Four Seasons 2000 Limited

Cedar Court

Inspection report

138 Lensbury Way
Thamesmead, Abbey Wood
London
SE2 9TA

Tel: 02083111163
Website: www.fshc.co.uk

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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

The Cedar court is a 'care home' providing residential care for older people with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cedar court accommodates up to 47 people in one adapted building. There were 43 people using the service at the time of our inspection.

This inspection took place on 23 and 24 November 2017 and was unannounced. At the last inspection on 5 and 6 September 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found some aspects of the arrangements for the safe management of medicines for people using the service were not robust. Some aspects of the quality assurance systems were not effective. We asked the provider to take action to make improvements in these areas. They sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we found this action has been completed.

The service did not have a registered manager in post. The previous registered manager left the service in May 2017. However the provider appointed a new manager to run the home. The new manager's application to the CQC to become the registered manager was being processed. 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.

Medicines were managed appropriately and people were receiving their medicines as prescribed. Staff received medicines management training and their competency was checked. All medicines were stored safely.

The service had an effective system and process to assess and monitor the quality of the care people received. As a result of the checks and audits the service made improvements, which included care plans and risk management plans were up to date, and falls management had improved.

Staff knew how to keep people safe. The service had clear procedures to support staff to recognise and respond to abuse. The manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service and they were up to date with detailed guidance for staff to reduce risks.

The service had an effective system to manage accidents and incidents and to prevent them happening again. There were arrangements to deal with emergencies. The service carried out comprehensive background checks of staff before they started working and there were enough staff to support to people.

The manager and staff understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005

Deprivation of Liberty Safeguards (DoLS). 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 consented to their care before they were delivered.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff supported people to access the healthcare services they required and monitored their healthcare appointments.

People or their relatives where appropriate, were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff prepared, reviewed, and updated care plans for every person. The care plans were person centred and reflected people's current needs.

Staff supported people in a way, which was kind, caring, and respectful. Staff protected people's privacy, dignity, and human rights.

The service recognised people's need for stimulation and social interaction. The service had a clear policy and procedure about managing complaints. People knew how to complain and would do so if necessary.

The service sought the views of people who used the services, their relatives, and staff to improve the service. Staff felt supported by the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives told us they felt safe and that staff and the manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the manger and staff understood.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff completed risk assessments for every person who used the service and they were up to date with guidance for staff to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

Staff kept the premises safe. They administered medicines to people safely and stored them securely.

Is the service effective?

Good

The service was effective.

People and their relatives commented positively about staff and told us they were satisfied with the way they looked after them.

Staff assessed people's needs and completed care plans for every person, which were all up to date. Staff completed daily care records to show what support and care they provided to each person.

People and their relatives were involved in deciding their care and making day to day decisions about they want.

The service supported all staff through training, quarterly supervision and annual appraisal in line with the provider's policy.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

The manager and staff knew the requirements of the Mental

Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Staff supported people to access the healthcare services they needed. The service liaised with other professionals to meet people's needs.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the service. They said staff were kind and treated them with respect.

Staff involved people or their relatives in the assessment, planning and review of their care.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good

The service was responsive.

The service completed care plans for each person and their daily care records to show what support and care they provided to each person.

Staff recognised people's need for stimulation and social interaction.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good

The service was well-led.

People who used the service and their relatives commented positively about the manager and staff.

The service had a positive culture, where people and staff felt the service cared about their opinions and included them in improvements to the service.

The manager's meeting with staff helped share learning so staff understood what was expected of them at all levels. The service had an effective system and process to assess and monitor the

quality of the care people received. The service used the audits to learn how to improve, and what action to take.

The service had plan in place on how they would improve and sustain the service. The service worked closely with other organisations to improve and develop the service.

Cedar 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 November 2017 and was unannounced. A specialist nurse advisor, one adult social care inspector and an expert by experience inspected on 23 November 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors returned on 24 November 2017 to complete the inspection.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

During the inspection we spoke with 13 people and their six relatives, nine members of staff, two external healthcare professional, the manager and a senior manager. We also spent time observing the support provided to people in communal areas, during meal times, and medication round. We looked at nine people's care records and seven staff records. We also looked at records related to the management of the service such as the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards, health and safety, and policies and procedures.

Good

Is the service safe?

Our findings

At our last inspection we found medicines were not always managed safely. Following that inspection the provider sent us an action plan showing how they planned to make improvements.

At this inspection, we found the service had made improvements. We saw staff administered prescribed medicine to people safely and in a timely manner. One relative told us, "They [staff] do explain my [loved one] has to have lot of tablets and tell him what they are doing." They checked medicines against the MAR sheet, ensured that people were positioned correctly and comfortably before giving them medicines. They also ensured that people had swallowed their medicines and then they recorded in the MAR sheet. The medicines trolley was locked at all times. A medicines audit was carried out by the pharmacist in June 2017 and the areas if improvement identified were put into an action plan. Improvements made included supervisions with staff and discussion at staff meeting, updating PRN protocol and ordering a new fridge, we saw all the actions identified were completed.

The provider had a policy and procedures which gave guidance to staff on their role in supporting people to manage their medicines safely. The service trained and assessed the competency of staff authorised to administer medicines. A member of staff told us they had completed the e-learning medication module and the practical test and these equipped them with skills to ensure that they dispensed medicine safely.

The Medicines Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The MAR charts and stocks showed that people received their medicine as prescribed. Staff completed daily checks of the MAR charts.

People who lacked capacity to take their medicines were given their medicines covertly; we found in their best interests the service had sought advice from the GP or a Pharmacist on how to administer medicine covertly. The service had detailed why the medicine should be given covertly and how it would be given for example mixed with yoghurt and drink.

Medicines prescribed for people who used the service were kept securely and safely. All medicines were checked to ensure they were in date. Staff monitored fridge and room temperature to ensure that medicines were stored within the safe temperature range.

The service followed the legal requirements for managing the Controlled Drugs (CD). There was a separate register for CD; each person on CD had a separate page for each CD. The stocks were recorded when it was delivered with balance recalculated, signed and witnessed by another staff. Two authorised staff checked, dispensed and signed the CD register when each person was administered CD. The service had process and procedures for safe disposal of unused medicines. Unused medicines were disposed in a secure disposal bin provided by the disposal company.

People who used the service and their relatives told us they felt safe and that staff and the manager treated them well. One relative told us, "My [loved one] is so much safer here we have stopped worrying. They [staff]

really know what is best for the people here; they understand how to keep them all safe upstairs and downstairs." One person said, "I am safe and I do like this room. I have everything I need." The service had a policy and procedure for safeguarding adults from abuse. The manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. Staff we spoke with told us they completed safeguarding training. The training records we looked at confirmed this. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The manager implemented performance improvement plans for staff to make sure they used incidents as an opportunity for learning. The service worked in cooperation with the local authority and the police where necessary, in relation to safeguarding investigations and they notified the CQC of these as they were required to do.

Staff kept the premises clean. Staff and external agencies where this was necessary carried out safety checks for fire, gas safety, hoists, slings, portable appliances, emergency lighting and electrical equipment installed. Staff used personal protective equipment such as gloves, and aprons to prevent the spread of infection. One member of staff told us, "It is very important that you do not walk with your apron in the corridors after you have given personal care to a person. You need to remove them, dispose of the apron in the bin and wash your hands with detergent before leaving the room." Staff told us that commodes were washed every night and each person had at least two personal slings and they were washed every month. Each person had a shower or bath daily, incontinent pads were disposed of immediately in yellow bags and taken straight to the sluice room for disposal. The cleaning schedule we saw showed that all bedrooms were cleaned daily. People's food in the fridge was labelled with person's name and date of opening. The fridge was checked for food that had expired and disposed immediately.

There were enough staff on duty to help support people safely in a timely manner. The manager told us they do not use agency or bank staff and all staff were permanent this ensured continuity of care delivered to people. Staff records we saw confirmed this. The manager carried out a dependency assessment to identify staffing levels required to meet the needs of people using the service. The dependency assessment was kept under regular review to determine if the service needed to change staffing levels to meet people's needs. The staff rota showed that staffing levels were consistently maintained on both the ground floor and first floor units, to meet the assessed needs of the people. If they needed extra support to help people, they arranged additional staff cover by using staff rota. Staff rotas we saw confirmed this.

Staff responded to people's requests for help in a reasonable time. The service had a call bell system in rooms and we tested call bells, and staff responded in timely manner. Staff carried out half hourly checks for people who could not use the call bell, which ensured that people were observed every half hour to monitor them and their care needs.

Staff completed risk assessments for every person who used the service. These included manual handling risks, falls, eating and drinking, pressure sore prevention and wound care. The risk assessments we reviewed all were up to date with detailed guidance for staff to reduce risks. For example, where risk of pressure sore was identified, the risk management plan addressed the use of correct equipment and support needed for preventing pressure ulcers. A visiting healthcare professional told us, "The staff here are excellent because they complement our work by giving good skin care. People always have daily bath, we always find them very clean when we do the dressings. They are repositioned regularly and staff follows the instructions we leave behind to the letter." A member of staff told us they monitored people's skin daily and daily

monitoring charts we saw confirmed this. In another example, where people had been identified as being at risk from choking staff sought advice from the Speech and Language Therapy(SALT) where a person had been identified as having swallowing difficulties. A risk management plan had been put in place which identified the type of food and the level of support people needed to reduce the level of risk. We observed during the lunch time that people were getting the correct diet when needed. Records further confirmed that staff followed the prescribed guidance. A member of staff told us, "All of us have been trained in preparing staged food. Even if you don't know, there are written instructions that are easy to follow. It is difficult to get it wrong with so much information and help."

The service had a system to manage accidents and incidents to reduce them happening again. Staff completed accidents and incidents records. These included actions staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. The manager saw each incident record and monitored them. Records we looked at showed examples of changes made after incidents occurred. For example, following an incident of fall the person was placed on 30 minutes observation and staff gave guidance and reassurance during the night. In another incident, district nurse services were sought and a wound care plan had been started when someone had a skin tear following a knock on the elbow. Records showed that actions to reduce future risks were also discussed in staff meetings. The service had a process for analysing accidents and incidents and identifying if there were any trends. For example, the service had identified in one month that falls were happening at a certain time of the day. This was tracked and managed the following month and found not to be an issue.

The service carried out comprehensive background checks of staff before they started work. These checks included qualifications and experience, employment history and any gaps in employment, references, criminal records checks, health declaration, and proof of identification. This meant appropriate checks were carried out to make sure the service kept people safe by employing suitably qualified staff.

The service had arrangements to deal with emergencies. The service carried out regular fire drills and records we saw confirmed this. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Good

Is the service effective?

Our findings

At our last inspection we found staff did not always have the knowledge and skill which enabled them to support people effectively. At this inspection, we found the service had made improvements. We found the service trained staff to support people and meet their needs. One relative told us, "I would say they [staff] are very professional." Another relative said, "They [staff] are professional I think, my [loved one's] needs are being met." Staff told us they completed one week comprehensive induction training, when they started work followed by a three months successful probation period before their employment is confirmed. The manager told us all staff completed mandatory training identified by the provider. The mandatory training covered areas from allergen awareness, basic life support, food safety, health and safety, infection control to moving and handling and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff as and when they needed. Staff training records we saw confirmed this.

The service supported staff through quarterly supervision and yearly appraisal. Staff records we saw confirmed this. These records referred to staff wellbeing and sickness absence, staff roles and responsibilities, and their training and development plans. Staff told us they felt supported and were able to approach their line manager, and the manager, at any time for support.

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

The Mental Capacity Act 2005 (MCA) provides legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager was aware of the DoLS and worked with the local authority to ensure the appropriate assessments were undertaken. Where applications under DoLS had been authorised we found that the provider was complying with the conditions applied on the authorisations.
The service asked for people's consent, when they had the capacity to consent to their care. Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them.

Staff assessed people's nutritional needs and supported them to have a balanced diet. People and their relatives told us they had enough to eat and drink. One person told us, "I can't grumble about the food," One relative said, "The food is very good. There are always two choices. My [loved one] has good portions and plenty of drinks." Staff recorded people's dietary needs in their care plan and shared with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. For example, if they needed soft diets, fortified diets, a healthy balanced diet for people with diabetes. Staff told us there were alternatives available if people did not like what was offered on the day.

The service protected people from the risk of malnutrition and dehydration. One member of staff told us, "We have assessed everybody and know how much help they require with assistance to eat adequately." Staff completed nutritional assessment for each person and monitored people's weight as required. Where there was risk identified, staff sought advice from the dietician and completed food and fluid charts to monitor people's intake and take further action if required. In another example, staff sought advice from the Speech and Language Team (SALT) if swallowing difficulties were identified and the GP as required.

We carried out observations at lunch time in two areas of the home. We saw positive staff interactions with people. The dining room atmosphere was relaxed and not rushed. There were enough staff to assist people and we saw staff supported people who needed help to eat and drink. Staff were observed making meaningful conversation with people, and helped those who took their time and encouraged them to finish their meal.

Staff supported people to access healthcare services. The service had strong links with local healthcare professionals including GP surgery, district nurses, tissue viability nurse and dietician. A GP visited the home one morning per week to review people's health needs and as and when necessary. The district nurses were able to use some storage space in the medication room to store things such as dressings for people they supported at the home. We saw the contact details of external healthcare professionals, specialist departments in the hospital, and their GP in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. The staff attended healthcare appointments with people to support them where needed. An external healthcare professional told us, "I had a really good experience here, the staff are exceedingly organised, they know people, they can readily give me information I need, and the handover is good." They further said that the manager and his team did a good job with the care they provided to people who used the service and that they were happy with the service.

The service met people's needs by suitable adaptation and design of the premises. There were three double rooms which were currently being used as single room. Staff told us that they would only be used as double rooms if people had come in with friends or relatives and wanted to share a room. There were Door guards on all the bedrooms which automatically released in the event of fire. There was a sensory room which had lots of equipment for people to watch and touch and there was also the opportunity to connect an iPad to the speakers so that people could play their favourite music whilst they were there. Staff told this room was used often and that people found it really calming. In addition, there was an activities room which people were able to use for arts and crafts, playing games and sitting quietly.

People's bedrooms were personalised and were individual to each person. Some people had bought items from home such as furniture and photographs which had been used to make their rooms familiar and comfortable. We observed people moving freely about the home. The communal areas in the home were in need of updating. The manager told us that they had submitted a request to the provider for some funding to update the communal areas. In the meantime, they had already started to carry out some decorating such as the downstairs dining room and had involved people in choosing the colour scheme. People had

chosen a cupcake theme for the room and there were items around the room such as cupcake recipes to reflect this.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and staff were kind and treated them with respect. One person told us, "They [staff] look after me." One relative said, "We just love the place, it feels like a second home. The girls [Staff] are always smiling and caring. The manager will phone me if there is anything we might be worried about, he is always around looking after everyone." Another relative said, "Staff are very caring, they always come around to see if my [loved one] is ok. I am pleased the way they wash him so he does not have sores." We observed that staff had good communication skills and were kind, caring and compassionate. Staff talked gently to people in a dignified manner. They knew each person well and pro-actively engaged with them, using touch as a form of reassurance, for example by holding people's hands which was positively received.

Staff involved people or their relatives in the assessment, planning and review of their care. Staff completed care plans for every person who used the service, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service.

Staff respected people's choices and preferences. For example where people preferred to spend time in their own rooms, lounge, garden, and walk about in the home. We saw that staff regularly checked on people's wellbeing and comfort. One member of staff told us, "The way I care for people are to always ensure that, I support them do as much as for themselves as possible and to always allow them to exercise choice. I don't believe that people should be forced to do what they don't want to do." Staff could tell us people had preferred forms of address and how some people requested staff use their preferred first name. These names were recorded in their care plans and used by staff. Relatives told us there were no restrictions on visitor times and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable.

Staff respected people's privacy and dignity. One person told us, "They do treat me the way I want them to." We saw staff knocked and waited for a response before entering people's rooms and they kept people's information confidential. We noticed people's bedroom doors were closed when staff delivered personal care. Staff put photos of wounds or pressure ulcers in an envelope in the care records folders to preserve people's dignity. People were well presented and we saw how staff helped people to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Good

Is the service responsive?

Our findings

The service completed care plans for each person. These contained information about their personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included dependency assessment and the level of support people needed and what they could manage to do by themselves. The senior staff updated care plans when people's needs changed and included clear guidance for staff. All care plans we saw that all were up to date.

Staff completed daily care records to show what support and care they provided to each person. They also completed a diary which listed the specific tasks for the day such as who required a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. Staff discussed the changes to people's needs during the daily shift handover meeting and staff team meeting, to ensure continuity of care. The service used a communication log to record key events such as changes to health and healthcare appointments for people.

Staff completed Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms with the engagement of the person concerned and their relative where necessary. Their healthcare professional signed the forms too. Records we saw confirmed this. However, there was no one on end of life care, at the time of inspection.

Staff supported people to follow their interests and take part in activities. People and their relatives told us they received care and support that met their needs. One person told us, "There are lots of activities here, I never get bored, and they [staff] are always asking what I would like to do." One relative told us, "We do bingo and we take them out, dementia club, go out to the lake, and visit the theatre. Last night a group went to the Orchard to see Grease fantastic, everyone really enjoyed it."
We saw that planned activities were displayed around the home so people were kept informed of social events and activities they could choose to engage in. Activities on offer included Church service, seated exercise, musicality, puzzles, arts and crafts, external entertainers, and accessing the community. We noted that these activities were having positive effect on people's wellbeing. For example, we observed people enjoying arts and craft, and music activities. People responded positively to these activities, with some people shaking a musical instrument to tapping or singing and an enjoyable time for lots of smiling and laughing.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff knew people's cultural and religious needs and met them in a caring way. For example staff supported people with religious and spiritual needs to attend Church services including visits from a local vicar every two weeks.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "They [staff] always listen to me." One relative said, "I can't imagine complaining about anything but if I had a problem I would ask the manager or any of the staff." Another relative said, "I would ask the manager or staff, I would not be worried about raising anything. There are forms you can fill in if you needed to

complain and there is a box out by the main entrance." The service had a clear policy and procedure about managing complaints. We saw information was displayed in the communal areas about how to make a complaint and what action the service would take to address a complaint. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner and where necessary staff held meetings with the complainant to resolve the concerns. These were about general care issues, and missing personal belongings. The manager told us that there had been no reoccurrence of these issues following their timely resolution. Records we saw further confirmed this view.

Good

Is the service well-led?

Our findings

At our last inspection we found some aspects of the quality assurance systems were not effective. Following that inspection the provider sent us an action plan showing how they planned to make improvements.

At this inspection, we found the service had made improvements. The service had an effective system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as the daily walkabout observations by a senior staff, weekly administration of medicine audit, health and safety, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, infection control, staff training, information and home governance, and night spot checks. As a result of these checks and audits the service made improvements, for example, care plans and risk management plans were up to date, and falls management had improved.

The service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. For examples when people's needs changed and there was a need for additional equipment to support people, and when there was a need for additional staff requirement, the service acted upon straight away. Records we saw further confirmed this. We observed that people, relatives and staff were comfortable approaching the manager and their conversations were friendly and open.

The service did not have a registered manager in post. The previous registered manager left the service in May 2017. However the provider appointed a new manager to run the home. The new manager's application to the CQC to become the registered manager was being processed. 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 manager had detailed knowledge about every person who used the service and made sure they kept staff updated about any changes to people's needs. We saw the manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "He is really good, hands-on, if you have any problem you can go and ask him." Another member of staff said, "Manager is good, he can be firm when he needs to be. He is very approachable and doing a good job."

The manager held bi-monthly meetings with staff where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service.

The manager encouraged and empowered people and their relatives to be involved in service improvements through quarterly meetings. One relative told us, "The manager always asks us what we think and if he has a new idea like the sensory room or about the buzzers, he does seem very interested in what we have to say." Another relative said, "Yes, they do ask me, they are interested in my opinion which makes me feel very included, I am pleased to give my views and opinions." As a result of these meetings the

service made improvements to food menus, activities, and redecoration of the premises.

People completed satisfaction surveys. The service completed an in-house feedback for two people each day and an analysis was carried out each month. The results from the feedback showed that the service had made improvements in the areas of people's dining experience and enabled them to make informed decisions. In all other areas of service provision and delivery and quality management the service consistently maintained good quality service.

The service worked effectively with health and social care professionals and commissioners. The service had received positive feedback from them. For example, one professional told us "The service is well run, very efficient and have really good links with healthcare professionals and we all work as a team." Feedback also stated that the standards and quality of care delivered by the service to people is of good quality and that they were happy with the management and staff at the service.