Mrs I Crosbie

Woodhall Park Nursing 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?	Good

Summary of findings

Overall summary

We inspected this home on 15 January 2018. At our last inspection we found the provider was not meeting all the regulations and we rated the home as Requires Improvements. We asked the provider to complete an action plan to show what they would do and by when to improve the key question 'is the service safe' and 'is the service welled' to at least good. We found these improvements had been made.

Woodhall Park is set in its own grounds and the accommodation is presented over two floors. There are three lounges with views of the gardens and a large dining room where main meals are served. Bedrooms are situated on both the ground and first floor. There is outside seating to the front and in a small secure garden with raised planting beds off one of the lounges.

The service is run by two registered managers. 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 home offered a friendly atmosphere which people and relatives enjoyed, they were able to personalise their own living space. There were sufficient staff to support people's needs who were aware of how to keep them safe from harm. Risks had been assessed and measures taken to reduce any risks. Medicine had been managed to meet peoples prescribed needs.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People's wellbeing had been promoted through referrals to health care professionals. Any advice had been followed to promote good health. People enjoyed the meals and had a choice which reflected their preference and dietary needs. People were protected from having sore skin and their weights had been monitored to ensure they received the required nutritional support to maintain good health.

Staff had established positive relationships which enabled them to personalise the care they delivered. Care plans were person centred and identified people's preferences and style of care they required to suit their individual needs. People and relatives all identified that staff were caring and kind. They offered respect and when they delivered care it was in a dignified way. When people were nearing the end of their life they received care to support their wishes.

The home had a complaints procedure; however the home had not received any complaints since our last inspection. People's views had been considered and they had been involved in developing the care they received. Improvements had been planned to the home which would provide better facilities and consideration of people's dignity when they received care.

Staff felt supported in their role and had received training and inductions to enhance their skills. When staff joined the home they were checked to ensure they were suitable to work with people. All those using the home felt it was well run. The registered managers completed regular audits to identify areas of improvements. When incidents occurred the learning had been shared to reduce the risk of it reoccurring. The registered managers understood their roles to meet their registration and had notified us of events. They had displayed the previous rating in the home and on the provider's website.

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 safe and staff understood how to protect them from harm. People were supported by sufficient numbers of staff to maintain their safety and meet their needs. Medicines were managed safely by staff who were trained and competent to carry out the task. The home maintained hygiene levels to reduce the risk of infection.

Is the service effective?

Good

The service was effective
The provider had considered when people were being unlawfully restricted and taken the appropriate steps to follow guidance. When people lacked the capacity to make decisions these had been made through best interest meetings. People were supported to be independent with their meal and their weight had been monitored to maintain good health. Specialist advice was sought promptly when people needed additional support to maintain their health and well-being. Staff had received training which gave them the skills they needed to care for people effectively.

Is the service caring?

Good

The service was caring
People had established positive relationships with staff and felt they supported them. Family and friendships that were important to people had been supported and they felt the atmosphere at the home was very valuable and supported the level of care provided. People's privacy and dignity was respected. People's spiritual needs had been considered.

Is the service responsive?

Good

The service was responsive
People received care which met their preferences and staff understood their likes and dislikes. There were opportunities for people to choose how they spent their leisure time. There was a complaints procedure available. When required, support for people at the end of their life was provided in a caring and

respectful manner.

Is the service well-led?

Good

The service was welled.
The home was run by two registered managers who understood their registration requirements. They were a visual part of the home and had developed a relaxed friendly atmosphere. Audits had been completed to reflect changes required and to drive improvements. People's views had been obtained and any suggestions acknowledged and responded to.

Woodhall Park Nursing Home

Detailed findings

Background to this inspection

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

At the last inspection November 2016, we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'is the service safe' and 'is the service welled' to at least good. We found these improvements had been made.

Woodhall Park Nursing Home 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. Woodhall Park accommodates 42 people, at the time of our inspection there were 37 people using the service.

This inspection visit took place on the 15 January 2018 and was unannounced. The inspection visit was carried out by one inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a professional who has expertise in a specific area. Our specialist had knowledge and expertise in care for people with dementia.

The provider completed a Provider Information Return as part of the Provider Information Collection. 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 also checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We reviewed the quality monitoring report that the local authority had sent

to us. All this information was used to formulate our inspection plan.

Woodhall Park is set in its own grounds and the accommodation is arranged over two floors. There are three lounges with views of the gardens and a large dining room where main meals are served. Bedrooms are situated on both the ground and first floor. There is outside seating to the front and in a small secure garden with raised planting beds off one of the lounge areas.

We spoke with six people who used the service and eleven relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with four members of care staff, the cook, a domestic, two activity coordinators, two nurses and the registered managers. We also spoke with professionals linked to supporting people at this service; these were the community GP and the advanced nurse practitioner. Their comments were positive and are reflected within the report.

We looked at a range of information, which included the training records to see how staff were trained and the care records of four people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

Our previous inspection found whilst the provider was not in breach of any regulations there were aspects of care that could be improved to make people using the service safer. These related to the availability of the staff at some periods in the day and evacuation plans. We detailed these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

We saw that each person had an evacuation plan which identified how they would be required to evacuate the building in the case of an emergency. The plans provided the details required of how to support people dependent on the time of day and their location. Staff had received training on fire safety and there had been planned drills to familiarise staff on the action they should take when an emergency occurred.

There were sufficient numbers of staff available to effectively support people. In addition to providing support to meet people's physical needs, we saw staff also spent time with people to make sure they received social stimulation. For example, chatting about family visitors, the weather or general items of interest to the individual. One person said, "The staff are busy, but always have time for you and don't rush you." A relative said, "The ratio of staff to people is very good. The care is exceptional from the care staff and the nurses." A staff member told us that the staffing had been increased; they now had an extra staff member from 8.00am to 4.00pm and told us, " This had made a real difference and we can respond quicker and spend more time with people."

People's needs were responded to when they activated their call bells and other people received support as it was identified or in line with their care needs. This related to people being supported to change position to reduce the risk of sore skin. A relative said "They check them every two hours when they are in their room and there's a sheet the staff sign so you know it's been completed."

A dependency tool was used to identify the level of support people required. The registered manager told us, "This is used as a guide, however we recognise on occasions we need to increase staffing for short periods when people's needs increase." We saw the staffing had been increased the previous weekend as two people were unwell and this meant that the nursing staff would be required to complete additional observations on these people and this could have an impact on the staff being available. This showed that the provider and registered manager responded to the needs of people in ensuring the correct staffing levels were available as their needs changed.

We saw that checks had been carried out to ensure that the staff employed were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. The records we reviewed had all the relevant checks required.

People told us they felt safe when they received care. One person said, "Definitely I'm safe. I like it here, my husband was here for two years and I said when it came to me not being able to cope at home I would come here." One family member said, "I think my relative is safe because of the attitude of the staff here. [Name]

can be challenging and they are very kind to them." Staff had received training in safeguarding and understood the different possible signs of abuse around safeguarding and how to raise a concern.

We saw when a safeguard had been raised they worked with the local authority to investigate the concerns and made changes to their practice after the event to reduce the risk of the situation reoccurring. For example, a concern had been raised in relation to the observations recorded by the nursing staff to support medical judgements. Following a safeguard concern the registered manager had introduced a standard to follow relating to the frequency of observations and when to raise an alert to health care professionals. Staff had also received training in the recognition of sepsis. Sepsis is a life-threatening condition that arises when the body's response to infection, injures its own tissues and organs. A health care professional we spoke with said, "Since the training staff had recognised areas of concern and observations are taken and clearly recorded." They added, "They report things in a timely manner and are able to provide the information to support the concerns." This showed that they learnt from events to drive improvements.

Risks had been assessed and measures taken to reduce any concerns. For example, some people chose to smoke. These people had received a risk assessment and when they smoked a fire blanket was used to protect the person from any risks. We saw these being used when people smoked. Other people required equipment to support them to transfer. Staff had received training and we observed several people being moved and on each occasion staff supported the person on an individual basis. They explained the action they were taking and guided the person where to hold the equipment to provide them with some security or elements of independence. One relative said, "Staff here have had the training they need, [name] has had a concern with the hoist so staff are doing something about it to support them." Other risk assessments related to when a person was at risk of falling and we saw equipment or measures were put in place to reduce the risks.

People received their medicines safely from staff who had been trained to carry out this task. One relative said, "Yes they get their medicine on time they're quite good here, no concerns." Some people required their medicine through a Percutaneous endoscopic gastrostomy (PEG). A peg is a tube passed into a person's stomach most commonly used to provide a means of feeding or medicines when oral intake is not adequate. We saw when a person required this support the staff moved the person into a private area. They explained to the person what they were doing and provided reassurance. We observed when other people received their medicine. This was done in a respectful way. Staff spent time with people explaining what the medicine was for and encouraging them to take it for the benefit of their health.

All staff who administered medicines had their competency assessed on a regular basis to make sure their practice remained safe and in accordance with the provider's policies and procedures. Medicine was stored safety and stock was maintained to ensure the correct levels were available to meet peoples prescribed needs.

People and relatives we spoke with all felt the home was cleaned to a high standard. We saw staff used personal protective equipment when they provided personal care or when serving or supporting people with meals, such as gloves and aprons. The home had received a 5 star rating from the food standards agency. The food hygiene rating reflects the standards of food hygiene found by the local authority. The rating is from one to five, with five being of a high standard. We spoke with a domestic staff member who confirmed they had received training in COSHH (Control of Substances Hazardous to Health Regulations.) We saw that the correct standards had been followed and there was a regular schedule of cleaning followed. The registered manager had completed regular infection control audits on the home to ensure that any concerns were addressed and standards remained high.

Good

Is the service effective?

Our findings

People were supported to have choices about their care. One person said, "Staff know my likes and dislikes because I tell them." We saw that people's care plans detailed their individual needs and when specific guidance was required this was documented. For example, some people required specific support with their dietary needs; these included the consistency of the meals.

One person who had been identified as being at risk of choking, had received support from the medical profession to have a PEG fitted. However the person had made a decision they didn't want to use it and so their diet had been modified and agreed with a dietician. This showed the home respected the person's decision and supported them to be as independent as possible.
The person told us, "I feel safe with the staff and how they treat me."

The cook had a good knowledge of people's needs and had prepared a range of food to meet people's preferences and dietary requirements. There was a 4 weekly menu which reflected the seasons. It also reflected people's choices and at the meetings held for people who used the service changes were often incorporated. For example, pizza had been reintroduced at people's request along with more opportunities for cheese and biscuits. One relative said, "[Name] is s a picky eater so the cook buys in special stuff to encourage them to eat, things like forticream in chocolate flavour." Another relative said, "They vary the meals and add full fat yoghurts to increase their weight." We saw peoples weights had been monitored, one relative said, "They have increased their weight since being here."

We observed the midday meal. It was a pleasant social occasion. The tables were laid with tablecloths, flowers and condiments. People were offered gravy or sauce to accompany their meal in individual gravy boats. Staff were very attentive and offered support to people who required it. Each person was welcomed into the dining room by using their name and offering a drink. We saw some people chose a beer or cider to accompany their meal and a family member told us their relative enjoyed a baileys before they retired at night.

Staff had received training for their role. The registered manager told us the training included a combination of in-house and external providers. Staff we spoke with said the training was a positive experience and they felt they had the skills they required. We saw that competencies had been completed to check staff had understood the areas of training they had completed. These were used to support staff supervisions and appraisals.
The nursing staff told us they had met up as a team to reflect on their practice and they felt this supported their learning and reduce the risk of bad practices. The registered manager told us they planned to develop further training opportunities in the area of dementia to support people and to develop the staffs interest in this area.

Referrals had been made to health care professionals in a timely manner to support people's health care needs. One person said, "Yes they are quick to call the doctor and other professionals like the dentist, optician, etc., if I need them." Relatives also supported this, one relative said, "They will call out the health

professionals when needed. [Name] had problem with their eyes and they got some eye drops." Another relative said, "They keep us informed, for example they told us when they got a chest infection. They will call out the GP and others if they need them. [Name] is resting in bed now. They look after them." People's health had been monitored and records were kept up to date. One relative said, "Since [Name] has been here their health has got better, that's down to the care here." We spoke to the community GP and the advanced nurse practitioner who both confirmed that the home was swift to raise concerns. The GP said, "The staff are very good here, they are responsive to people's needs. There is a high level of care and it is well run."

People were able to personalise their space. We saw people had been able to bring items from home for their room. Around the home people had personalised a corner or space within the home. One person told us, "I found this spot and I have made it my own and that is respected." People had access to the outside space and one area had raised flower beds. One person told us, "I like gardening, when the weather is good I like to go outside and advise on the pots."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS). We saw that applications ahd been made following an appropriate assessments. We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. We saw when people lacked capacity an assessments had been completed and any decision was supported through a best interest process. The meetings had included professionals and people who were important to the person. Where relatives had obtained legal guardianship a copy of this agreement was retained by the home to ensure the correct process had been followed.

We observed the staff asking for people's consent before they supported them and provided a clear explanation to the reasons why the action may be required. One relative said, "The staff ask for consent before they do anything, and treat them respectfully." This showed us that people were supported to make choices and their decision respected.

Good

Is the service caring?

Our findings

In the PIR the registered managers told us, they aimed to provide a happy and cheerful environment and for family members to be part of their loved ones routine. This was also reflected in their home philosophy, which stated, 'The home aims to create a secure, relaxed, happy and homely environment, treating each resident as a valued individual. Residents are treated with dignity and respect, their family and friends are always made welcome and encouraged to visit.'

All the people and relatives we spoke with all commented on the warm friendly atmosphere of the home. They felt included in the care provided to their relative. One relative said, "This is Gods bonus to me, I feel so lucky to have found this care for [name]." The registered managers led by example to make sure people received kind and compassionate care. Both managers were very visible in the home. One relative said, "The managers are always out on the floor, they're 'hands on' and not in the office." Another relative said, "The manager and staff are always polite and happy to see you."

Families and people that were important to people were welcome to call at any time. One relative said, "There's nothing to hide here. I've been here at 1.30am in the morning. There's nothing to fear. I've never witnessed any raised voices." Another relative said, "I never worry when I go home, I know the care is good." We saw that family members had established their own routine within the home to support their loved ones. Some came at regular times and joined their family member for meals. Others came at varying times. All the relatives we spoke with said they were always welcome. Some relatives wished to continue some of the caring tasks they completed when they cared for the person at home. We saw this was encouraged and supported. The registered manager said, "It's important they still feel involved if they wish to. Often they have been the main carer for many years and know the person so well; we don't want to take that away from the relative or the person."

Relatives were kept informed of any changes. One family member said, "The communication between the staff is good. When my relative had delirium all the staff were given the information so they could understand how it affected them." Another relative said, "They keep me updated and always have time for you." All the relatives we spoke with said they would recommend the home. The comments received included, 'I can't fault the care.' And 'It's the atmosphere, so welcoming.'

A number of people who lived at the home were unable to fully express their views due to their dementia or as part of their long term illness. We saw people were relaxed and cheerful with the staff who supported them. We saw staff used touch and words of affection which were responded to by people smiling or making positive noises. One relative said, "They treat [Name] the age they are. It's lovely care and attention with a bit of humour." Another relative said, "The staff are so good. There's a lot of banter which [Name] likes, staff speak to them in a way that they like."

We saw that staff understood people's individual needs. For example, one person who was visually impaired required assurance when they sat in the lounge. We saw that staff positioned themselves within easy reach of a conversation or to provide touch in giving the reassurance they required. The conversation was

observed to be repetitive, however staff always responded politely and when a question was asked they provided the answer or a response.

Relationships had been developed. One person said, "It's nice here they look after you well,
They're genuinely caring. They've gone above and beyond the call of duty." Another person said, "The staff are gentle and know what to do and are very patient." Staff we spoke with demonstrated their passion and commitment to improve the welfare and wellbeing of residents that used the service. One staff member said, "It is important that people feel this is their home."

People's independence had been encouraged. A family member told us how their relative had arrived at the home bedbound. Over a period of 4 weeks the staff supported the person to sit in a chair in their room for short periods until they were able to progress to longer periods in the lounge area. The family member said, "It was lovely to see them sitting in the lounge and interacting more around people. It definitely made a difference to them."

People felt they were respected. One person said, "Staff are respectful and knock before coming into my bedroom." We saw that when people received personal care this was done discreetly.
When staff interacted with people it was done in a kind manner and they took time to talk to them before proceeding with their tasks. They enhanced their verbal communication with touch and altering the tone of their voice appropriately. Some of the accommodation within the home was on a shared room basis. One relative said, "[Name] shares a room, but there is ample screening you can screen off both beds for privacy." Another relative said, "They are respectful, if the undertakers are coming the manager tells them to come in the other way, or if someone needs care in the lounge they always bring screens out."

We saw how planned improvements were being made to consider peoples dignity. One of the main toilets used by people who required equipment was just off the main reception area of the home. Plans had been developed to extend the bathroom and change the access to make it more discreet for people. This showed that improvements were being driven by a need to enhance the respect for people's dignity.

People's spiritual needs had been considered. Some people attended the local church on a Sunday. One person said, "The staff take me and stay and support me whilst I am there. It's important to me I can continue this." We saw the home had established a link with the local church and this supported people who wished for spiritual support, but were unable to attend the church.

Good

Is the service responsive?

Our findings

The registered manager completed an assessment prior to the person moving to the home, this ensured they were able to meet the person's needs. The PIR said how family and those important to people had been included in developing the care plan. Staff had also played a part in supporting changes as the person adapted to living at the home or their needs changed. We saw that this information was included in the care plans. When changes had occurred it was cascaded to the staff through detailed handover notes. The registered manager told us they had been trailing a new handover system, "It's more detailed and individual. It works as you can see what has happened if you're not here or when you have been off a week."

People and relatives confirmed they had been involved in the development of the care plans. One relative said, "They went through everything with me. We looked at some areas of risk, like them falling out of bed and slipping down in her chair and discussed the options available to support them." Another relative said, "Communication is good. We have lots of discussions about [name's] care. If there's an issue we talk and that's profitable, because you can address things straightaway."

People's individual needs and preferences had been considered. One family member said, "They know my relatives preferences, they've spent a lot of time on this." The care plans were personal and identified individual aspects of peoples care. How they wished to receive the care, the way they liked their hair or the style of clothes they enjoyed. For example, we saw some ladies had scarves, handbags and jewellery. The registered manager told us they planned to develop this area more to include as much as they could about the person and their choices.

We saw relatives had been involved in reviewing the care plans. One relative said, "I have the opportunity to review and revise the care plan and change it on a daily basis if necessary." They told us how the home had made changes to support their relative's needs. For example, they had a television installed in the smaller lounge so that we can have some quiet time and the staff could sit with them.

The activities coordinators provided a dual role as they also worked some shifts providing care. They told us, "It's good to do both as you really get to know the person and then you can share that so it improves the relationship and what we can offer." They had also completed 'My life books' which had been used to develop some of the activities. A life book reflects on the person's life history and things they used to enjoy when they were more active or on areas that were of interest to them. We saw information from the life books had been used to develop activities or areas of interest. For example, one person had been a prisoner of war; they had shared their stories which had developed a wider conversation about living in war time.

The coordinators were planning to link with the local schools to share these experiences. Other people had an interest in music. One person used to play the piano and they told us they had recently played the piano at the home. They relayed stories from their time in a public house, they laughed saying, "Buy me a drink then I remember the tune." There was a wide variety of activities and the home also had entertainers who attended to support events, along with a regular person who provided an exercise session. Seasonal events had been celebrated. There was a planned 'Burns' day which included Scottish food and an entertainer. One

staff member told us, "We like to embrace any event or area of interest the people might like."

The home had a complaints policy displayed in the reception, however they had not received any formal complaints since our last inspection. One relative said, "I would feel comfortable raising a concern but we haven't got any." The registered manager shared with us some thank you cards which reflected the care which had been provided. Comments like, 'Wonderful care could not have wished for better.' And 'Having given up their independence, we were grateful for the staff that cared for them'.

At the time of this inspection the provider was not directly supporting people with end of life care (EOL); however they had recently provided care in this area. We saw that the care plans reflected people's needs, which included the level of medical intervention and individual wishes. One thank you card noted, 'The last week of their life the care provided was sensitive and respectful. Thank you for the advice provided through this difficult time." The home had a good relationship with the local church who were able to provide spiritual support if the person wished this. We spoke with a family member whose relative had recently passed away at the home. They told us, "Communication was informative, which included the introduction of medicines to manage their pain. They arranged for the GP to attend and other health professionals as their health deteriorated." The GP we spoke with told us, "They support people when they are EOL and do it really well, they take it in their stride and provide the best care they are able." The registered manager told us, "If the person doesn't have family local or available to support we aim to have a staff member be with the person so they are not alone." This meant we could be sure people would be supported when they neared the end of their life.

Good

Is the service well-led?

Our findings

At our previous inspection in November 2016, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had not ensured they managed audits to drive improvements in the home and they had not notified us of events. At this inspection we found that the required improvements have been made.

Woodhall Park Nursing home is run by two registered managers. 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 managers now had a structured approach to managing the business. They met on a weekly basis and shared a home diary which indicated when audits or maintenance checks were required. We saw a maintenance folder had been introduced which was monitored with the maintenance company to ensure all checks had been completed. There was also a system for daily repairs which we saw had been responded to in a timely manner. Other audits had been used to drive improvements. For example, a monthly medicine audit showed that improvements had been made and errors minimised. The falls audits reflected on any ongoing risks for people and identified actions which had been taken to reduce the risk of the person falling or how the risk had been reduced.

We had received notifications of incidents which occurred at the home or events which had an impact on how care was delivered. For example, when the home had a sickness bug the registered manager closed the home to visitors and informed the appropriate authorities. This ensured the bug was contained and enabled the home to reduce the risks. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating and offered the rating on their website.

People and relatives were positive about the atmosphere at the home. One relative said, "I've always been happy with the care here. It's a nice friendly place and they all seem to get on with each other."
Another relative said, "I feel confident it's well run here." Staff also enjoyed working at the home. One staff member said, "It's like working for an extended family."

Staff felt supported by the registered managers. They had received support in relation to supervision. One staff member told us, "You can talk about anything, they support your role." Another staff member commented at a recent appraisal the registered manager said, "Carers are just as important as the nurses we value everyone's input." They added, "That shows it's a team effort." The registered managers felt supported by the provider. They meet with them on a monthly basis and these meetings were documented

to cover all aspects of the home. □

We saw that an annual survey had been completed. The results of which had been summarised and shared with people and their relatives. At the last survey there were some comments relating to people having to wait for support. Since that survey there had been an increase in the staffing numbers. The registered manager told us this year's survey was due to be sent out and they hoped the staffing increase would be reflected in the responses. We saw they had introduced a suggestion box in the reception. To date they had only received one suggestion and this was positive. The registered manager told us, "We welcome all comments and always looking to make improvements."