Four Seasons 2000 Limited

Granby Rose SDU

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

This inspection took place on 14 July 2017 and was unannounced. The service registered with the Care Quality Commission (CQC) in July 2016 and this was the first inspection since their registration.

Granby Rose SDU is owned by Four Seasons 2000 Limited, a subsidiary of Four Season's Health Care. The home is registered as a care home with nursing and provides support and care for up to 25 older people living with dementia. At the time of our inspection there were 20 people using the service; 19 people required nursing care and one person required residential care.

The provider is required to have a registered manager in post and on the day of our inspection there was a newly registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Throughout this report we will refer to the registered manager as 'the manager'.

Medicine management practices were being reviewed by the manager and action was taken to ensure medicines were given safely and as prescribed by people's GPs.

The dining experience for some people was not satisfactory, with people waiting for assistance from staff with eating and drinking. Immediate action was taken by the manager to change the working practice within the service, once this was brought to their attention.

People told us they felt safe and were well cared for. There were sufficient staff employed to assist people with their personal care and recruitment of staff was carried out safely.

People that used the service were supported by qualified and competent staff that were regularly supervised and appraised regarding their personal performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community. People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions.

Staff were knowledgeable about people's individual care needs and care plans were person centred and detailed. There was a range of social activities available, which people enjoyed.

People told us that the service was well managed and organised. The manager assessed and monitored the

quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents.

There were sufficient numbers of staff on duty to meet people's needs. Medicines were managed safely and people received them as prescribed.

Is the service effective?

Good

The service was effective.

Staff received relevant training and supervision to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People received appropriate healthcare support from specialists and health care professionals where needed.

The manager changed the working practices of the lunch time meal to ensure people received appropriate support with eating and drinking.

Is the service caring?

Good

The service was caring.

The people who used the service had a good relationship with the staff who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the staff.

People who used the service were included in making decisions

about their care whenever this was possible and we saw that they were consulted about their day-to-day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and staff were knowledgeable about each person's support needs.

Staff supported people to maintain independent skills and to build their confidence in all areas.

People's complaints were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well-led.

The service had a manager who supported the staff team. There was open communication within the staff team and they felt comfortable discussing any concerns with the manager.

People told us that the service was well managed and organised. People and staff were asked for their views and their suggestions were used to continuously improve the service.

Granby Rose SDU

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 14 July 2017 and it was unannounced. The inspection team consisted of one adult social care 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 who assisted with this inspection had knowledge and experience relating to older people and people living with dementia.

Before the inspection we spoke with the local authority safeguarding and commissioning teams to gain their views of the service. We reviewed all of the information we held about the service, including notifications sent to us by the provider. Notifications are when providers send us information about certain changes, events or incidents that occur within the service, which they are required to do by law. The provider submitted a Provider Information Return (PIR) in June 2017 within the given timescales. The PIR 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 used all of this information to plan our inspection.

During the inspection we spoke with one person who used the service and five relatives. We spoke with the regional manager, the manager, the pharmacy technician employed by the provider and two other members of staff. We planned to use the Short Observational Framework Tool for inspection (SOFI). SOFI is a way of observing care to help understand the experience of people who could not talk with us. However, the layout of the building and occupancy of the communal spaces meant we could not complete this at the time. We observed care and interactions between staff and people who used the service and observed lunch being served in the dining room and in the small communal lounge.

We looked at two people's care records, including their initial assessments, care plans, reviews, risk assessments and Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed

as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We also looked at a selection of documentation created as part of the management and running of the service. This included quality assurance information, audits, stakeholder surveys, recruitment information for three members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

Good

Is the service safe?

Our findings

We spoke with people and visitors about whether they thought there was enough staff to look after people at the service. We received a mixed response of comments. A person who used the service told us, "There are always enough staff on. Occasionally there might be supply staff that are good. Sometimes they don't always know the routine." Visitors said, "On a weekend it can be a problem, but during the week it is okay", "[Name of relative always gets showered, shaved and their personal care is always done" and "My relative is not kept waiting." However some visitors thought that there wasn't enough staff and told us, "Not enough staff, my relative is often kept waiting because staff think they are independent so they don't ask them if they need help" and "I don't think so at all, because of cost."

A staff member told us, "Sometimes there are enough staff and at other times there is not enough. If the buzzer goes and two people are helping with the hoist that can leave you with not enough staff."

We looked at the rosters for the last month and saw that staffing levels were one nurse and five care staff from 08:00 to 20:00 and one nurse and two care staff from 20:00 to 08:00. An agency worker provided additional support for one person overnight due to their care needs. The manager told us that they tried to use the same agency staff for consistency and continuity of care. There was also a bank team of staff employed by the provider which the service could use when needed.

Our observations of the service showed that although the service was busy, people received the personal care they required in a timely way. However, we raised concerns with the manager at the lunch time meal as the number of people who needed assistance with eating and drinking meant, even with all the care staff attending, each member of staff had to assist two people at once. This meant people were not given sufficient time and attention to ensure they were able to eat at their own pace and consume sufficient amounts of diet and fluid.

The manager and regional manager went to observe the mealtime and when they returned they told us that from the next day there would be two meal sittings at lunch time, one at 12 noon and one at 13:00. We received written confirmation from the service after the inspection that this was in place and working well.

Staff received training on making a safeguarding alert so they would know how to follow local safeguarding protocols. Staff told us they would have no problem discussing any concerns with the manager and were confident any issues they raised would be dealt with immediately.

Most people we spoke with thought the service was a safe place to live and thought people who used the service were safe living at the service. One person said, "Yes, because everybody looks out for you. For example the staff will say, 'Watch out for that door you might hurt yourself'." Visitors told us, "My relative is safe here. They cannot leave the building on their own because of the codes on the doors" and "[Name of relative] has assistance to walk so they can't fall."

On the day of our inspection we were able to see that safety mats and buzzers were present in people's

bedrooms. We observed staff looking in to check on people when they walked past to see if assistance was required. When it was, help was on hand.

There was a sensory room at the service and we observed that the assistance call bell was out of reach for people to press if they needed help when sat in the chairs. We mentioned this to the management and immediately this was corrected. We saw that an extension lead was attached so a person could reach it if required.

Visitors were positive when asked if their relatives received their medication on time and if they felt they were given pain relief medicines when they needed it. Comments included, "Yes, mostly without having to ask" and "Yes, when my relative had a fall their shoulder hurt and they [staff] gave them pain relief medicines." One person who used the service said, "I suffer with pain in the wet and cold weather. They [staff] settle it down and they make sure I am okay."

Medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The nurses informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training files. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy. The manager had carried out regular audits of the medicines. Where errors had been found they had taken action with the staff and improvements were seen.

The provider's recruitment practices were followed to make sure new staff were suitable to work in a care service. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. The manager carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice.

There were care notes and risk assessments in place that recorded how identified risks should be managed by staff. These had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives. The manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. The fire risk assessment for the service was up to date and reviewed regularly. The people who used the service had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. The provider had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease.

Service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by staff, the maintenance team and nominated contractors.

These environmental checks helped to ensure the safety of people who used the service.

Good

Is the service effective?

Our findings

Most people who spoke with us thought the staff were well trained and their comments included, "Yes they are well trained", "Most of the staff know my relative's needs", "They are observant" and "Some staff are better than others in that they have more understanding." However one family had concerns that their relative didn't always get the support they required. They told us, "Sometimes in the dining room they doesn't get assistance. They have been put on finger foods and they get food down their clothes. If we feed them then they eat everything." We discussed this with the manager during the inspection and they said they would speak with the family about their concerns.

The information we hold about the service indicated that, in the last 12 months prior to the manager coming into post in May 2017, there were three safeguarding issues around a lack of appropriate textured diets for people with swallowing difficulties. However, we saw information that indicated the new manager had worked hard to improve the quality of the food provided and raise the standard of the kitchen in providing the right diets for people who used the service. People had been reviewed for the risk of choking and where needed had been referred to the Speech and Language Therapy team (SALT).

There was a weekly menu on the wall in the dining room. On the day of our inspection the options were battered fish or chicken liver pate on whole meal toast. The vegetables were mushy peas and chips. The dessert was old English trifle. For people with fork mashable and pureed food it was fish pie and chocolate cake. The chef told us that the menus were planned on a four week cycle by the outside catering firm. They told us, "Everything is fortified; cream is added to menu items such as porridge and mashed potatoes."

The food was hot and looked appetising. We saw the fork mashable and pureed food was colourful and very well presented. The pureed fish pie and pudding looked exceptionally appetising. The fish had been piped to look like fish pie and the pudding piped to look like a cake.

We saw at 12.45 people were seated in the dining room but they were kept waiting a long time for their food. It was 13.25 before most of them had been given lunch. We observed that most people needed assistance with their food. However, people who could manage to feed themselves did not get the support and encouragement they required to eat a reasonable amount of food.

We asked the regional manager and manager to look at the dining room experience, which they did. We were told that two meal sittings would be put into place from the following day to ensure people were given more time and assistance with their mid-day meal.

We asked visitors if they thought the food was nice and did they think there was a choice. Visitors told us, "Yes, my relative loves the food" and "I come and help my relative every day to eat." Other visitors told us their relatives could have what they wanted and one visitor said, "Staff are willing to adapt the food if my relative does not like it." One person who used the service told us, "If there isn't enough choice I will ask them and they will do something for me."

We asked if people who used the service had access to a doctor or other healthcare professionals. Most visitors thought so. We were told, "A doctor does visit here; I have met and had a phone call with one. My relative has been seen by an optician and they manage to eat without their teeth" and "[Name of relative] has seen a doctor I was present and I asked the GP about food supplements." One visitor said, "The doctor comes every Wednesday. They are giving treatment to my relative at the moment."

Information in the care files indicated people who used the service received input from health care professionals such as their GP, dentist, optician and podiatrist. We saw in care files that care plans were in place for oral care and dental care and people received regular check ups. Input from specialists such as the SALT team, dieticians, district nurses and continence nurses was used to develop the person's care plans and any changes to care were updated immediately.

There was an induction and training programme in place for all staff. New staff were mentored by more experienced workers until their induction was completed and they received additional supervision during their probationary period. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. The supervisions we looked at showed that practice issues were being identified and followed up through discussion with the staff concerned. Appraisals of staff performance were underway and booked in for the rest of the year as they became due.

We saw that staff had access to a range of training deemed by the provider as both essential and service specific. One person told us, "The staff use a hoist to move me around the service. They tell me what they are doing and why; they never do things without asking first. This gives me confidence and trust in them."

The regional manager told us that all staff were completing accredited dementia care training delivered through the company trainers. The 12 to16 week course looked at all aspects of people's lives including their environment and interactions with others. There were five e-learning modules for staff to complete which included case studies and observations of people's behaviours and triggers for their anxious and distressed behaviours.

The nurses received support from the provider and manager to complete their registration requirements (revalidation) for the Nursing and Midwifery Council (NMC). Each nurse had their own portfolio for training, reflection and feedback. When the time came for them to renew their registration their portfolio of work was discussed with the manager who then signed it off.

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

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

We checked whether the service was working within the principles of the MCA. We found that people had been assessed for capacity, and where appropriate DoLS had been sought. There was recording of Best Interests decisions and the manager told us they were working on ensuring that families provided copies of Lasting Powers of Attorney's (LPA) where they had been registered with the Office of the Public Guardian (OPG).

Staff showed awareness of people's rights and MCA. In discussions staff were clear about how they gained consent prior to delivering care and treatment. We checked care records and found appropriate assessments had been undertaken and decisions made in accordance with the Mental Capacity Act 2005.

The staff we spoke with displayed an in-depth knowledge about each person's care needs, choices and decisions. Staff told us that they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans. One visitor told us, "The staff listen to what I say and act on it where needed. They are lovely with my relative; patient and understanding."

There was evidence of dementia care best practice with regard to the environment. There were aspects of specific design and adaptation to the property to aid people living with dementia to manage their way around the service. We saw the use of plain carpets and coloured room doors/toilet seats helped people navigate around the service and find the right facilities, such as their own bedroom and toilet. There were some simple signs in place, but we were informed that more appropriate dementia care signage was due to be fitted the day after our inspection. We later received written confirmation that this had been done.

Good

Is the service caring?

Our findings

People and visitors we spoke with thought that the staff were very caring and helpful and the right support was there.

One person who used the service told us, "The staff are nice they discuss things with me" and a visitor said, "My relative receives really good care. The staff are lovely, the bedroom is clean and my relative is always nicely presented." However, another visitor said, "My relative has showers, how often we don't know. I think they look scruffy today. Sometimes after a meal their clothes are dirty." We observed this person in the dining room at lunch time and saw that food had been spilt down their clothes. However, staff did tidy them up and we saw staff taking the person back to their room when they had finished lunch. With the relative's permission we also mentioned these concerns to the manager who confirmed they would monitor this.

Visitors told us they thought the staff respected their relative's privacy and dignity and were respectful and polite. Comments we received included, "Staff speak to my relative politely and often spend time with them" and " Yes, I would say they are mindful of people's privacy and dignity." One person who used the service told us, "Staff knock on my door before opening it slightly. They say 'We would like to clean your room or do you want us to come back later'."

We observed staff knocking on people's doors throughout the day and observed positive care interactions from staff. For example, staff knocked on one bedroom door and waited for permission to enter. They then apologised for keeping the person waiting saying, "I am so sorry for keeping you waiting I got side tracked." Another staff member arrived with a hoist and they both entered the person's room and closed the door. A visitor told us, "There are a lot of really dependent people here. Staff are very good and respect my relative's privacy and dignity by closing the door when doing personal care and make sure they are dressed appropriately at all times. Staff also include my relative in conversations, even though their responses to the staff may be muddled due to their dementia."

We saw another example of care interactions in a person's room. As staff passed the open door of one person's room they noticed the person had stood up from their wheelchair and was unsteady on their feet. Staff knocked on the door and entered. They talked to that person quietly and encouraged them to sit down. This was done professionally and calmly and the person eventually sat down safely in their wheelchair. We also saw two members of staff move a person from a wheelchair into an armchair using a hoist. Staff explained carefully what they were doing and prepared that person to be transferred. Every move was explained and this was gently and professionally done. When that person had been safely moved the equipment was quickly removed and stored in a safe place before staff went to get a cushion to support the person in the chair.

People were at ease in the service and the conversations being held between them and staff were friendly and relevant to the person's interests. The care being provided was person-centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. We saw staff explain to people what was going to happen during the day, using appropriate

language and giving time for people to process what was being said.

Visitors told us that they thought staff knew about their relative's likes and dislikes. Comments included, "They know [Name of relative] doesn't have milk in their coffee or on their cereals and staff know what they like food-wise", "My relative likes to be dressed nice. Most staff know how they like to be dressed, but the agency staff don't always." This visitor thought that pictures of how their relative liked to dress could be put on the inside of their wardrobe so that agency staff would see how to dress them. A third visitor said, "Staff know my relative likes pudding and cake, football and the pub. They have taken them to the pub."

One visitor said, "My relative is not neglected in any way. The standards of care have improved over the last three months since the new manager has been here. My relative has put on weight and is well looked after. I have no concerns about their care. They get a regular bed bath or shower and have their hair cut every six weeks. The staff are attentive about my relative's personal care and ensure their every need is met. You only have to ask the staff about something and it is done."

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in some of the care files. For people who wished to have additional support whilst making decisions about their care, information on advocacy was available in the service. An advocate is someone who supports a person so that their views are heard and their rights are upheld. Relatives who spoke with us were aware of people's rights and a number of them said they had a power of attorney for finances or health and wellbeing.

We asked people and visitors if they knew about their care plan or their relative's care plan and asked if they were involved in making decisions about their care. We received a mixed response from people and visitors. One person who used the service told us, "I know a little bit about it. The staff use it to get to know about me." Two visitors said, "Staff have updated my relative's care plans from time to time and my views on their treatment and care are taken into account" and "The manager did go through [Name of relative] care plan with me. Other than that I have not been involved."

However, two other visitors commented that, "I know what a care plan is, but I don't get any feedback from staff. I would like to be involved, say once a month with staff would be nice" and "I know about a care plan, [Name of relative] has one, but we don't know what's in it. Nobody discusses their care plan with us." We spoke with the manager about people's involvement in their care; and they said they would look at ensuring people and families were consulted when the care plans were updated.

One visitor was very positive about changes in the service. They spoke about how the manager was improving practices and said, "Things that needed changing have now been done." They gave us an example of this and said, "I asked for the day staff to put my relative to bed as they got very tired in an evening. This is now being done routinely. Staff reposition my relative when they are in bed and my relative's skin is healthy and intact."

Good

Is the service responsive?

Our findings

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Each person who used the service had their own care file, which contained a number of care plans. We looked in detail at two of these files.

The information recorded was detailed and person centred. Records evidenced that the information had been gathered from the person themselves and/or their family. The records gave staff an insight into the wishes, choices and needs of the person using the service, which helped them give care and support in line with the wishes of the person. When people's needs changed this was clearly recorded. One relative said, "Communication with staff is excellent, they will ring me if there are any problems with [Name's] health."

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and care plans were in place to make sure people stayed safe and well. People were invited to attend reviews of their care and treatment each year with the funding authority and other people involved in their care. Families and advocates were also invited.

The nurses carried out a variety of clinical interventions as part of their role of caring for people who used the service. They used nationally recognised risk assessment tools to assess people's level of need and reduce the risk of harm. We saw they had completed nutritional risk assessments using the Malnutrition Universal Screening Tool (MUST) and assessed people for risk of developing pressure ulcers by using a screening tool. People's pain levels were also monitored using the Abbey pain score.

One visitor told us, "The new manager is very responsive to any concerns you raise about your relative's care. The staff are also very good and keep me up to date with any changes in my relative's daily routine or care and support."

We were told at the start of the inspection that the care staff were covering activity duties, as the co-ordinator was not carrying out their role at the time of our visit. The manager said that they were looking at the flexibility of the sessions and when these were most effective. Activities took place seven days a week. On the day of inspection one care worker had been assigned activity duty from 09:00 to 15:00 hours and we saw that different staff were given this specific role on the rota. This meant they were not expected to juggle social activities whilst still doing care work on the same day. We asked the member of staff if they were alright about this and they told us, "I am happy to do that."

We asked people if they thought there was enough to do at the service and did they or their relatives get involved. The response we received positive. One person who used the service said, "Yes I get involved, but I want to rest today. I like to knit and I get help to do this." One visitor told us, "The staff are great at activities. They get involved and really try their best to entertain people who live here."

We observed throughout the day that people were involved with activities. For example, we saw people having their hands washed and massaged and their finger nails being painted. A ball game in the lounges involved people throwing the ball to each other and people clearly enjoyed this. In the afternoon we saw people doing puzzles and playing dominos in the television lounge.

The staff member doing the activities told us that there weren't any outings in the last month, but they had taken two people at a time for a walk and they had taken people for an ice-cream. There was no activities record book, which would have shown us what activities had been done on a day-to-day basis. We were told that a record of what people had done and their likes and interests were in each person's room. We saw there was a calendar of events on the wall in the corridor informing people of the activities planned for each day.

Most visitors who spoke with us were happy with the service. They felt if they had a problem they would be listened to and they knew who to go to if they had a complaint. Comments we received included, "I would try to have a meeting with staff - you can talk to them", "I would speak to the manager and if it didn't get resolved we would have to take it further" and one visitor told us, "Yes I have had to complain." When we asked this person if their complaint had been responded to appropriately they told us, "Yes, they put things right and have continued to do what we requested since then."

People who used the service told us that they had no cause to complain. They said, "I can't recall ever having to complain" and "No I haven't had need to make a complaint." People and visitors told us that the new manager was responsive and took action when things were brought to their attention.

Good

Is the service well-led?

Our findings

We found the service had a manager who was supported by a deputy manager and the qualified nursing staff. The manager was fairly new as they had come into the post in May 2017 and registered with CQC in July 2017. The manager was described by people as being open and friendly and there was an open door policy as far as they were concerned. One person told us, "The new manager is efficient; there was a time when the management wasn't good. It's a nice atmosphere, its settling down" and a visitor said, "It's run quite well, the managers have changed so much; this new one is good."

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. One person who used the service said, "It's heaven - I am pleased to be here." Visitors told us there were a lot of good things about the service. Some of their comments included, "I know my relative is happy. Staff have a bit of banter with them and they like this", "It's close by and I can get here every day - it's a friendly atmosphere" and "Some of the staff have been here a while and give continuity of care so my relative feels safe. I can leave here and go home and know they are well cared for."

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the manager and where necessary action was taken to make changes or improvements to the service. We found an engaged, friendly and experienced staff team in place. All staff were encouraged to share ideas and reflect on their performance through team meetings and supervisions, which were used to inform the annual appraisals.

Staff told us they felt well supported by the management team. One member of staff said, "Staff meetings are useful, we are asked to attend them. We learn new things and if anything needs changing we agree how to do this. We share practice and reflect on our work."

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The manager carried out monthly audits of the systems and practice to assess the quality of the service. We saw that the audits highlighted any shortfalls in the service and the manager produced an action plan, which was then followed up with the next audit. This was so any patterns or areas requiring improvement could be identified. The regional manager offered the manager personal support and also carried out monthly checks on behalf of the provider.

We asked people and visitors what they thought could be improved at the service and they told us, "I can't think of anything", "More assistance with eating and drinking at meal times" and "It would be nice if there was more staff to chat about things. For example, Did [Name of relative] sleep well last night? or about their tablets. Also to have help with their meals."

One relative sent a text message to us via their phone about the quality of the service and said, "I think the care staff have been amazing. My relative is safe and well cared for. The recent management seem a lot

more on the ball. However, they need to ensure they have the capacity to provide more personal requirements such as assistance with eating." As discussed in the effective section of this report the manager and regional manager took immediate action during this inspection to improve the meal time experience for people.

We asked for a variety of records and documents during our inspection. We found these were easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.