care.

New staff received an induction and staff received relevant training to meet people's health and social care needs.

People enjoyed the food and their dietary requirements were met.

People were referred to other professionals when required to support their health needs.

Is the service caring?

Good

The service was caring.

People and their families were positive about the care being provided.

People were treated with kindness by staff who respected their right to privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were supported by staff who knew them well, however people's care records were not always updated and care was not always delivered in line with people's care plans.

People were given opportunities to share their views about the care and support they received and complaints and concerns were dealt with promptly.

People had some opportunities to pursue their hobbies and interests.

Is the service well-led?

Good

The service was well-led.

Staff felt supported and listened to by the management team. People were positive about the management and how the home was being run.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of people who lived at the home.

The Friendly Inn

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 January 2016 and was an unannounced inspection. The inspection team consisted of three inspectors and an expert- by- experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. Our inspection confirmed the information contained within the PIR, reflected the service we saw.

Before the inspection we also spoke to the local authority commissioning team who funded the care a number of people received. We asked if they had any information about the service. They made us aware they had last visited in in October 2015 and were working with the home's staff to improve the service provided For example, improvements that were needed in relation to care records.

We reviewed the information we held about the service and the statutory notifications that the registered manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

During the inspection we spoke to nine people who lived at the home and four relatives.
We also carried out a SOFI observation. SOFI is a 'Short Observational Framework for Inspection' tool that is used to capture the experiences of people who may not be able to tell us about the service they receive.

We spoke with 10 staff including the registered manager, the deputy manager, the quality assurance manager, a senior care worker, care workers, the cook, and a domestic assistant. We reviewed four people's

care plans and daily records to see how their support was planned and delivered.
We reviewed records of checks that staff and the management team made to assure themselves people received a quality service.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home told us they felt safe. Responses from people included, "I have been here for over 12 months, I feel safe". And "Yes I am kept safe." One person's relative told us, "[Person] is in the safest place."

Procedures were in place to protect people from harm. Staff had a good understanding of how to keep people safe and records showed they had received safeguarding training. Staff knew what to do if they suspected abuse. One care worker told us, "I would tell the manager if I had any concerns or worries." Another care worker told us, "I would report everything straight away; we have to make sure that people are safe."

The registered manager and the deputy manager understood their responsibilities to protect people and to report potential safeguarding incidents. Records showed that appropriate and timely referrals had been made to the local authority as required. Staff that we spoke with confirmed there was a whistle blowing policy in place and they were confident they would raise concerns if they had any.

We looked at whether there were enough staff available to support people at the times they required. On the day of the visit eight staff were on duty. We spoke to staff, people and their relatives about staffing levels and we received mixed feedback. Comments from staff included, "There is usually enough care staff but more cleaners are needed," and "Usually there are enough staff and we manage, but not always." One person's relative told us they had no concerns about the staffing levels and said "There is always enough staff around ." We saw enough staff were on duty during the visit to provide the support that people needed.

We discussed staffing levels with the registered manager who told us there were no care staff vacancies currently and agency staff were not used. The registered manager explained the home used a dependency tool to calculate staffing levels by assessing the level of care and support each person required. We looked at the care staff rota for the previous two weeks and saw there were enough staff to keep people safe.

Recruitment procedures were in place to ensure people were supported by staff with the appropriate experience and skills. The registered manager explained all new staff were required to successfully complete a three month probation period before they were offered a permanent role at the home.

Prior to staff starting work at the home, the provider checked they were suitable to work with people who lived there. One member of staff said "I had to wait for my references and DBS check before I could start." The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions by providing information about a person's criminal record.

A maintenance person visited the home weekly to undertake general repairs and maintenance checks of the premises. Checks and maintenance of the equipment were taking place to ensure this was safe for people to use. For example, the bath hoists had been serviced in July 2015. Records showed that processes were in place to ensure checks were completed.

Prior to the visit we were informed the registered manager was working with the local authority to improve the checks of the water system. The registered manager told us this was because their previous system of checks did not conform to health and safety legislation however they were addressing this now.

We saw most areas of the home were visibly clean and tidy. However, during our visit a persistent unpleasant odour was present in one area of the home. Some of the furniture and carpets in people's bedrooms and in communal lounges were dirty and soiled. One domestic assistant was on duty however the provider had assessed that there should have been two. Staff told us on the day before our inspection there had not been a domestic staff member on duty as they had not been well.

We spoke to staff about cleanliness within the home. One care worker told us, "We really need more cleaners," they went on to explain, "There used to be two on each shift but now there is only one, if domestic assistants are not on duty, we help out with the cleaning." They told us about a daily cleaning task that could take up to an hour each day to ensure that a person's bedroom was kept clean. We discussed this with the registered manager and assurances were given that this would be addressed. They explained cleaning schedules were in place and they were in the process of recruiting more domestic assistants. They told us they were confident that by recruiting more domestic assistants the cleanliness of the premises would improve. However one person's relative did not have any concerns about the environment and told us, "The home is always spotlessly clean whenever I visit."

We looked at how medicines were managed and found they were administered, stored and disposed of safely. People told us they had help from staff to take their medicines and they received them on time. One person told us, "I take tablets for my diabetes and to ease my pain. I get given them every day with water, I get my painkillers when I need them," and another person told us, "They [staff] put my tablets in my hand; they know what I need to take."

The registered manager told us there had been one medication error in the last 12 months. They had taken appropriate action to reduce the risk of the error happening again. Medicines were being stored safely in original pharmacy packaging in locked medicine trolleys. Three people's medicine administration records showed that people had received their medicines as prescribed.

We spoke with care staff who were administering medicines on the day of the visit. They knew what medicines people were taking, why they were taking them and the possible side effects the medicines could cause. Staff told us if a person refused their medicine they would record it. If the person frequently refused they would discuss it with their manager as the person's GP might need to consulted for advice.
Records showed that the registered manager undertook frequent audits of medicines. This ensured that medicines were accounted for and were being administered as prescribed.

Some people required medicines on an 'as required' basis. Protocols for the administration of these medicines were in place so staff had guidance to follow about when to administer the medicine and the amount to give. This ensured these medicines were given consistently when required, and was particularly important when people could not verbalise their wishes. Staff told us these medicines were, "Usually for pain relief and they would ask people if they needed them."
Staff confirmed they had completed medicines training and the manager observed them giving people their medicines. This ensured staff remained competent and continued to manage medicines safely in line with good practice guidelines.

Plans were in place to ensure people were kept safe in the event of an emergency or an unforeseen situation. We saw emergency evacuation plans within people's care plans. This meant that in an emergency

people could be assisted to evacuate the building quickly and safely. The home's fire procedure was on display. Staff confirmed they had received fire safety training and knew what to do if there was a fire to keep people as safe as possible.

Accidents and incidents were recorded and we saw that these were up to date. The registered manager had analysed the records to try and identify any patterns or trends to prevent further occurrences if possible.

Staff we spoke with understood how to manage risks to people's health and assessments of risks associated with people's care and support which included their mobility and well-being had been completed. However, accurate records were not always being kept to ensure people were kept safe. We looked at records for three people who were at risk of falls.

Staff told us people who were at risk of falls all had a "falls diary". Every time someone had a fall it was an expectation that this was recorded and the person's falls risk assessment was reviewed. This process should reduce the likelihood of further falls occurring and protect the person from harm. However this recording was not always being completed. We saw one person's last recorded fall was in October 2015, but the person told us they had fallen in January 2016. They told us "I fell in my bedroom last week; I needed to go to hospital. I pressed my call bell. Staff came in and they got me an ambulance." The fall had not been documented on the person's falls diary and the risk assessment had not been reviewed.

We asked the registered manager about this and they told us there were different systems in place to monitor when people had a fall, this was confirmed by the deputy manager. However, they were unclear why the diary had not been completed and they told us they would address this issue now.

Requires Improvement

Is the service effective?

Our findings

One person told us, "Staff definitely know how to do their jobs, I trust them 100 %."

Records showed staff received training the provider considered essential to meet the health and social care needs of the people who lived in the home. We asked staff if they had received training to support people with specific needs at the home. One staff member told us, "Yes, I have completed dementia and diabetes care." Staff told us they felt the training they received helped them to do their jobs well and they were supported to develop their skills. For example, the deputy manager had recently been promoted into the role and had completed training to develop their knowledge and gain the necessary skills around leadership and management.

Staff we spoke with told us they had received an induction when they had started work at the home. They told us they thought the induction process gave them the skills to meet people's needs. One staff member said, "I was shown around, completed training and was introduced to people. I shadowed a few shifts when I started. I got know people by reading their care plans."

Some care staff had completed the 'Care Certificate'. The Care Certificate is an identified set of standards for health and social care workers. This sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Staff confirmed they had regular one-one supervision meetings with their manager. Supervision provides staff with the opportunity to discuss their work practices and discuss any training or developmental needs. The registered manager told us annual staff appraisals took place, however they were overdue and would begin to take place in the next few weeks. Appraisal meetings provide staff with an opportunity to discuss their development and training needs.

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 Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Act requires that as far as possible people make their own decisions and are helped to do so when needed. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).When an assessment shows a person lacks 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.
We checked if the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had an awareness of the legislation and told us many people living at the home lacked capacity.

However, we could not be sure that the rights of people who were unable to make important decisions

about their health or well-being were protected. Capacity assessments had not been completed for all people who required them. For example, one person with a diagnosis of dementia had not attended a health appointment. The person had not been consulted about this and the person's family had made the decision that the person did not need to attend. It was not established whether the person was able to make the decision or not and whether a best interests meeting was necessary. Therefore, it was unclear how this person had been supported to make this decision. The registered manager told us they would ensure the appropriate assessments were carried out to ensure people were supported to make important decisions.

Four people had a DoLS authorisation in place. The home had sought advice from the local authority and had recently submitted one more application as they had identified another person was potentially being deprived of their liberty.

Staff demonstrated an understanding of the principles of the MCA as people verbally consented to their care and we saw staff respected decisions people made. We discussed this with staff who told us that they would always ask people before they provided any care or support as people had a right to refuse.

A 'handover meeting' took place at the beginning of each shift. The health and well-being of each person living in the home was discussed and changes were communicated to staff coming on duty.

People were positive about the food and drinks provided. One person told us, "The food tastes lovely". Breakfast is quite good, lunch is better". Another told us "It's quite good; they [staff] come and ask me what I want to eat". We observed the lunchtime period at the home and staff were available to help people if they needed support to eat and drink. One person was reluctant to eat the main meal and we saw a staff member gently encouraged them several times to eat. Some people were given a choice of different meals, if they did not like what was on offer. Drinks and snacks were available throughout the day when people required these.

The cook was aware of people's special dietary needs including those with allergies and those who had diabetes. People's cultural needs were being met as different choices and types of meals were available.

Some people with additional needs had their food and fluid intake monitored by staff using a chart system. The charts were completed but we could not be sure people had received sufficient intake as quantities were not being clearly recorded. For example, recordings such as 'Ate toast' or 'Ate about half of meal' was evident but the original quantity was not recorded so we were unclear how much this was.

A person was at risk of urine infections and we asked the staff about this. However staff did not know how much the person needed to drink each day to reduce the risk of these infections recurring. This posed a risk that people would not be supported correctly and their health could be affected.

Overall where changes in people's health were identified they were referred to the relevant healthcare professionals including their GP and a continence nurse. Comments from people included: "I have seen a doctor; he came to check on my knee," and "I have seen the doctor and the optician." A chiropodist visited the home and one person told us, "I have had my toes done today."
One relative told us a district nurse visited their family member and the doctor was contacted if this was required. People's records showed us how the home worked in partnership and maintained links with health professionals. This included community psychiatric nurses and psychologists. This should ensure that people who lived at the home receive the appropriate health care to meet their needs.

Good

Is the service caring?

Our findings

People were happy with the way they were being cared for at The Friendly Inn. One person told us, "It's lovely and the staff are great." Another person told us, "They [staff] are nice to me and treat me how I like to be treated." Relatives were complimentary towards the staff and the way they cared for people.

Staff spoken with told us they enjoyed working at the home. One staff member told us, "I enjoy working here, everyone is friendly and people are looked after well." The registered manager told us the staff were, "Caring and attentive." We asked staff how they provided good quality care. One staff member told us "Knowing all of the important information about people and having time to talk to people". Another told us "Good teamwork and communication".
People were encouraged to maintain relationships important to them. There were no restrictions on visiting times and people told us their family and friends were always made to feel welcome when they visited. The registered manager also told us they also encouraged people's family members and friends to be involved in care, they said "If a person is unwell or requires end of life care, a friend or family member can stay overnight with them."

People's bedrooms were personalised and one person told us, "I bought some furniture and photographs of my family with me when I moved in; it makes me feel a bit more at home." People's photographs were displayed on their bedroom doors. One person said "When I see my picture I know it's my bedroom and go in." Picture signs were also on display so people could locate their way around the home more easily. One person said, "The pictures are helpful."

People were treated with kindness and we saw positive interactions when people were being supported. People were confident to approach staff and support was promptly provided when required. One person told us that their "Legs were sore." We saw staff discreetly ask the person how they were feeling and then gently helped the person to lift their legs onto a low stool. The person said "Thank you that feels so much better." The staff member explained to us the district nurse had advised the person's legs needed to be elevated to relieve pressure. They said "I try and make [person] as comfortable as possible, I really do care."

People were encouraged to be independent however they were supported by staff when this was required. Staff told us they were keen to promote people's independence as much as possible. We saw one person got up from an armchair in the lounge without using their walking frame. They were struggling to walk and a staff member quickly gave them their frame and encouraged them to use it. The staff member told us "We have to be quick and make sure [person] always uses it, they can sometimes forget." They explained that if they did not use the frame they could be unsafe walking. We saw staff encouraging people to make daily decisions which included where they would like to eat their meals and if they wanted to join with activities.

We saw staff treated people with dignity and respect. One person told us, "They [staff] are respectful and patient with me. "Another person said, "I know all the staff and they usually knock my bedroom door before entering my bedroom in the morning."

In the lounge area we saw that folders containing people's confidential information were not locked away. This meant that we were not sure confidentially was always maintained as other people could access this information. We asked the registered manager about this. They explained that the lockable cupboard usually used to store the folders had broken and a new one would be provided as soon as possible.

Requires Improvement

Is the service responsive?

Our findings

Staff were responsive to people's needs and had a good knowledge of how people preferred to be supported. This meant people were supported by staff who knew them well. A keyworker system was in place. This ensured that people were supported consistently by named workers. One member of staff told us," I am a keyworker to a few people; I make sure they have all of the toiletries that they need. I know them and their families well."

People told us that if they pressed their call bell, staff came to help them and they did not have to wait. One person told us, "Usually they [staff] come quickly." The manager told us three people living at the home would not be able to use a call bell to summon assistance. Records reflected staff made frequent observation checks to make sure they were okay.

We asked people if they had enough to do to keep them occupied in the home. A person told us, "Not many activities take place, I would like more, the staff do what they can but they are busy, a singer comes now and again." They explained that staff encouraged them to join in but they preferred their own company and really enjoyed it when their family visited.

One person went to a day centre of their choice using public transport and another person went shopping with a member of staff. We asked staff if they had enough time to sit and chat with people and offer activities. They told us they usually had more time in the afternoons as mornings tended to be the busiest part of the day.

In the afternoon we saw that people joined in with activities which included playing ball games and dancing with staff in the communal lounge. One person told us, "I really enjoy dancing."
The manager told us that recruiting a member of staff to provide more activities was a current priority for them. There were some activities for people to take part in and the registered manager was taking steps to improve this.

People told us they were offered daily choices which included what they would like to wear and what they would like to eat. One person told us, "Staff do listen and give me time to make my choices." Staff told us how they supported people to make choices, for example, they would hold up two jumpers and the person could choose which one they would prefer to wear. This meant that staff were supporting people with choices and communicated in a way people understood.

The registered manager told us that before people came to the home their needs were assessed to make sure the home was right for them and their needs could be met there. Care plans and risk assessments were written from this information. However staff told us that these were not always updated as regularly as they should be due to other tasks taking priority. The registered manager told us that this was being addressed with staff during supervision.

We asked people if they were involved in writing and updating their care plans. One person told us, "I don't

think I have a care plan, but I am alright." And another person told us, "I don't think I have got one. I can only assume that they [staff] know what I like or dislike." We were unsure whether people had been involved in the planning and reviewing of their care.
Care plans contained some detailed information which was personalised. For example, people's likes, dislikes and life histories were documented but it was not always clear how the person had contributed to the information.

We asked staff what they would do if people refused care or were anxious. They told us written guidelines based on advice from health professionals were in place for some people. This meant staff knew how best to respond to the person at this time. One member of staff told us about one person, "If [person] is anxious or upset we offer them reassurance to try and calm them down. We then record it in the person's daily records."

We looked at the care plan and daily records for this person. This showed guidelines were not always being followed by staff. For example, on two dates staff had written 'I told [person] that their behaviour was not acceptable' and 'I told [person] not to do that when people are trying to help them.' This could cause the person unnecessary distress and increase their anxiety. We discussed this with the registered manager. The registered manager and the quality assurance manager were aware that documentation needed to be improved. They were supporting individual staff members to improve care plan documentation and record keeping.

People told us about the laundry system in the home. One person said "There are always problems with the laundry. They explained "A lot of the time the clothes they bring back are not mine. They have to swap it around and bring mine back." Another person said "When I came here I had four pairs of pyjamas, now there are none. They [staff] do try but, I often have other people's clothes." Staff told us that there was not a designated laundry assistant and said "We put a load of washing on if we need to and the night staff do the ironing." We asked the registered manager about this and they told us they would look at how improvements could be made to the system to manage people's laundry.

We asked people if they had opportunities to attend group meetings with other people who lived at the home. One person told us, "Residents meeting do not take place." We asked the registered manager about this. They confirmed meetings did not take place very often as previous meetings were poorly attended. They told us they were trying to make improvements and planned to increase the frequency of resident and family meetings. For example, more activities such as garden parties were planned in the summer to build up rapport with people's families and encourage them to make suggestions on how to make improvements at the home.

People we spoke with told us they knew how to make a complaint. One person told us "Yes, I would speak to the manager," another said, "I have not needed to make a complaint; if I was unhappy I would tell my wife." Information on how to make a complaint was displayed in a communal area. We asked a staff member how they would know if someone was unhappy if they were unable to tell them. They said "I know people well, I would know if they were unhappy, I think they would tell me or their family and I would tell the manager. I talk to families to get to know the little things about people if they can't tell me themselves."

There were systems in place to manage complaints about the service provided. Records showed one complaint had been received in 2015. The complaint had been recorded and a written response was provided. We looked at six compliments and thank you cards that had been received in the last 12 months. This showed us that people were, overall, happy with the service being provided.

Good

Is the service well-led?

Our findings

People told us they felt supported by the manager. One person told us "I know who the manager is; they often come and check that I am ok." One person's relative told us, "The managers are good; they seem to employ good people. I don't have any concerns with how the home is being run, everyone seems happy."

Records showed managers conducted daily 'walk arounds' of the home. This ensured they had an overview of how staff were providing care and support to people and gave them the opportunity to speak with people and staff.

The management team consisted of a registered manager, a deputy manager and a quality assurance manager. Senior care workers were responsible for the running of the home when a manager was not on duty. Staff were positive about the support provided by the management team and felt they were approachable. A staff member told us, "The manager is approachable and I would tell them if I had a problem, I feel motivated to do my best. I wouldn't want to work anywhere else." Another staff member told us, "The managers are really good; they get things sorted out if there are any problems." Staff felt managers were available to support them when required. One staff member told us, "The manager lives locally and has come into the home if we have needed any help." Staff told us they were confident to contact the manager for advice and this made them feel supported.

The management team completed regular checks of the service to identify any issues in the quality of the care provided, and to drive forward improvements. For example, checks on medication and care records. We discussed shortfalls in care records with the registered manager and the quality assurance manager. They told us their audits had identified that some record keeping at the home needed to be improved to ensure people received the care and support they required. They explained that more training and guidance on completing people's records was being provided to make further improvements.

Staff meetings took place every six months. Staff felt supported by the meetings which gave them formal opportunities to feed back to the management team about the running of the home. A member of staff said "We sometimes have staff meetings but we have communication books to pass on important messages and we talk to each other all the time." Systems to pass on information included handover records and a daily diary which detailed any appointments that people had. Staff told us the communication between themselves and the management team was good, and that staff and managers worked as part of a team.

The manager told us what they were proud of at the home; they told us "I am proud of the staff team." The deputy manager told us, "All of the staff are committed to providing high quality care and making continual improvements, it's really important to recognise how hard staff work and make them feel valued."

The registered manager was experienced and had worked at the home for several years. They told us they received regular one to one supervision with a senior manager .This gave them the opportunity to reflect on how the home was being run and discuss any changes that needed to be made. We asked if they felt supported to carry out their role and lead the staff team. The manager told us they felt supported by the

deputy manager and they would ask for help if they needed it.
The manager told us they were appreciative of the on-going support and good practice advice provided to the home by the local authority commissioning team. The manager explained the home had good established links with the local authority and made regular contact for support.

A provider information return (PIR) was submitted before the inspection. The PIR told us that the provider's policies and procedures were updated annually to ensure staff were kept up to date with current legislation and good practice. Staff told us they were made aware when policies were updated and had time to read and understand these.

The home had sent out questionnaires to gather the views of the people who lived at home in October 2015. People had been asked their views on different areas which included the environment and the staff. We saw 6 responses which were all positive. This included, "Carers are nice, "Food is good" and "Everything is ok". The registered manger told us completed questionnaires were sent to the provider's head office to be analysed and to assess if action was required to make improvements. This had not been done at the time of the visit however the registered manager told us they intended to do this in the next few weeks.

The registered manager told us they understood their legal responsibilities for submitting statutory notifications to the CQC, including incidents that affected people who lived at the home or how the service operated. It is important that the CQC receives all necessary notifications so we can monitor the service and take action when required.