

Methodist Homes

Queenswood

Inspection report

Cliffgrove Avenue
Beeston
Nottingham
Nottinghamshire
NG9 4DP

Date of inspection visit:
06 November 2018

Date of publication:
17 December 2018

Tel: 01159221037

Website: www.mha.org.uk/ch21.aspx

Ratings

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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 6 November 2018. Queenswood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service supports older people.

Queenswood accommodates up to 41 people in one building. At the time of our inspection there were 31 people living at the home. This is the service's third inspection under its current registration. At the previous inspection on 7 February 2017 we rated the service as Requires Improvement. We also identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we checked to see if improvements had been made and we found they had. The service has now improved from Requires Improvement to Good overall.

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

People were supported by staff who understood how to protect them from avoidable harm. Risks to people's safety were assessed and acted on. There were enough staff in place to support people and to keep them safe. People's medicines were managed safely. The home was clean and tidy and staff understood how to reduce the risk of the spread of infection. Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager and the provider's senior management team.

People's physical, mental health and social needs were assessed and met in line with current legislation and best practice guidelines. Staff received regular training and their practice was assessed. Staff felt supported by the registered manager. People were supported to follow a healthy and balanced diet. People had access to external health and social care agencies. The home environment was well maintained and adapted to support people living with a physical disability or living with dementia. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People liked the staff and found them to be kind and caring. Staff treated people with dignity and respect and people's privacy was respected. People were supported by staff who understood their needs and supported them with making decisions about their care. People's diverse needs were respected including promoting people's access to religious and spiritual guidance. People were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with the General Data Protection Regulations.

People care records were person centred and they received care from staff in line with their personal preferences. Care records were regularly reviewed to ensure they continued to meet people's changing needs. People were treated fairly, without discrimination and systems were in place to support people who had communication needs. Records showed complaints had been dealt with appropriately. People were supported to make decisions about how they wished to be cared for at the end of their life.

The registered manager had made improvements to the home since the last inspection. Robust quality assurance processes were now in place and helped to assure the registered manager that areas for improvement were identified and acted on in good time. People, staff and relatives liked the registered manager and found her to be approachable. Staff felt valued and enjoyed their role. People, relatives and staff were encouraged to give their views about how the home could be improved and developed.

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.

Staff knew how to keep people safe and to reduce risks to their safety. There were enough staff to support people. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. Accidents and incidents were regularly reviewed, assessed and investigated.

Is the service effective?

Good ●

The service was effective.

People received effective support with their health needs. Staff were well trained and their competency was assessed. People were supported to follow a balanced and healthy diet. People had access to external health and social care agencies. Decisions were made with or for people in line with appropriate legislation.

Is the service caring?

Good ●

The service was caring.

Staff were caring, treated people with dignity and respect and listened to what they had to say. People's diverse needs were respected. People were encouraged to lead as independent a life as possible. There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with the General Data Protection Regulation.

Is the service responsive?

Good ●

The service was responsive.

People were cared for in line with their personal preferences. People had access to a wide range of activities. Efforts had been made to ensure information was provided for people in a way they could understand. Records showed complaints had been dealt with appropriately. People were supported to make decisions about their end of life care.

Is the service well-led?

The service was well led.

The home was led by an enthusiastic registered manager who had overseen improvements to the quality of the care people received. Robust quality assurance processes were now in place. Staff felt valued and enjoyed their role. People, relatives and staff were encouraged to give their views about how the home could be improved and developed.

Good 

Queenswood

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 6 November 2018 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted county council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

During the inspection, we spoke with 11 people who used the service and nine relatives and asked them for their views on the quality of the service provided. We also spoke with two members of the care staff, a domestic assistant, the cook, the deputy manager, the registered manager and the area manager.

We looked at all or parts of the records relating to 12 people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People told us they felt safe living at the home and that staff supported them in a way that made them feel safe. One person said, "I like my room and know I am safe and well looked after here." Another person said, "They look after me well." Relatives felt their family members were safe too. One relative said, "[Family member] didn't feel safe living on their own at home, but they love it here and they [staff] look after them well."

People were supported by staff who understood how to protect them from avoidable harm and to keep them safe. The risk of people experiencing neglect, abuse or discrimination was reduced because processes were in place to protect them. People and relatives were provided with information about who to contact if they were concerned about abuse and this was displayed in the home. A safeguarding policy for staff was in place. Staff were required to read the policy as part of their induction when they commenced working at the home and records showed that staff had received training in safeguarding adults. The staff we spoke with described the signs of different types of abuse and the action they would take in response to any concerns about possible abuse. The staff felt that the manager would support them if they reported any concerns about abuse.

Detailed risk assessments were in place that helped staff to identify and reduce the impact of any hazards that could affect people's safety. This included the support people needed with managing their own medicines and personal care. We noted from the records we looked at that staff ensured people could lead their lives as freely as possible, with as little restriction as possible to maintain their safety. All risk assessments were reviewed to ensure people's changing needs were identified and acted on before they impacted their safety and well-being.

There were procedures in place for evacuating people from the premises in the event of a fire or emergency. Each of the records we looked at were all found to be reviewed, person centred and reflected people's health needs. Staff knew how to access the files in the event of an emergency, and had received training on fire safety. Regular maintenance was undertaken that ensured where improvements to the layout or décor of the home were needed; this would be done in a timely manner, with minimal disruption for people. Regular servicing of gas installations and fire prevention equipment had been carried out. This helped staff to support people in a safe environment. A fire risk assessment was in place and the registered manager understood how to ensure the risks associated with the home environment did not impact on people's safety.

People told us there were sufficient numbers of staff in place to support them safely. One person said, "There is always someone around to help or they can soon get someone." Another person said, "If I need to go to the hospital for an appointment and one of my family can't come with me, then someone (from the Home) comes with me and stays with me."

Our observations throughout the inspection supported this view. We found call bells were responded to in good time and people who needed staff support were not left unattended in communal areas. An

assessment of people's needs was carried out to assist the registered manager in determining how many staff were needed to support people safely. We checked staff rotas and found the number of staff working reflected the number of staff recorded on the rota.

Robust recruitment processes were followed to ensure that people were protected from unsuitable staff. Before staff started working at the service, a check had been carried out through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that proof of identity and appropriate references had been sought prior to staff commencing work. This meant that the provider had taken appropriate steps to ensure people were protected from staff who may not be safe to support them.

Most of the people we spoke with told us they received their medicines when they needed them and were happy with the support they received from staff. One person said, "I get my pills like clockwork and the district nurse comes in regularly (to help with a health condition)." Another person said, "If I need painkillers I only have to ask, but they usually ask me if I am in pain before I even have to ask." One person did say that had had some difficulties with staff understanding how to support them with their medicines. We raised this with the registered manager who assured us this had now been addressed.

We observed staff administering people's medicines and saw they stayed with people until they had taken them. People's medicine records contained a photograph of the person to aid identification, a record of any allergies and the person's preferences for taking their medicines. Other information was recorded to aid the safe administration of medicines and to ensure their effectiveness. This included protocols for staff of when to administer medicines that were to be given 'as required.' These protocols are important to ensure people received their medicines consistently and in line with their assessed needs. Staff told us they completed medicines administration training and competency assessments prior to administering medicines. Records viewed supported this. Regular medicine audits were carried out to assure the registered manager that people continued to receive their medicines safely.

People told us they felt the service was clean and our observations during the inspection confirmed this to be the case. One person said, "The place is spotless. In fact, everything is spotless, including the laundry. I just put the bag out and it comes back all done. Sometimes they even put it away for me." A relative described the home as, clean, comfortable and safe."

We saw that staff adhered to infection prevention and control procedures such as using personal protective clothing and equipment (known as PPE). Staff told us that PPE was readily available, which we observed during the inspection and we also found that bathrooms contained liquid soap and disposable hand towels in addition to visible instructions about correct hand washing technique. The home appeared visibly clean. We spoke with one member of domestic staff who told us they had adequate time allocated for cleaning and laundry duties and were aware of the action they should take in the event of an outbreak of infection. This helped to reduce the risk of the spread of infection.

The registered manager ensured that processes were in place to investigate and act on any accidents or incidents that occurred at the home. Where amendments to care planning or risk assessments were needed these were addressed quickly to reduce the risk to people's safety. There was regular input from the provider to discuss any themes or trends and what action could be taken to address them. This meant people's on-going safety was reviewed to reduce the impact on them or others.

Is the service effective?

Our findings

The registered manager had ensured that people's on-going physical, mental health and social care needs were assessed and provided in line with current legislation and best practice guidelines. This included the use of recognised assessment tools to assess people's needs in areas such as pressure care and nutrition. Where people had specific health conditions that required the support of staff to help to manage them effectively, specific guidance was in place to support staff. The registered manager had also ensured that the protected characteristics of the Equality Act 2010 were implemented when care plans were formed.

People told us staff understood how to support them. One person said, "They seem to know what I need here and they organise everything for me." Records showed staff received training relevant to their role. This included moving and handling, safeguarding adults, mental capacity and food and nutrition. Records viewed showed most staff had completed training which the provider had identified as being mandatory. Training had been booked or was in the process of being booked to ensure the small number of gaps identified were addressed. Staff could tell us what training they had received and how this was relevant for them to carry out their role effectively.

Staff told us and records confirmed that they received regular supervision and an annual appraisal to discuss their performance and any development needs they had. The registered manager had ensured all staff completed their induction and were encouraged to complete professionally recognised qualifications such as diplomas (previously known as NVQs) in adult social care. Staff told us they felt supported by the registered manager to carry out their role effectively.

People told us they liked the food provided for them at the home. One person said, "The food is good." Another person said, "I choose to have my meals in my room mostly, but the food is still hot and there is plenty of choice." A relative said, "I would be more than happy to eat here!" Another relative said, "We are always made welcome, we can eat here if we want to (for a small charge) and from what we have seen of the food, it would be a nice experience."

People were supported to maintain a healthy and balanced diet. Where people were at risk of consuming food or drink that could cause long term harm to their health, risk assessments and care plans were in place to reduce that risk. Risks to people in relation to their nutrition were assessed and records showed that people's weight was monitored. Where needed, referrals to dieticians were made to assist with reducing the risk to people's health.

The chef was provided with information about people's food preferences and dietary requirements and regularly sought feedback from people using the service on the food provided. There was a varied menu provided throughout the week, with a variety of snacks and drinks available throughout the day for people. The kitchen was found to be clean and tidy, with all fridge and freezer temperatures within range. Food was labelled and stored correctly and there was noted to be a wide selection of fresh produce available. The cook was knowledgeable regarding people's special dietary requirements, and they reviewed people's dietary needs regularly with the registered manager or senior care staff. This ensured people continued to

receive food they enjoyed, but also did not place their health at risk.

A relative told us they were pleased with the support their family member received with maintaining their health and they told us their family member also had regular access to health care agencies when needed. "[Family member] sees professionals regularly. Whenever they need to really, although there are some that come (to the home) regularly, like the Chiroprapist and the GP if they need to see them. The Home organise all that and [my family member] is good at speaking up for what they need."

People were supported to maintain their health and had access to external health and social care agencies. We saw regular involvement of these agencies had been recorded in people's care records. Records showed that people had access to a range of external health professionals which staff had contacted when changes to their health had occurred. For example, care records showed input from a GP, dietician, dentist, optician, Parkinson's Nurse Specialist and speech and language therapist.

The home had an attractive, well maintained and accessible garden area, with outdoor seating and raised beds; which surrounded the property on three sides. The home participated in the local 'open gardens scheme', which allowed people to maintain links to the local community. One person told us how important the garden was to them to be able to "look out at the birds." We observed one person outside during the inspection tidying up some fallen leaves. Evidence was seen during the inspection of the range of activities that had taken place outside during the summer, and people told us how much they enjoyed being able to go outside when the weather was warmer.

The home had been adapted to support people living with dementia and/or a physical disability. Some signage was in place to help people orientate themselves around the home, helping people to identify communal areas. Bathrooms had specially adapted equipment to support people with using the facilities safely. The home was well maintained and regular maintenance was carried out to ensure all areas were safe and enabled people to freely move around the home.

We were informed that a decision had been taken to remove people's names and other personal details from people's bedroom doors. The registered manager told us this had been done to ensure compliance with new European Union data protection legislation. However, some of the people we spoke with told us they were not happy with this decision. We informed the registered manager of this and they assured us they would speak with people about this decision and if a compromise could be reached.

We observed staff talking with people, asking for their views and responding accordingly. The staff we spoke with were confident that they ensured people could make their own choices and they respected and acted on their views.

People told us staff asked for and respected their wishes. One person said, "They always ask before they do anything for me and check I am ok, although I like to do as much as I can for myself."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Where people lacked the ability to consent to decisions about their care, their care records contained assessments to ensure decisions that were made adhered to the principles of the MCA. When a person was unable to consent to a decision, mental capacity assessments were completed. We saw assessments had been completed in a wide number of areas that included people's ability to manage their own medicines. We noted best interest documentation was in place when a particular decision had been made for people. This documentation is important, as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. This ensured people's rights were respected.

The registered manager made DoLS applications where necessary and authorisations were stored in each person's support records along with a support plan in relation to DoLS. Where conditions were recorded on the DoLS that had been granted, we found action had been taken to implement them. This meant no unnecessary restrictions were placed on people and their rights were protected.

Is the service caring?

Our findings

People and their relatives told us they found the staff caring when they supported them or their family members. One person said, "The staff are very kind to me." A relative said, "I have only ever heard staff be respectful and caring to residents. They are like that with me too. It's a pleasure to come here." Another relative said, "The staff here are all lovely, things have improved phenomenally of late. [My family member] seems very happy and comfortable here."

We saw many examples of staff talking with people with warmth and respect. Staff showed genuine interest in people's welfare, stopping to ask how they were and taking practical and compassionate action to relieve people's distress or discomfort. For example, we observed a member of staff sitting talking with a person whilst they encouraged them to have a cup of tea and some biscuits. There was a poster on display in the staff changing area which encouraged all staff to stop what they were doing at 2pm each day, make a drink, and to 'sit and talk to a resident'. We saw this take place. This showed the management team were taking a proactive approach to staff spending quality time with people.

The staff we spoke with knew the people they were supporting well. For example, one member of care staff described the support they provided to a person who could be very anxious about being in the communal areas following a recent illness. On the day we inspected, the person had been encouraged to join a small group in the lounge area, and all the staff and people were observed interacting positively with the person, who appeared happy to be in a more social situation. Another member of staff spoke of a person who preferred spending time in their room, but did enjoy knitting. The staff member encouraged the person to knit items for a local hospital baby unit, which enabled the person to feel more connected to the community.

People praised the approach staff and felt they made the effort to talk to them about the things that were important to them. We were also told by one person how staff had supported them to avoid becoming socially isolated. They said, "The staff have encouraged me to make friends and they always remember to tell me if there is something going on that they know I like."

Staff knew people's personal histories, what was important to them and the support they required to maintain their interests. Staff told us they had time to spend with people to get to know their needs and preferences and that care plans provided additional guidance about people's history and backgrounds.

We saw staff speak respectfully with and about people. They used their preferred name and ensured people were clean and happy. For example, people were given choices throughout the day of where they spent their time and were offered clothes protectors during mealtimes to preserve their dignity. The registered manager told us that ensuring all people received dignified care and support was fundamental to the approach of staff. They told us they ensured all people were treated with dignity and any issues identified with the approach of staff were dealt with immediately. Throughout the inspection, we noted people were clean, well presented and well cared for. Bedroom doors were shut when personal care was taking place meaning people's privacy was respected at all times. There was ample private space throughout the home if people

wished to be alone or to sit and talk with friends and relatives without interruption. There were no restrictions on people's family and friends visiting them.

People had the opportunity to have an independent person to speak on their behalf to support them with making decisions if they wished them to. Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. At the time of the inspection, no advocates were currently being used.

The provider encouraged religious interaction throughout the home. The home had its own chapel and people were supported to worship there if they wished to. A Chaplain was in place to offer spiritual guidance and religious discussion and debate. We observed this taking place and people were fully included and engaged. People did not need to be religious to live at Queenswood. The registered manager told us there was an inclusive and tolerant approach to all people's individual choices and preferences. They told us the chapel was available for all people to use, whether they were religious or not.

People's care records were stored safely, ensuring the information within them was treated confidentially. Records were locked away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the General Data Protection Regulation

Is the service responsive?

Our findings

Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. Once this had been agreed that people's needs could be met, individualised, person centred care plans were put in place to enable staff to have the guidance they needed to support people in their preferred way. One person said, "The staff here are really lovely, even though some of them are young and just starting out, they really understand me."

People's care plans contained an individual profile in the form of a summary of what was important to the person, their interests and personality. The care plans also contained information about their backgrounds and life story, enabling staff to form meaningful relationships and to support people in line with their personal preferences. We found care planning documentation was regularly reviewed to ensure they continued to reflect people's current health needs and personal preferences.

People told us staff normally responded to their requests for support quickly. However, some people felt this could be improved. The registered manager told us they had worked with staff to remind them of the importance of responding to people quicker. We noted staff responded to call bell requests quickly throughout the inspection.

People told us they could follow their hobbies and interests and found the activities provided at the home engaging and meaningful. One person said, "The activities are really good here and they let me know what is going on. We also get a sheet with everything on. I have been on trips too and really enjoyed them." Another person said, "The staff know what kind of things I like to do and if I don't feel like going down (to activities) someone will pop in and make sure I am ok. The door stays open unless I have a visitor and there is always someone popping by."

The home employed an activities co-ordinator and a comprehensive programme of activities was in place. On the day of our inspection we saw that staff engaged with people and encouraged interaction and participation. For example, during the morning there was a word association game taking place, which people told us that they really enjoyed. In the afternoon we saw a member of staff engaging people in a game of basketball, which appeared to be very popular.

The registered manager was aware of the Accessible Information Standard, which ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. We saw some easy read information was available for people who had communication needs. The registered manager told us they were in the process of reviewing how people's care plans and other documentation could be presented in a way that ensured more people could be involved with the care planning process. Other documentation provided throughout the home would also be reviewed to ensure compliance with this standard.

People told us they were aware of the complaints process and that any concerns they had were normally responded to appropriately. Records showed the registered manager was aware of their responsibilities to

ensure that when a formal complaint was made, it was investigated and acted on in good time, with a response sent to the complainant. This response outlined the action that had been taken and if required, apologies were given. Learning from complaints formed a regular part of senior management meetings and where needed, discussions were held with staff to ensure they were aware of improvements that were needed.

People had been assisted to make decisions about how they would like staff to support them when they neared the end of their life. People's end of life care and final wishes had been discussed with them before they had started using the service. These had been developed into meaningful care plans, which included people's personal preferences.

Is the service well-led?

Our findings

During our previous inspection on 7 February 2017 we identified a number of concerns in the way in which the home was managed. This led to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The main areas of concern were; the regular changing of the manager of the home, failure to address previous concerns regarding the quality of the food, effectiveness of the deployment of staff and insufficient quality care planning. We also had concerns that accidents and incidents were not being appropriately analysed and this had also resulted in some statutory notifications not being sent to us. We asked the provider to provide us with an action plan of how they intended to make the required improvements to ensure the home were compliant with the fundamental standards.

We received this action plan and during this inspection we checked to see whether action had been taken. We concluded that they have. As reflected within the body of this report, people were satisfied with the quality of the food and staff were now used more efficiently to support staff more effectively. Care planning had improved and accidents and incidents were now analysed effectively and the results used to reduce the impact on people's safety. The CQC had been notified of all notifiable incidents.

Since the last inspection a permanent registered manager has been appointed. They became registered with the CQC on 26 July 2018 and remained in the post ever since. The registered manager has made several effective changes that have addressed all the concerns we had at our last inspection. Effective and robust quality assurance processes were now in place that helped to assure and inform the registered manager where things were going well and where further improvement was needed. The provider offered further support for the registered manager and carried out their own audits to ensure that agreed actions were addressed in good time. This clear and structured approach has helped the service to make improvement and to provide people with the level of care and support they deserved.

People, staff and relatives praised the approach of the registered manager. One person said, "I know both of the managers by name and they are very approachable if I wanted to speak to them or make a complaint." Relative said, "The Manager is very approachable and they have got things done when it became obvious they needed doing."

People and their relatives told us overall, they or the family members were happy with the quality of the care provided at the home. They also praised the approach of the staff and the management in helping to provide good quality care. One person said, "I think they are a good team. There have been a few changes, but I have never heard a cross word or felt uneasy about anyone and if something happens, staff step in to sort it out." Another person said, "Everybody is very approachable and you can always speak to them if you are not happy about something." A relative said, "There have been quite a few staff changes, but they have seemed to go quite smoothly."

People were supported by staff who were enthusiastic, felt valued and were committed to providing good quality care for people. The staff we spoke with told us they received constructive feedback on their performance and felt part of a team. Staff gave us examples of positive changes which had been made by

the registered manager. One member of staff told us the team felt like a "big family" and that the culture within the home was "supportive".

The service had an open and transparent culture. People, staff and relatives were asked for their views about how the service could develop and improve. The staff we spoke with told us they felt comfortable to report any incidents or accidents which occurred and that any learning or recommendations from incidents were shared with them. One member of staff described receiving regular feedback from the registered manager and told us this was done in a constructive and helpful way. The staff member told us, "There have been a lot of positive changes recently in training and supervision, it is much better now." A new member of staff told us that, "I have been made to feel very welcome, I really love it."

The staff felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service. The staff felt confident to raise concerns and were confident these would be dealt with.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home.