

Teamcare Limited

Teamcare Limited t/a Highcliffe 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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection visit took place on 24 and 25 October 2017. The first day of the inspection was unannounced.

Highcliffe Residential Home is located in Whittle le Woods near Chorley in the county of Lancashire. The home is registered to provide accommodation and support for up to 24 people and cares for elderly people including those living with dementia. At the time of our inspection 23 people were using the service.

There was a registered manager in place who had been registered since 26 October 2012. 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.

At our previous inspection on 8 and 9 September 2016 we found several breaches of legal requirements. We found that some records related to medicine management could be improved. Potential safeguarding concerns were not being reported to the local authority and some care plans did not contain important information about people.

We also recommended that risk assessments were individualised particularly around the use of bed rails, that reviews were completed around do not attempt resuscitate (DNAR) documents and that audits at the home were reviewed to ensure that they picked up on issues found at the inspection.

In addition, it was noted that in some cases staff had not received refresher training for up to three years.

We asked the provider to make improvements in all of these areas and they kept CQC informed of the changes that had been made.

At this inspection we found that significant improvements had been made in most these areas.

We found that medicine's record keeping had improved but that some management issues around controlled drugs were ineffective and could give rise to issues. This has resulted in a recommendation in the 'well-led' section of this report.

At this inspection we noted that any incidents that may have given rise to safeguarding concerns had been reported appropriately.

Risk assessments were personalised to reflect individual risks and support needs and audits were being completed that were effective in highlighting issues and concerns to management.

All training was up to date and there was a program in place to regularly provide staff with refresher training

that the service deemed to be important.

People using the service said they felt safe and that staff treated them well. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work.

We found that people and their relatives, where appropriate, had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service with their needs. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The registered manager conducted regular checks to make sure people were receiving appropriate care and support. The registered manager took into account the views of people using the service, their relatives and staff through meetings and surveys. The results were analysed and action was taken to make improvements at the home. Staff said they enjoyed working at the home and received appropriate training and good support from the registered manager.

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 were receiving their medicines as prescribed by health care professionals.

People told us they felt safe and well cared for.

There were arrangements to deal with emergencies and staff were aware of signs of abuse and what action they should take. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

There were arrangements in place to deal with foreseeable emergencies.

There were enough staff deployed within the service and appropriate staff recruitment procedures were in place.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The provider supported people to eat and drink sufficient for their needs and to protect against the risks of inadequate nutrition and dehydration.

Staff sought consent from people when offering them support. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff spoke with people in a respectful and dignified manner.

Staff knew people well and were aware of their preferences and routines.

People and their relatives were involved in making decisions about their day today care.

There were arrangements in place to meet people's end of life care needs.

People's records were held securely and confidentially.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

People were provided with a range of appropriate activities.

People knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Although there were arrangements in place for monitoring the quality and safety of the service, they were not always effective in identifying a medicine's issues seen at the inspection.

Staff said they enjoyed working at the home and received good support from the management team.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

The provider and registered manager sought feedback from people to improve service delivery.

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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 was meeting 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 unannounced inspection was carried out on the 24 and 25 October 2017. The inspection team on the first day consisted of one inspector and an expert by experience and an inspector on the second day. An expert by experience is a full member of the inspection team and in this case a person who had personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed 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. We looked at this information together with other information we held about the home including notifications they had sent us. A notification is information about important events that the service is required to send us by law. We also received feedback from health care professionals that we used to help inform our inspection planning.

We spent time observing the care and support being provided to people in communal areas, spoke with 10 people who used the service and four of their relatives. We also spoke with four members of staff, a representative of the provider, the registered manager, the deputy manager and three health care professionals. We looked at people's care records and five staff recruitment files and staff training files. We also looked at records relating to the management of the service including audits, incident logs, feed-back questionnaires, staff rotas and minutes from meetings. In addition, we looked at all areas of the building including bedrooms, communal areas, the kitchen, the main office and outside grounds.

Is the service safe?

Our findings

At our comprehensive inspection on 8 and 9 September 2016 we found that some medicines records were incomplete especially around medicines that were 'required when needed' (PRN). In addition, it was uncertain when some prescribed creams had been opened and the medicine's fridge temperature was not being accurately monitored.

These issues amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in these areas. Medicines were being stored safely and securely and fridge temperatures were monitored in order to maintain appropriate storage conditions. Arrangements were also in place for the management and storage of controlled drugs, which are medicines that may be at risk of misuse. However, we checked two people's controlled drugs and found that although they corresponded with the register, we saw that one of these drugs had been accidentally destroyed and the service had not properly investigated or documented the circumstances of this incident. At the inspection we were satisfied that the incident was an accident and no one had been harmed but were concerned that the protocol for dealing with such situations hadn't been followed and could have led to the abuse of the drug. We have dealt with this matter in further detail in the 'well-led' section of this report and it has led to a recommendation about future practices.

Medicines administration records (MAR) included a photograph of the person to assist with identification. The details on the MARs provided clear information on the name and strength of the medicines and dosage instructions. It also included any known allergies and the names, signatures and initials of staff qualified to administer medicines. Records confirmed that all staff administering medicine had completed training on the safe administration of medicines. We considered four people's MARs and noted that entries were recorded accurately and when medicine had not been administered, staff were recorded the reason for this in the records.

The administration of medicines prescribed PRN and "variable dose" medicines were provided safely. Staff said that they were aware of signs people used when they required relief from pain and may need PRN medicine. There were clear records in individual care plans describing the signs people displayed on these occasions.

During the inspection we observed a medicine's round and saw staff sensitively asking people if they required PRN medicine and noted that any request was recorded to ensure that dosages were kept within safe limits. A member of staff said, "We are all strict about making sure people don't overdose on painkillers such as paracetamol and the records help to ensure this doesn't happen."

Processes were in place for care staff to safely administer people's external medicines, such as topical creams and patches. There were recording charts for administration and the dates of the opening of creams. However, staff were not recording the application of patches on a 'body map'; this may mean there was a

risk that the same area of the body was used more frequently than appropriate. When this was raised with the registered manager, they said only two people in the home were receiving their medicine by skin patches and all staff were aware of where patches had been located. They told us they would immediately instigate a recording system for the physical placement of patches to further reduce risk.

At our inspection on 8 and 9 September 2016 we found that some incidents where people had fallen and sustained injury were not always being reported to the local authority as potential safeguarding concerns.

This issue amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in this area. There were assessments around people's risk of falling and records of any falls contained information about each incident and any action that had been taken. The registered manager reviewed all accidents and incidents on a monthly basis to see if lessons could be learned. Records also supported that people had been appropriately referred to health care professionals and that any safeguarding concerns were being reported to the local authority. A visiting health care professional said, "I have no concerns over safety here. They report things to professionals appropriately."

People's care files included a wide range of risk assessments in other areas including moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. We noted that there was also a 'one page profile' available to staff in people's rooms. People also had individualised risk assessments on behaviours that may challenge the service and their medical conditions. These provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of malnutrition, it was noted that there were plans in place to support them with eating and drinking.

People told us that they felt safe and well treated. One person said, "I feel safe and all staff are very good with me." A health care professional said, "I am happy that people are safe and secure here."

The Lancashire Fire and Rescue Service had inspected the service in June 2017 and, as a result, some structural fire safety improvements were required. During our inspection we noted that some of these improvements were outstanding and spoke with the fire inspector who was responsible for the service. They said that they were satisfied with the work that was being undertaken and that a further inspection would be undertaken later in 2017 to check that all improvements had been completed.

At the inspection we noted that the registered manager was in the process of completing personal emergency evacuation plans (PEEPs) for all people at the home and that these highlighted the level of support people required to evacuate the building safely. We saw a summarised document containing details of all the home's residents and their support needs in the event of an emergency. The registered manager said that this document would be handed to the first responder in the event of an emergency and that a more detailed document would be contained in people's care plan. She said, "Recent compliance checks have revealed that the home needed to improve some aspects of fire safety and we are well underway in completing this to ensure people are safe and in time for the next fire safety inspection at the end of October 2017."

Records confirmed that staff received training on fire safety and regular fire safety alarms checks and drills were being undertaken at the home.

During the inspection we saw that there were sufficient numbers of staff to meet people's needs. People using the service and staff told us there were enough staff around to meet their needs. Staff were attentive to people's needs and when people required assistance they responded quickly to provide support to people. The deputy manager told us that staffing levels were arranged according to the needs of the people using the service. One person's relative said, "I feel there is enough staff on duty when I visit."

There were policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. The registered manager and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for. They were also aware of the action to take if they thought someone was at risk of abuse including to whom they would report any safeguarding concerns. Records confirmed that the registered manager and all staff had received training on safeguarding adults from abuse. A member of staff said, "I wouldn't hesitate at intervening if I had a safeguarding concern and know that I would be supported by the manager and provider." Another said, "The safeguarding training we had reinforces my natural instinct to protect vulnerable people."

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of five members of staff that worked at the home. The files contained completed application forms that included information about individual's previous health and social care experience, their qualifications and their employment history. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been obtained for staff to ensure their suitability for their roles.

Although the provider was in the process of completing structural fire safety improvements at the home, we saw that the home was clean and tidy and that clinical waste was being disposed of in approved bins.

Is the service effective?

Our findings

At the inspection on 8 September 2016 we found issues with people's do not attempt resuscitation (DNAR) decisions. Some people's files suggested that these appeared not to have been considered by the person in question when the person had mental capacity. We made a recommendation that the home consider the validity of the DNAR documents that were in place.

A DNAR decision form in itself is not legally binding. The form should be regarded as an advance clinical assessment and decision, recorded to guide immediate clinical decision-making in the event of a patient's cardiorespiratory arrest or death. However the process for completion must be correct otherwise the form can be deemed invalid. The final decision regarding whether or not attempting resuscitation is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time.

At this inspection we found improvements in this area. DNAR forms had been completed appropriately with consent being sought from people. Where someone had capacity we saw that the home had involved relatives and GP's in the decision. In addition, the registered manager showed us an example of where the home had instigated a review of the decision because a person's condition had improved. This showed that the home had consideration towards people's wishes and where this was difficult, involved family and health care professionals in the person's best interests.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principals of the MCA. The registered manager told us that since the last inspection the home had made three applications to the local authority to deprive people of their liberty (DoLS). At the time of our inspection the local authority was processing these applications. We were satisfied that the home had raised these applications appropriately and in a timely manner.

During the inspection we saw that people were asked for permission before staff provided support. People also told us that staff asked for their consent before they provided care. The service was assessing people's mental capacity properly and seeking people's consent to the care, support and treatment that was provided. It was only when a person lacked capacity that the views of relatives and health care professionals were taken in to account in the person's best interests. For example, we saw that a person had been consulted about the use of bed rails at night. The person was at risk of falling from their bed and sustaining injury. We noted that relatives were consulted when the person requested that they be kept informed. This

meant that care and support was being provided with the consent of people and the service was acting in a manner that was consistent with MCA and the associated Code of Practice.

People using the service said staff and the registered manager knew them well and understood the best way to support them. A visiting health care professional told us that staff were skilled at meeting the needs of people at the service and were competent in supporting them with their conditions. They said, "The manager, deputy and staff support their residents really well. They call on me properly and always follow my advice and recommendations."

People were supported to eat and drink sufficient quantities to maintain a balanced diet and ensure their well-being. Care plans identified people's nutritional needs and preferences, and how they could be supported by staff to eat a nutritious and healthy diet.

We observed a mealtime during the inspection and saw that people received plenty to eat and drink. The atmosphere was relaxed and staff were available to offer support to people where required and we observed them gently encouraging people to eat in a relaxed and unhurried manner. Most people ate together and appeared to enjoy the mealtime but we were told that people were also able to eat alone if they preferred. One person said, "The food is great. I've just had a second helping of stewed apples and custard."

The cook told us they were aware of people's dietary requirements and received notifications from staff that included any changes to their condition. They also spoke with people about their meal preferences and said, "We arrange meals on a four week rota and put a menu on the dining room wall each day in advance. If a resident can't get to see it we do tell them and we try to avoid things we know they don't like. We also try to be as flexible as possible and will find an alternative for someone if required."

Staff training records confirmed that staff had completed training in areas the provider considered mandatory. This training included safeguarding adults, mental capacity, dementia awareness, health and safety, moving and handling, infection control, first aid and fire safety. Some staff had also completed training on other topics such as administering medicines, end of life care and nutrition and hydration. Mandatory training was recorded and the records indicated when staff required training updates. We noted that some records of training that had been completed by staff had not been brought forward and recorded in the register that was monitored by the deputy manager. They said, "We are in the process of revising the training matrix to ensure that action is taken if necessary to ensure staff remained up to date with their training requirements."

Staff told us they had completed an induction before they were allowed to work unsupervised with people. This was confirmed by the records we reviewed. One member of staff said, "The induction was 'full-on' with lots of training and shadowing senior staff before I was allowed to work alone."

We found that people were supported to maintain good health. Records showed that people had access to a range of healthcare professionals including a GP, optician, chiropodist, and dentist. Staff also supported people to attend hospital appointments. We noted that records related to the referrals to professionals and professional's visits to the home were documented in the care records and on the people's care plans so that staff could see what advice and support had been recommended.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "I think we are all cared for very well." Another person said, "This is my home and the carers are part of the family." A relative said, "The staff are superb and treat my relative with kindness and respect."

During the inspection people looked at ease and comfortable in the presence of staff and we saw they were supported in a caring way. Conversations between staff and people living at the home were respectful, warm and compassionate. We also saw staff communicating appropriately with people in a manner they understood and with a light-heartedness that was appreciated by people we observed. Staff knew people well and understood subtle changes in their non-verbal communication that allowed them to anticipate people's needs. For example, staff described to us how they knew from people's actions that they needed support or wanted a drink.

Staff ensured people's right to privacy and dignity were upheld. People told us staff were respectful and always mindful of their privacy. One person told us, "Staff take their time with me and always help. They dress me how I like and always ask." The registered manager told us that privacy, dignity and equality was reinforced during staff training and meetings and showed us the home's policy on equality and diversity. It was comprehensive and we noted that it was considered mandatory reading during members of staff's induction process.

People received the support they wanted as they approached the end of their life and we noted that people and, where appropriate, their relatives had been spoken with in a sensitive manner about end of life wishes. During the inspection we saw that the registered manager and staff had received compliments from bereaved relatives about the care and support they had provided to their loved ones.

If people could not express their view the service ensured that the person's relative was involved. We noted that on the occasions when relatives or other supporters were unavailable, the home arranged access to a professional advocate. An advocate is a specially trained person who can help support people if they do not have capacity to make particular decisions.

People using the service and their relatives had access to an information pack that included information about the home. This included the complaint's procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they moved into the home.

The registered manager said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the main office and this meant that only authorised staff accessed people's records.

Is the service responsive?

Our findings

At our inspection on 8 and 9 September 2016, we found concerns relating to the accuracy of records. This particularly related to information that should ensure that people's individual needs were met. Some records also demonstrated a lack of a person centred approach. For example, some records were out of date and, on occasions, contradictory. In one file we considered, a person's eating support needs recorded that food needed to be liquidised when in another area of the plan it said that food needed to be cut up.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we noted that the service had improved in this area. People's care files were detailed and the information contained within them was consistent and accurate. Staff completed personalised records of daily care they had provided to people and the files were easy to read and accessible to staff. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently if required to ensure they were reflective of people's current needs.

We saw that people's healthcare and support needs were assessed before they moved into the home. These assessments covered areas including, mobility, nutrition, communication, sleeping, emotional and needs, activities, medicines, continence and end of life care. The registered manager told us that care plans were developed using the assessment information and thereafter kept under regular review to reflect each person's changing needs. We saw that one person's care plan included information about their susceptibility to falling and how the service had mitigated risk by using technological aids to alert staff at night of when the person got up.

People were supported to engage in a range of activities. One relative we spoke with said, "I encourage my relative to participate in the activities on offer at the home. Last week we all had a good sing-a-long." We saw minutes from a recent residents meeting in September 2017 where nine residents attended. Plans were discussed for Christmas celebrations and arrangements for children and staff from a local school nursery to visit to display their arts and crafts. We also noted that the participants were looking forward to a show that was to be held the day after the meeting by a singer who had visited before and received a good response. The registered manager said that these meetings were held every three months and they were a good opportunity for residents to discuss any concerns and their meal and activity preferences.

On the first day of the inspection we saw that people were participating in games in the lounge. Staff were supporting people to join in and during the inspection we also saw that staff engaged with others who lived in the home who preferred to stay in their rooms. People using the service said staff informed them about the activities taking place and occasionally provided them with one to one activities if they did not wish to take part in the group activities held in the main communal areas. One person said, "A few of us are supported to go to church every month. They couldn't really do a lot more." A relative said, "They recently helped our relative to go to another relative's wedding. The staff are very accommodating."

Throughout the course of our inspection we saw positive interactions between people using the service and staff. Staff, the registered manager and provider's representative appeared to know about the people who lived in the home and their likes and dislikes. Staff said that information in care plans helped with their knowledge of people. We noted that the plans included information such as how people liked to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests and guidance to staff about how their care and support needs should be met.

We saw examples of how the MUST risk assessment tool was completed in order to identify people's risk of malnutrition. MUST is a Malnutrition Universal Screening Tool and is a five step screening tool used to identify adults who are malnourished or at risk of being undernourished. We also saw that the service monitored people around the risk of developing pressure sores and used a tool to assist in assessing the risk. A health care professional said, "We don't have concerns here around the management of people's conditions and they call on us when they have concerns."

The provider had a complaint's procedure in place that was included in the service user guide. It told people how to complain, who to contact and what would happen. People said they knew about the complaints procedure and told us they would tell staff or the registered manager if they were not happy, or if they needed to make a complaint. Relatives also said they knew how to make a complaint if they needed to. They said they were confident they would be listened to and their complaints would be fully investigated. The provider maintained a complaints file that included a copy of the complaint's procedure and forms for recording and responding to complaints. One person and their relative said, "We know what to do and we raised a complaint a while ago. It was dealt with properly and we were satisfied with the outcome."

Is the service well-led?

Our findings

At our inspection on 8 and 9 September 2016 we found that the service was completing audits but those that were in place were not picking up on the issues that were found during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although we found substantial improvements in this area, the service still had some improvements to make to ensure that issues were picked up and acted on in a timely manner.

When we considered the home's policy and records relating to controlled drugs we noticed that a drug that can be subject to abuse had been recorded as accidentally destroyed in August 2017. We have mentioned this matter in the 'safe' section of this report. The home had not instigated any form of enquiry around this to check the propriety of the error and the matter had not been acted upon in a medicines audit that was conducted at the home eleven days after the accidental destruction. When we drew this to the attention of the registered manager and provider's representative, they said that they were unaware of the incident and if they had been aware of it, would have commenced an enquiry.

The registered manager started an enquiry about this issue at the inspection and concluded it afterwards and submitted a report to the CQC. This set out the evidence and showed that the error was a genuine accident. It also highlighted that checks that were in place at the time had not been effective in highlighting the issue. After the inspection, the provider and registered manager in a joint statement said, "We have now instigated a monthly provider led audit of all medicines and management type processes that it is hoped will highlight the concerns seen at the inspection." This demonstrated the registered manager was committed to improving the quality and safety of the service.

In addition to this further check, we recommend that the service review its policy on the management of controlled drugs and the process of escalation of incidents and accidents involving these drugs in line with current best practice.

The registered manager and their deputy had undertaken a range of other audits in relation to areas of the service including care planning, health and safety, cleaning, fire checks and quality assurance records. We saw action had been taken in response to audit findings such as the ordering of additional equipment so as to meet people's changing needs.

People using the service and their relatives spoke positively about the staff and the registered manager. One person using the service said, "The place is calm and peaceful. It is well run and the staff and managers are very approachable." Another said, "Everyone seems to understand their responsibilities and the manager and provider always listens to what I have to say."

All of the staff we spoke with told us the registered manager and provider's representative were

approachable and supportive. There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it. In addition the provider's representative lived on the first floor of the home and told us that they walked around the home most nights to check that things were in order. It was unfortunate that these checks were not documented but they agreed to start to keep a record so that any issues were documented and could be seen by management staff and acted upon.

Staff told us that high standards of practice and conduct were expected from the registered manager and described the home as being a good place to work. They said that the registered manager was experienced and knowledgeable and imparted this expertise to staff during their daily engagement with them and people who lived in the home. They said they were supported to achieve good outcomes for people and one member of staff said, "The management team is supportive and skilled at looking after people. I can always talk to them." Another member of staff said, "The provider is always around even out of office hours and is very helpful."

There were meetings held with staff every three months to keep staff up-to-date with any changes and to reinforce the values of the organisation. Minutes from a meeting in August 2017 supported that there was discussion about the recent fire service inspection and the changing conditions of a person whose health condition had deteriorated and required input from a specialist. There was also reference to a reminder of procedures that would assist ambulance services in the event of an emergency.

The home's maintenance records confirmed that equipment such as hoists, wheelchairs, call bells and fire equipment were routinely serviced and maintained to reduce possible risks to people. Checks were also made on the safety of the premises in areas including legionella, and electrical and gas installation safety. We noted that the kitchen was clean and had been awarded a four-star food hygiene rating by the local authority.

The provider had recently issued a newsletter to people living at the home, their relatives and staff. It was a full account of activities and developments in the home during the past three months and was full of colour photographs of people enjoying activities and celebrations of people's special events and staff achievements. We noted that it also alerted people and staff to forthcoming significant events and plans for the home.

The provider also took into account the views of people using the service, their relatives and visiting healthcare professionals through surveys. These were carried out annually and the results were analysed and recommendations made from the feedback to improve the quality of the service. We noted that the deputy manager was considering the results from the 2017 survey and that the feedback was generally very positive. A relative said, "I am reassured that I can leave my relative in capable hands." Another said, "We are always greeted with a smile and are always made to feel welcome." We noted that a healthcare professional had commented that the leadership and quality of care at the home was excellent.