Care Quality Commission

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Hayes Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Hayes Court on 23 and 24 November 2017. The inspection was unannounced. Hayes Court is a 'care home'. People in care homes receive accommodation and 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. Hayes Court is registered to accommodate up to 56 elderly people. At the time of this inspection 52 people were using the service. Twelve of these people were living at the home on a short-term basis for reablement after a hospital discharge.

We previously inspected Hayes Court in December 2016. At that inspection, we gave the service an overall rating of "Requires Improvement". We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to there being an insufficient number of staff to meet people's needs, the lack of effective systems to ensure people received their medicines safely, the provider's failure to follow the provisions of the Mental Capacity Act 2005, the lack of person-centred care and the lack of effective systems to assess and monitor the quality of care people received. The provider sent us an action plan setting out when the required improvements would be made. These actions have been completed.

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. The registered manager had many years experience working in adult social care.

Hayes Court is located in a quiet residential road in Kenley. On both days of our inspection, people's rooms and the communal areas were clean and free of unpleasant odours. We have made a recommendation that the provider finds out more about making adaptations, based on current best practice in relation to the specialist needs of people living with dementia.

Staff had received training in infection control. They consistently followed the provider's infection control policies and procedures which helped to protect people from the risk and spread of infection.

People felt safe from abuse living at Hayes Court. Staff had been trained in protecting adults from abuse and had good knowledge of how to recognise abuse and report any concerns. People were protected from avoidable harm because assessments completed by the clinical lead identified the risks each person faced and gave staff guidance on how to manage those risks.

Staff treated people with kindness and respect. They supported people in a way that maintained their privacy and dignity. People enjoyed living in the home and were satisfied with the quality of care they received. People told us the quality of food was good and they had a sufficient amount to eat and drink.

Staff supported people to maintain good health and access external healthcare professionals. The provider had significantly improved the systems in place in relation to storing, recording and administering people's medicines which helped to ensure people received their medicines safely and as prescribed.

The provider had a thorough recruitment process which was adhered to by the management and included conducting appropriate checks on staff before they began to work with people. There were enough staff working at the home with the right mix of skills and experience to meet people's needs. Staff were appropriately supported by the provider to provide effective care through an induction, relevant training, supervision and appraisal.

People were supported by a consistent staff team; many of whom had worked at the service for several years. They knew people well and understood people's routines and preferences. People were given choices and their wishes were listened to and acted on. Every person had an individualised support plan which they and or they relatives had contributed to. Staff supported people in a way and at a pace that suited people.

The provider organised regular activities inside the home and since our last inspection, had increased the opportunities for people to go out on trips or participate in activities outside the home. People were satisfied with the range of activities available to them.

Staff respected people's individual differences and supported them with any religious or cultural needs. Visitors were made to feel welcome and staff enabled people to maintain relationships with their families and friends.

The provider encouraged people to express their views and acted on their feedback in order to better meet their needs. The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People knew how to make a complaint and told us they would do so if the needs arose. The provider also acted on recommendations from external health and social care professionals to improve people's experience of living at Hayes Court.

There was an established staff structure which staff and people using the service were aware of. This meant that staff understood their roles and responsibilities and people knew how to escalate their concerns. The provider had created a system which allowed for greater staff specialisation and had improved the systems for assessing and monitoring the quality of care people received. The provider's policies and procedures were up do date and regularly reviewed. People's records were securely stored and well organised. The service was well organised and well-led.

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.

Processes and procedures for ensuring people received their medicines safely were clear and adhered to by staff. There was sufficient staff to meet people's needs.

People felt safe and staff knew about their responsibility to protect people from abuse. Care was planned to protect people from avoidable harm.

The provider had effective procedures in place to protect people from the risk and spread of infection.

Is the service effective?

Good

The service was effective.

The provider supported staff through induction, training, supervision and appraisal to help them to meet people's needs.

Staff supported people to eat and drink sufficient amounts, monitored their general health and well-being and supported people to access healthcare services when they needed to.

Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

The home was clean and free of unpleasant odours. The provider should seek advice on good practice in adapting the environment to meet the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

Staff were kind, attentive and knew people well.

Staff respected people's right to be treated with dignity and right to privacy.

People were supported by staff to be as independent as they could be. Family members and friends were made to feel welcome and had no restrictions placed on them when visiting the service.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning and felt in control of the care and they received. The care people received met their needs.

People knew how to make suggestions and complaints about the care they received and their comments were acted on.

People's preferences and choices for their end of life care were clearly recorded, kept under review and acted on. People received compassionate care at the end of their lives.

Is the service well-led?

Good

The service was well-led.

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and accountabilities within the structure.

People living in the home, their relatives and staff felt able to approach the management about their concerns.

There were comprehensive systems in place to monitor and assess the quality of care people received which the management and staff consistently applied.

Care Quality Commission

Hayes Court

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 inspection took place on 23 and 24 and November 2017 and was unannounced. The inspection team consisted of an inspector 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. The expert by experience's area of expertise was dementia care.

Before the inspection we reviewed the information we held about the service including the Provider Information Return. This is information we require providers to send to 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 also looked at reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection, some people were unable to share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service we observed staff carrying out care and support and the way they interacted with people. We spoke with six people using the service, three relatives as well as the provider, the registered manager, deputy manager, the clinical nurse lead, the medicines manager and four care assistants. We also spoke with two health and social care professionals who attended the service on a weekly basis to conduct assessments and care reviews. We looked at seven people's care records, four staff files, medicines administration records (MAR) for five people and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection in December 2016, we found that the procedures in place in relation to storing, recording and administering people's medicines were not sufficiently robust to ensure people received their medicines safely.

Since that inspection the provider had employed a medicines manager and overhauled the procedures for storing, recording and administering people's medicines. The medicine manager was responsible for overseeing the process for ordering, storing, recording and disposing of people's medicines. The medicine manager liaised well with the clinical lead. They conducted a weekly medicines reconciliation and audit of people's medicine administration records (MAR) to ensure that people had received their medicines; and that the relevant code had been recorded for example, if someone had refused their medicine. When the medicine manager found a discrepancy, it was raised with staff and action taken to help avoid a re-occurrence.

The room where medicines were stored and prepared for administration had been extended so that each person's records and medicines were stored separately. The room was clean and well-organised. People's medicines and emollients were stored at the correct temperature. Every person who required their medicines to be crushed had a separate pill crusher. People's food supplements were individually and securely stored with clear, accessible instructions for staff on how to prepare it safely.

There was sufficient information in people's care plans to help the nurses ensure they received their medicines safely. This included a list of medicines people were taking, the dosage, timing and frequency, as well as how the medicine should be taken, known allergies and reactions to medicines. The provider had systems in place to ensure that people who received their medicines covertly (without them knowing) did so in accordance with current legislation and guidance on good practice.

There was a system in place which allowed the clinical lead and medicine manager to check when a person's medicines were due to be reviewed by their GP. They worked closely with the GP to help ensure people's medicines were reviewed at least every six months. The provider had an effective process in place for sharing information by telephone and email; and transferring people's medicines when they went into hospital or attended appointments outside the home.

Although nurses were responsible for administering medicines, care assistants were responsible for applying emollients and steroid creams to people with skin disorders. Care assistants had received medicines administration training in February and March 2017. Staff were required to complete medicine administration records (MAR); the MAR we looked at were fully completed, accurate and up to date. This indicated that the provider's systems in relation to medicine management were effective and that people received their medicines as prescribed. People told us, "The good thing about being here is they sort it all out for me…so I don't have to worry about it" and "It arrives on time." A staff member told us, "If you forget to sign the record they pull you up about it straight away. They are really hot on the medication now."

At our previous inspection we found there was not enough staff to meet people's needs. Since that inspection the provider has recruited three care assistants, and a medicine manager. On the days of our inspection there were two nurses, 14 care assistants, a medicine manager as well as cleaning and kitchen staff on duty. We looked at the staff rota for the two weeks before our inspection which confirmed that this was the usual number of staff on duty. People told us, "There are lots of staff around during the day. Less at night but enough", "There are always carers floating around. I don't have to wait long if I call them" and "There's plenty of staff working here." A relative commented, "That's one of the things I like about it here. I can always find someone if I need to." A staff member told us, "It's much better for the people living here now that there's more of us. We've got more time to spend with the residents." A healthcare professional told us, "The staff, resident ratio is one of the best I've seen."

The provider had taken reasonable steps to protect people from abuse. The service had safeguarding and whistle-blowing policies and procedures for staff to follow if they had concerns that a person living at the home was at risk of abuse. Staff we spoke with were familiar with these policies and procedures. They also knew how to identify abuse and how to report their concerns internally and externally.

The registered manager advised people at residents' meetings who to speak to if they felt unsafe. People told us they felt safe from abuse and knew what to do if they felt at risk of abuse. People commented, "I've always felt safe here", "Yes, you have to be let in and out", "Oh gosh I feel very safe", "Yes I am comfortable and safe" and "If I was worried I'd speak to [the registered manager]."

Arrangements were in place to protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed regularly thereafter. The risk assessments were personalised. Care plans gave staff detailed information on how to manage identified risks and keep people safe. This covered such issues as how to minimise the risk of falls and the action to take in the event that the person were to fall. Records confirmed staff delivered care in accordance with people's care plans

Staff had been trained in health and safety and emergency first aid. They knew what to do in the event of a medical or other emergency. People had personal evacuation plans in place and emergency evacuation notices were displayed throughout the home. The provider acted on feedback from specialists to improve the safety of the premises. For example, we saw that fire doors were upgraded as a result of feedback from a London Fire Brigade fire inspector.

People were protected from the risk and spread of infection because staff followed the home's infection control procedures. The provider employed full-time cleaning staff and had effective systems in place to maintain appropriate standards of cleanliness and hygiene which staff consistently followed. People commented, "It's nice and clean here" and "They are always cleaning." Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. We observed that there was an ample supply of personal protective equipment and that staff practised good hand hygiene. The provider had appropriate systems for disposing of clinical and non-clinical waste safely. Kitchen staff had been trained in food hygiene. There were measures in place to prevent contamination in the food preparation process. The refrigerator and freezer temperatures were recorded and monitored to ensure that food was appropriately stored.

Good

Is the service effective?

Our findings

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.

At our last inspection the provider and staff were not working within the principles of the MCA. During this inspection people told us that staff respected their wishes and they could make their own decisions. We saw that people chose what they wanted to wear and what they wanted to eat. Staff had received training about the MCA. We discussed with staff what needed to happen if a person could not make certain decisions for themselves. What they told us demonstrated they had good knowledge of the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited relevant people for example, family members to be involved in best interests meetings. These meetings had been documented and the records confirmed that people were involved in this process.

The provider ensured that people were not discriminated against by making reasonable adjustments to how their care was provided. For example, people who required assistance to make decisions for themselves were given additional information in a format they could understand to facilitate the decision-making process. People were supported to follow their religion regardless of their religious denomination. People had access to the equipment they required which helped to promote their independence. For example, people with mobility difficulties had appropriate wheelchairs to help enable them to be as independent as people without mobility difficulties.

The clinical nurse lead and registered manager carried out assessments of people's physical, mental and social needs; they did so in line with national guidance such as the Department of Health guidance on care and support planning. This helped to ensure that people were involved in their care planning and that people's care was planned to promote their well-being. Staff had regular discussions about people's needs and effective handovers which meant that changes in people's needs were immediately met; and their care plans and risk assessments amended accordingly. A healthcare professional told us, "The handovers are comprehensive."

Staff were recruited using a safe recruitment practice which was consistently applied. This included appropriate checks before staff began to work with people. Records we reviewed demonstrated that professional references, confirmation of an applicant's right to work in the United Kingdom and that they

were physically and mentally fit to do the job were obtained. Criminal record checks were also carried out.

People received care and support from staff who were appropriately supported by the provider. We observed that staff knew what they had to do and knew how to do it; they were confident in carrying out their role. People told us, "I'm well looked after. I have no complaints" and "The staff are very good."

When first employed, staff received an induction during which they were introduced to the home's policies, they received basic training in areas relevant to their role and they were made aware of emergency procedures. There was a system in place to identify staff training needs. Staff received regular training in areas relevant to their role such as, moving and handling people and infection control. People who had specific healthcare needs were supported by staff who had received training to better understand their condition and how to meet their needs. For example, people who had difficulty swallowing and required percutaneous endoscopic gastronomy (PEG) feeding tubes were supported by staff who had received training in PEG feeding. Staff received regular supervision during which they had the opportunity to discuss their training needs and any issues affecting their role. Records indicated that staff gave their views on the quality of care people received and what could be improved. Staff who had been employed by the provider for more than one year had an annual performance review. This support from the provider meant that staff had the skills, knowledge and experience to deliver effective care and support.

People were protected from the risk of poor nutrition and dehydration. People's dietary needs were identified when they first moved into the home and this was recorded in their care plans. A full-time catering team were employed by the provider. People's meals were freshly prepared daily. The menus we looked at were designed to offer healthy, nutritious meals. People who required assistance with eating, or who required a special diet were given the support and diet they required.

People had a sufficient amount to eat and drink and were satisfied with the quality of their meals. People commented, "I look forward to the fish and chips. It's delicious", "There's good food", "I think the food is good by and large", "I've put weight on since I've been here" and "Whatever takes me off, it won't be starvation." People were given a choice of two options from a menu and had the opportunity to eat outside of mealtimes.

One person who had a small appetite due to a health condition told us the staff had been fantastic and gave them something different to eat of their choice when they were unable to cope with a full meal. The person told us, "They gave me toast and marmalade the other day, and warm milk in the evening…I'm eating better since arriving here." People had the opportunity to give their feedback on the food and drink they received at "residents' meetings". Minutes of the meetings indicated that people's feedback was acted on. For example, at one meeting people said they wanted more cakes at tea time and this was arranged.

Staff involved appropriate, specialist healthcare support promptly which had a positive impact on people's health and well-being. We saw that a tissue viability nurse (TVN) was involved in a person's care soon after they were admitted to the home with a high grade pressure sore. By following the TVN recommendations the pressure sore grading quickly improved as did the person's general well-being. Similarly, a person with a recent dementia diagnosis and difficulty swallowing was promptly referred to a speech and language therapist who put a management plan in place to aid staff to safely and effectively support the person at mealtimes. A visiting doctor told us, "They are very good at seeking advice and following our recommendations. The nurses have a good understanding of people's healthcare needs and good clinical knowledge. We work very well together."

People were supported to maintain good health because a variety of checks were conducted monthly and

recorded. We saw that people were weighed, had their blood pressure checked and where appropriate their skin regularly checked for the existence of pressure sores. Staff planned people's care to prevent common complaints such as urinary tract infections. Preventative measures were also organised; people who consented were given flu vaccinations.

People were informed about their health conditions and treatment plans. People told us about their health conditions and the healthcare professionals involved in their care. We observed the nurse administering medicines and heard them telling people what the medicine was and what it was for. The information was given by the nurse at a pace that suited the individuals receiving it.

People's rooms were personalised with some of their own furniture, family photographs and ornaments. This helped people to feel comfortable in their surroundings. People's rooms and the communal areas of the home were clean and tidy. There were no unpleasant odours within the home.

People living with dementia can become disorientated in time and space which can make it difficult for them to find their way around the home without support. We recommend that the service finds out more about appropriate adaptations, based on current best practice in relation to the specialist needs of people living with dementia.

Servicing and routine maintenance records were up to date and evidenced that equipment was regularly checked and safe for people to use. This included maintenance checks on the lifts and hoists. Staff had been trained in how to use the equipment people needed. We saw that the right number of staff were involved in using equipment such as hoists and that they were used correctly.

Fire alarms and fire equipment were tested to ensure they were in working order. The building and surrounding gardens were adequately maintained to keep people safe. The water tanks and utilities were regularly inspected and tested. The home had procedures in place which aimed to keep people safe and provide continuity of care in the event of an unexpected emergency such as, a fire.

Good

Is the service caring?

Our findings

People, relatives and visiting healthcare professionals were complimentary about the caring attitude of staff. People commented, "They are ever so lovely", "The staff are a lovely bunch" and "I'm very happy with the staff, they're very helpful." Relatives commented, "I've been very touched by the way they've cared for [the person]. Nothing is too much trouble. They've made the last few months easier for us all" and "I can't praise them highly enough. They're wonderful." A healthcare professional told us, "I'm here regularly and I think the manager and his staff genuinely care about the people living here."

People's privacy and dignity were respected and maintained. People told us, "They always say a cheery good morning and if they've come to get me washed and dressed they shut the door" and "They are always respectful particularly the day staff." Staff told us, "I ask if they are ready for personal care and make sure they are covered up as much as possible" and "It's important that they are clean and tidy." People who wished to be supported with personal care by staff of the same gender told us that they were. This helped to make people feel that their views mattered. People told us they valued being supported by staff they could relate to. This facilitated the development of meaningful relationships which in turn benefitted people's general well-being. A relative commented, "They [the person using the service and staff] are just like good friends. It's been great to see how happy [the person] is and how well they all get along."

Throughout our inspection we observed many instances of positive interactions between people and staff. Staff spent time talking and laughing with people. People appeared relaxed with staff and did not hesitate to ask for their support when they wanted it. People were not rushed; they were given the time they needed to make choices. We observed that staff supported a person who became agitated in a calm and respectful manner. Staff spoke fondly about people. They commented, "I love looking after these residents and making them happy and making them feel special", "I love working here, it doesn't feel like work" and "Now that we have more staff we can spend more time with the residents; that's the best part of the job."

People were supported by a consistent staff team because many of the staff had worked at the service for several years. Staff knew people well and people felt comfortable with staff. We saw that staff serving tea knew how much milk people preferred and where they preferred to have their meals. One person commented, "They know what I like and when not to bother me." A healthcare professional told us, "I've been very impressed by how well they know people."

People were supported to retain as much independence and control as possible. People's records detailed the level of support they required from staff with day to day tasks. We observed that staff prompted people to do as much as they could and wanted to do for themselves. We observed that a staff member encouraged a person to make their own way to the dining room using a walking aid whilst the staff member followed at a close distance in case their assistance was required. One person liked to do their own shopping and used their laptop to order goods online.

Staff made people's relatives and friends feel welcome and able to visit at any time. We observed staff greeted people's relatives and friends warmly, responded appropriately to their questions and provided

them with information about their family member including how they were and whether they had had a good day. One relative said about staff, "They always have time to talk to us and we have a laugh." Another told us, "They always offer a cup of tea." Celebrations were arranged throughout the year to which relatives and friends were invited. A staff member told us, "There are always some family members here for Christmas dinner." These measures helped to ensure that people felt they mattered.

Good

Is the service responsive?

Our findings

At our previous inspection, we found that the care people received was not personalised and people did not have sufficient opportunity to socialise.

People and where appropriate their relatives were involved in planning and reviewing their care. A person told us, "I told them everything and they know everything about me." A relative said, "I feel very involved; they keep me updated." Each person using the service had a current care plan which provided information for staff about their care needs and how support should be provided to them. People's care plans were personalised. They took account of people's specific needs, abilities, preferences and life histories. They also included information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to provide their care. For example, a person liked to have their meals in their room and have a glass of wine and they told us they were able to do this as often as they liked. People felt able to request a change in the way their care was delivered and told us their requests were responded to promptly.

People were satisfied with the quality of care they received. People commented, "I'm very happy here", "They do a difficult job well", "I'd rather be at home but I can't complain. I have everything I need here" and "I like it here." Relatives also gave positive feedback on the quality of care their family members received." A relative told us, "I think they are very good. I have no complaints at all." Another relative commented, "We've been very lucky to find this place. [The person] is settled and happy."

Staff supported people to spend their time day-to-day in the way they preferred. Some people liked to spend the day in their rooms and went to the lounge when there was an activity they were interested in and this was respected by staff. Since our last inspection the provider had improved the variety and frequency of activities on offer. On the first day of our inspection, we observed a quiz taking place in the lounge. It was well attended and there was lots of banter and laughter; people were clearly enjoying it. People were satisfied with the activities on offer. One person told us, "I love the entertainers" and "I'm looking forward to the Christmas party." People's cultural, spiritual and religious needs were catered for. A member of the clergy from a local church regularly visited the home to hold a service. People also had the opportunity to attend services at a local church. These opportunities to socialise with other people helped to ensure people did not become socially isolated.

The provider used technology to support people to receive timely care. There was a call bell system in place at the service which people could use when in their bedrooms to request assistance from staff. We observed call bells were placed within easy reach in people's rooms and people said they knew how to use these to call for assistance from staff when this was needed.

People were supported to express their views on the quality of care they received. The registered manager met formally with people as a group every month. Relatives were encouraged to attend these meetings to give their views. Minutes of these meetings demonstrated that people gave their views on the menus, activities and required maintenance. We saw that issues raised in these meetings were directed to the

relevant department for example, the kitchen staff and that action was taken to address the issues raised. The provider conducted annual satisfaction surveys. The surveys we looked at had positive comments from people on their experience of receiving care from the service.

There was an appropriate procedure in place to record, investigate and respond to complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. For example, we saw that a complaint about the attitude of some night staff had been investigated by the registered manager. Staff were aware of their responsibility to support people using the service to make complaints or raise concerns. People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them when they first began to use the service.

The provider had a systematic approach to optimising care for people nearing the end of their life. Staff had received training in end of life care and people received compassionate care. The registered manager and nurses recorded people's preferences and choices for their end of life care and this information was communicated to all staff involved in their care. This information was kept under review and acted on. A relative commented, "Their care has made all the difference. They are managing [the person's] pain and [the person] is comfortable."

Good

Is the service well-led?

Our findings

At our previous inspection, the systems in place to assess and monitor the quality of care people received were not always effective.

Since our last inspection, the provider had employed more staff and the deputy manager had returned from long-term leave which meant the registered manager was able to focus on strengthening the auditing and quality assurance systems. There were comprehensive arrangements for checking the quality of the care people received. As part of their daily checks, the registered manager observed staff interaction with people and checked the standard of cleanliness in the home. There was a system in place to check that staff training, supervision and appraisal were up to date. Feedback on the quality of care provided was sought from people living in the home, their relatives and external people who were in regular contact with the home such as, district nurses. The registered manager acted on feedback and implemented recommendations made by external agencies such as the local authority, to improve the service.

The registered manager conducted monthly compliance audits where people's care plans and records were reviewed, the management of medicines was checked weekly. The provider conducted quality assurance audits annually which looked at every aspect of service, how it was managed and the experience of people living there. Audit reports were compiled and where issues were identified an action plan was put in place and actioned. There were systems in place to ensure that the standard of maintenance of the home and equipment used was monitored and prompt action was taken when repairs or servicing was required.

People and staff told us and we observed that the registered manager was approachable. Throughout our visit, the registered manager was interacting comfortably with people living in the home and staff. People told us the home was well managed and well-led. One person told us, "He's a good manager." Another person commented, "Everything is well organised." Relatives told us, "It's like one big family" and "Everything seems to run like clockwork." A healthcare professional told us, "Whenever I've had a query the manager had been very open in his response."

There was a clear staff and management structure at the home which people living in the home, relatives and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people living in the home.

Staff felt supported by the management and provider. A staff member said of the provider, "They give us a lot of training and support and it's good training." Another staff member told us, "We work together, we are a good team" and "[The registered manager] listens to us. We can go to him at any time." We observed that staff appeared happy whilst working. Staff felt valued and staff morale was high. This contributed to there being a low staff turnover which in turn meant that people living in home received consistent care from the same staff team who they were familiar with. Staff felt able to express their views on the management of the home and the way care was provided. Records indicated that staff meetings were well attended and staff were forthright in their views. There was open communication between the management and staff.

The provider and management worked well with external organisations to introduce training, policies and procedures for staff to follow in order to improve the quality of care people received. One of these initiatives was accreditation using the Gold Standards Framework for end of life care. The registered manager had also established good working relationships with the local authority and local GP surgeries. The service was sufficiently well organised to effectively support people who were staying at the home to receive short-term reablement care.

The provider told us in their provider information return about their development plans for the home. They were constantly looking for new ways to develop staff and enhance the facilities of the home. We saw that plans were actioned. For example, plans to increase the training offered to staff and to test their competency had been implemented.

We requested a variety of records relating to people using the service, staff and management of the service. The files we requested were well organised, up to date and promptly located. A review of our records indicated that the provider promptly submitted relevant statutory notifications to the CQC. Statutory notifications contain information providers are required to send us about significant events that take place within services. Statutory notifications are important as they allow the CQC to monitor risk within a service.