Care Quality Commission

Care Concern (Frinton) Limited

Beaumont Manor

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

Beaumont Manor is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beaumont Manor is registered to accommodate up to 82 people, including people who live with dementia or a dementia related condition, in one purpose built building in its own grounds. There are also flats on the same grounds however we were told these were not being used and currently the maximum people that could be accommodated in the main building was 71. The premises is set out on two main floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service. The building contains units for residential (ground floor) and nursing service users (first floor). At the time of our inspection there were 23 people using the service, 14 people receiving nursing care and 9 people receiving residential care. Beaumont Manor is a large detached property situated on the outskirts of Kirby le Soken, near Clacton on Sea.

This service has not yet been formally rated as it was registered in April 2017. At this inspection, which was the first for the service we found the service was 'Good'.

People and relatives told us the service was well-managed and provided a high standard of care. They said they had confidence in the registered manager who was approachable and helpful. They told us the care and nursing staff were kind, thoughtful and caring. There was an established staff team and staff turnover was low with some staff having worked at the service for a while. This meant staff had the opportunity to get to know the people they supported well.

All the staff we spoke with were knowledgeable about the people at the service, their personalities, and what was important to them. People were encouraged to make choices about all aspects of their care and support including getting up and going to bed times, activities, personal care routines, and menu choices. Staff consulted with people and their relatives about how they wanted their care provided and ensured this was recorded in people's care plans.

Staff knew how to keep people safe. They managed risk well by providing good quality and consistent care. The service was well-staffed. During our inspection visit call bells were answered promptly and if people needed support they didn't have to wait for long.

People had their medicines on time. Staff met people's healthcare needs promptly and effectively and knew when to call in a doctor if they were concerned about a person's well-being. Staff were well-trained and had the skills and knowledge they needed to provide effective care. They understood the importance of obtaining people's consent before carrying out care tasks and how to make decisions in their best interests where necessary.

People said the food served was good quality and the menu varied giving them plenty of choice. During our inspection visit we spent time in the dining room with some people who were having their meals. There was a leisurely atmosphere. Staff asked people what they wanted and brought it to them promptly. A relative told us mealtimes were flexible as people preferred this.

People had the opportunity to take part in group and one-to-one activities. People and relatives also had the opportunity to comment on the service through completing surveys and attending meetings where activities, menus, and complaints were discussed and those present were asked for their views and suggestions.

During the course of our inspection visit we saw the registered manager continually interacting with people and checking the quality of their care. People told us they would feel confident in raising concerns and complaints, and we saw there were processes in place to ensure these were responded to appropriately. Feedback about leadership in the home was good, and we saw there was a robust approach to measuring, monitoring and improving quality in the service which took the views, opinions and diverse needs of people and staff into account.

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 using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks.

There were enough staff on duty to keep people safe and meet their needs.

Medicines were safely managed and administered.

Is the service effective?

Good

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access healthcare services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and valued the people using the service.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

The service had an open and friendly culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

Care Quality Commission

Beaumont Manor

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.

The inspection took place on 26 June 2018. The inspection team consisted of an inspector, a specialist advisor, and an expert by experience. A specialist adviser is a person with professional expertise in care and nursing. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

Whilst some people were able to talk to us, others could not. During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. Some people were able to talk with us about the service they received but others could not. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records at the service. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We looked at five people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with six people, five relatives/visitors, four care staff, the training coordinator, one registered nurse and the clinical lead nurse, additionally we spoke with the manager, the administrator and two visiting healthcare professionals. We observed the care which was delivered in communal areas to get a view of the care and support provided. The inspection team also spent time sitting and observing people in areas throughout the service and were able to see the interaction between people and staff. This helped us understand the experience of people who did not wish to or could not talk with us.

Good

Is the service safe?

Our findings

People and relatives told us they felt that they and their loved ones were safe living at Beaumont Manor. A person told us, "I am perfectly safe here, female staff are not youngsters, I am absolutely content with the staff and their competencies Another person said, "Security is very good, staff are always checking and coming in, got security alarms, the fire alarm checked every week" A relative told us, "Very nice here, staff all very kind, [relative] rings the bell and they come quickly – all the time" another relative said, "Fantastic here, staff friendly and helpful, care is good, had phone call when [relative] not well and I can phone anytime. They are safe and they will bring the phone up to [relative] so I can talk to them"

There was a robust recruitment process in place. The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check and employment history. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. Confirmation of each nurse's professional registration and validation was also monitored.

There were sufficient numbers of suitable staff to support people and keep them safe. People were satisfied there were enough staff. One person said, ""Got enough staff, they do cope – meal times and medication times they are busy, I buzz and it goes 5 or 6 times and they come, got no complaints" Another person said, "There are buzzers in the bedroom and bathroom and only have to wait a few minutes – busiest time is when getting people up – the waiting time is OK – if they are short staffed it makes no difference." Staff told us their workload was manageable. We saw staff were able to carry out their duties in a calm, professional manner without rushing, and were able to spend time engaging with people.

The provider's safeguarding policy defined the different types of abuse and the actions to be taken where abuse was suspected. Staff demonstrated a good level of understanding and could clearly describe the steps they would take to protect people from abuse. Staff also knew how to 'whistle blow' and the external agencies that could be contacted to escalate their concerns, such as the police, the local authority and the Care Quality Commission.

People and their relatives told us they were happy they received their medicines as prescribed and at the correct time. Appropriate arrangements were in place for the safe storage, handling and administration of medicines. Registered nurses administered people's medicines appropriately and took their time to be certain the person had swallowed their tablets before moving on to the next person. Medicine trolleys were kept in a secure location when not in use. People's medicines records were clear, complete and up to date. Where there were specific instructions for certain medicines, records were in place to show people received these as prescribed. Medicines that required extra checks because of their potential for abuse were managed in accordance with legislation. Some medicines required refrigeration to ensure they remained effective. We found the refrigerator temperature was within the recommended range for safe storage during our visit. There were internal and external checks on how medicines were managed. Internal checks made sure medicines were administered as prescribed and according to guidance. In addition, there were external audits by the dispensing pharmacist. People's medicines were reviewed regularly by their GP to make sure

their prescriptions were still valid.

Risks associated with people's care and support needs were assessed and there was clear information and guidance to all care staff on how to support people appropriately in order to reduce or mitigate any risk identified. People also had individualised risk assessments relating to behaviours that may challenge staff and other people and relating to their medical conditions. These provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at high risk of malnutrition, there were plans in place to support them with this such as monitoring their intake and fortifying foods. Examples of risk assessments that formed part of the care plan included falls, moving and handling, bed rails and skin integrity. Records confirmed risk management plans were regularly reviewed and updated if a person's needs changed.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Accidents and incidents were recorded and investigated. Staff told us they were encouraged to report any concerns, accidents or incidents. The management team reviewed all accidents and incidents to identify trends and patterns in order to implement improvements and prevent reoccurrences where possible. The provider used incidents, accidents and near misses to learn lessons and improve the service people experienced. These were shared with staff in team meetings and supervisions.

Audits and checks of the environment were completed as part of the provider's on-going quality assurance processes. The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting, gas and electrical safety, legionella, lifts and hoisting equipment were undertaken. The provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency. People had personal fire evacuation plans so staff and the emergency services knew people's different mobility needs and what support they would require to evacuate the building safely. Staff demonstrated a good understanding of their responsibilities and the actions they needed to take in the event of a fire or other emergency.

People were protected by the use of safe infection control procedures and practices. Staff were trained and kept up to date with good practice. The service was clean and well maintained. Staff had easy access to personal protective equipment and were seen wearing the correct personal protective equipment, such as disposable gloves and aprons when supporting people with personal care. Paper towels and hand wash solution were available for people to use in communal areas and bathrooms.

Good

Is the service effective?

Our findings

People and relatives were complimentary about the staff that supported them and felt that they were adequately skilled and trained to carry out their role. One person told us, "The staff know what they are doing. Nurses here are state registered and competent to change the catheter, it was done 3 days ago and they did it perfectly well" "A relative said, "Very good, the level of care is pretty good, [Relative] was given 6 months to live and that was 9 months ago when we came here and has gotten better, he is now sitting up and eating with a knife and fork – staff encourage them to eat and drink to the ability they are allowed to, staff have been really good." Another relative we spoke with told us they thought the staff were competent and well trained. A member of staff said, "I have really good access to training and continuous development." Another member of staff told us, "I feel the training I have had has equipped me well for my job." Additionally, one of the registered nurses stated 'It's a lovely place to work, really good' has access to training and attended RCN (Royal College of Nursing) annual study day recently."

There were nurses throughout a whole 24 hour period, on duty to monitor people's health and respond appropriately. Nurses could access training which kept their clinical skills up to date and enabled them to remain registered as nurses. Staff training was monitored to ensure refresher training was provided when required. Training undertaken by staff included health and safety, food hygiene, equality and diversity, safeguarding adults from abuse and additional training to meet the individual needs of the people who lived at the service. This included the care of people who were living with dementia and managing behaviours that staff and others may find challenging. Induction and training for care staff was based on the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Staff told us they felt supported by the management team because they received regular supervision and an annual appraisal of their work performance. Supervision is an opportunity for staff to discuss their roles with their manager and to identify any training needs. Staff described their supervision meetings as "really helpful."

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. In the care plans we looked at, we saw examples where best interest decisions had been made. These included the use of bedrails to help keep people safe and assisting with personal care needs. Records demonstrated that the person, their relatives and staff who knew the person well had been involved in the decision making process. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of the MCA 2005 and DoLS and had made applications as appropriate to the local authority for those people who required this level of restriction to help keep them safe.

The service carried out comprehensive pre-admission assessments to ensure that they understood and could meet people's health, care and medical needs which included assessments of communication, mobility, skin integrity, nutrition, medication, cognition, psychological wellbeing, behaviour and end of life care. We saw people had health assessments including oral healthcare in place. People's care needs were reviewed monthly and updated as and when people's care needs changed. People were supported to maintain their health and well-being. A relative told us, "Staff know [person] well who was 38kg and now up to 45kg, they are encouraging them eating – and they are now able, they used to feed him." They added, "Bed sore was stage 4 now 2 and I was told it was healing up, there has been good information shared with us on weight and the pressure sore."

A registered nurse was always on duty with care staff to ensure people's nursing needs were monitored and met. People saw health care professionals when they needed them. These included visiting GPs, opticians, podiatrists and dentists. Records showed that where there were concerns about people's health, these were quickly referred to the GP who then made referrals to appropriate health care professionals. People also saw professionals to meet specific health needs such as diabetes, dementia and malnutrition. Healthcare professionals spoken with stated staff were friendly, caring and welcoming. Always available to speak to and followed any plans or instructions given. One healthcare professional stated, "It's always a very positive experience coming here."

People were supported to eat and drink enough and to maintain a healthy diet. People and relatives, we spoke with gave us positive feedback about the food provided at the service. One person said, "Food is very good, they try hard to keep it hot and are quite successful, breakfast I had porridge and scrambled eggs. Meals if you don't like them they offer something else," There was a choice of menu, and other items were offered if people did not like any of the options. A range of hot and cold drinks and snacks were available to people throughout the day. At lunchtime people were served their meals by staff, who also supported people who required assistance to eat their meals. Staff demonstrated good knowledge of people's dietary requirements. For example, staff could tell us about people who had specific dietary requirements and allergies and how these were catered for. For example, one person had to refrain from eating strawberries and staff were good at remembering that. Staff were also aware of the needs and preferences of people recently moved in to the service. Where appropriate, the recommendations of speech and language therapists were considered with respect to people's diet, how their food was presented, and how to assist people to eat their meals.

The environment had been purpose built and was suitably adapted to meet the needs of the people who lived at the service. The service had gone through a programme of refurbishment and the premises had been adapted and decorated with people's needs in mind. There were grab rails to assist mobility and a lift gave people access to the first floor. People's bedrooms were decorated to their taste with their personal belongings and family photos. People also had access to an atrium in the centre of the building which facilitated communal get togethers, activities and had a baby grand piano which could be programmed to play independently.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care they received and spoke positively about the staff. One person said, "Staff do very well, they always knock on the door and ask if you want something done, and you know that you don't have to, there is no force. Staff are friendly, they do listen to what you say, you can refuse if you want to" They added, "I have got freedom to discuss things with the staff." A relative said, "Three of the staff here have joined my face book page and became friends and whilst I am abroad a lot I asked if I could send videos of my family and me to show [person] and they go and show them to [person], that is good, communication with staff here is pretty good" Other comments included, "Got no complaints, staff all very kind and helpful and nothing is too much trouble – very pleasant people, I cannot fault it." And, "Staff are all very friendly, we talk about gardening and we can talk about anything, they most definitely give me time, they listen to me but do not advise"

A healthcare professional commented, "From the interactions with the staff and residents of Beaumont Manor, I feel that they offer a fantastically caring environment for people with dementia. All of the staff were phenomenally caring and able to look after even the most challenging of residents and our team learned immensely from them and the experience."

There was a key worker system in place, which meant people and their families had a named staff member they could approach with any questions or concerns about their treatment and support. Staff told us they had information about people which enabled them to build relationships. One staff member said, "Care plans tell us people's needs, in the rooms they have got snap shots of carers and basic information, I have learnt people's routines, and got to know them and we give person centred care."

Staff took time to get to know what was important to the people they supported. Staff were able to tell us about people's preferred daily routines, their social and employment history and people who were important to them. Information in people's care plans helped staff to care for people in the way that they wanted. For example, the information on people's background, history and interests helped staff have meaningful conversations with people. In one person's care plan it was noted that the person loved listening to the violin so staff arranged for a violinist to visit the service. We observed kind and caring interactions between staff and people throughout the day of the inspection. We saw staff speaking to people clearly and slowly, making eye contact and making sure people understood. They made use of appropriate, caring touch to reassure people. They supported and guided people using the "hand to hand" technique when appropriate. Staff spent time with people in communal areas of the service and supported people in a calm and friendly way. Staff told us they were inducted in the services values to ensure people continued to receive good quality care at all times. They reassured us that they strived to ensure they supported people in a respectful and dignified manner and worked according to the provider's values.

Staff supported people to express their views and take part in decisions about their care. Records in people's care plans showed they, and their relatives, were consulted about care decisions. People's care plans recorded people's likes and dislikes, their current and past interests and how they prefer to be supported. Care plans also detailed people's cultural and religious preferences and whether people

practised a faith and whether members of the local religious community visited the service on a regular basis. The registered manager told us a religious representative had recently visited to hold services and communion for those who wanted to attend. People were involved in regular discussions about their care, and relatives confirmed they were also invited to take part in these regular meetings.

Staff respected people's privacy and dignity. We saw that doors were kept closed when people were receiving personal care. Staff were discreet when supporting people. People we spoke with stated that staff were respectful and careful when undertaking personal care tasks. People were supported to be as independent as they could be. The care plans we saw provided information for staff on how to promote independence. For example, care plans gave information about how to support people with their personal hygiene, what people could do for themselves and areas where they needed support.

The provider had procedures in place relating to confidentiality and these were understood by staff. People's care records were securely stored and we observed that staff ensured they did not discuss people in front of others. Handovers and discussions on people's health and support took place in a private area where staff could not be overheard.

Good

Is the service responsive?

Our findings

People and relatives confirmed they received care and support that was responsive to their needs and personalised to their preferences. A relative told us, "Since [person] has been here, they have improved and are very happy and we are confident that they are looked after properly by the nursing staff here."

Staff demonstrated they knew people well. They told us this was because they read people's care plans and spent time speaking with people and their relatives and this had helped them to learn about what people needed and wanted. Each person had their needs assessed before they moved into the service. This was to make sure the service could meet their needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Two people who were receiving specialist PEG (Percutaneous Endoscopic Gastrostomy) feeds had comprehensive personalised care plans and there were clear guidelines in each of the care plans on the interventions required. Staff recorded support and care provided to people in their daily care records. Records contained detailed information about the people's well-being and how they had responded to interactions. This information helped staff review the effectiveness of the plan of care and helped to ensure people received care and support which was responsive to their individual needs and preferences.

Staff we spoke with told us they knew to use distraction techniques which provided comfort and reassurance to people in different ways. The manager described how instead of putting signage to one person's room they placed two large horse head ornaments so the person could find the right corridor for their room. This helped decrease the anxiety for the person of getting lost on their way back to their room.

There were good links with health and social care professionals. Care plans showed that they had been involved in monitoring and reviewing the care people received. This ensured people received a service which was responsive to their needs.

The manager had recently employed a new activity coordinator who planned and facilitated a number of group and individual social activities. There was a plan of special events and activities taking place in the service. We saw staff encouraging people to take part in activities on offer. People were offered individual support according to their needs and choices. There were activities such as art and craft, music therapy, movie afternoons, quiz, board games and puzzles. There were annual events to celebrate special occasions such as birthdays, Christmas and Easter. The service had its own cinema – good use of this was made during the World Cup – residents made the flags hanging around the service, and lunch was brought forward to enable people to watch the England match on Sunday.

A monthly newsletter showed pictures of recent events. These included an owl visit, residents planting flower and herb beds, a beach visit, making royal flags for the wedding. One resident told us about how they were enabled to attend a family members wedding as the activities coordinator accompanied them. There were also pictures of a church flower festival, people playing scrabble, information on upcoming church service by visiting clergy. Birthdays of staff and residents, Jokes, and a Tapas evening held on 6 July. The newsletter was very comprehensive and clearly laid out for those with sight problems. The manager advised

that a pianist visited often and that a beach hut had been hired at nearby Walton for one week at the end of July where they would be taking people. People were also looking forward to going to a summer show at Westcliff Theatre in Clacton on 22nd July 2018. One person said, "They are trying to introduce lots of things, we get an Activity sheet (with pictures), the home has got a cinema, goats and chicks came in, pat dog comes, owl visited, and have got a lovely library. I try and join in – rather than staying in my room, [Activities Coordinator] is trying to organise the social side of things, she is doing a good job."

The provider had appropriate policies and procedures for handling complaints. People and relatives, we spoke with told us they were aware of how to complain but they had not had to do so. One relative told us they were confident that if they did raise any concerns they would be listened to and their views considered. A copy of the complaints procedure was provided to each person when they first joined the service. This was available in other formats such as large print for those who required it. In the last 12 months, the service had not received any formal complaints, any concerns raised had been fully investigated and dealt with by the manager.

At the time of our inspection, the service was not supporting anyone with end of life care. The service had procedures in place to ensure people's wishes during their final days and following death were respected. There were discussions with people about their preferences and these had been recorded in their care plan and was regularly reviewed by staff. Staff told us where people lacked capacity appropriate mental capacity assessments and best interest's decision processes would be followed. People's family were welcomed to stay with their loved ones if they were at the end of life. The service also had access to the community palliative care teams for additional support and advice.

Good

Is the service well-led?

Our findings

People told us they found the management team approachable. One person told us, "Strength of the home is the staff, particularly the activities co-ordinator, they are always enthusiastic and pleased to see family." And, "My conversations with the manager are good, they are very supportive, very calm and the home has a quiet atmosphere, which is one of the reasons why I chose this place in the first instance." Another person said, "I met the manager twice, she has an afternoon session with the residents and you can bring up any moans, she is caring and interested in me. There is a caring atmosphere and considerate staff and do what is needed willingly and happily."

A relative told us, "It's like a 5-star hotel, it is new, got plenty of lounges, they (people) can go into the garden which is secure." A healthcare professional commented, "The management team are very good and lead by example."

There was a registered manager in post. 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.

There was a staffing structure in the service which provided clear lines of accountability and responsibility. The registered manager was supported by a clinical lead and registered nurses, who were supported by a team of care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their roles and of the responsibilities which came with that. Catering, domestic, administrative, maintenance and activity staff were also employed. One staff member told us, "I really like the manager, she is really fair, she does not gossip and comes and sets thing straight if there is gossip – she is a good manager"

The management team were committed to ensuring that the service provided a safe, effective, caring and responsive service and that on-going improvements were made where required. The management team engaged with the inspection process and were aware of and agreed with any minor issues that we had identified. The registered manager told us, "We welcome the feedback, it's important to understand the comments and take them on board. It gives us the opportunity to improve then." Staff told us they were supported to raise concerns and ideas for continuous improvement. One staff member said, "We have a staff meeting once a month, I can ask to have one, I am quite confident I can ask." And went on to say, "Everyone is friendly, got a smile on their face, I am very happy here, I have got a good manager and you can rely on her I you are having a bad day."

The management system included regular supervision, appraisal and spot checks for staff. These were delegated appropriately to senior staff, the service had a system for tracking and reviewing progress of delegated tasks. There was a programme of regular meetings, including monthly staff meetings and individual unit meetings. These were opportunities for two-way communication. There were daily handover meetings, which was an effective way of sharing information and for information to be cascaded to staff in

each department. Staff were confident that information was passed on to them, and that senior staff listened to them. One staff member told us, "The management team is very visible here, they are always approachable and supportive and willing to help." The service operated an 'on call system' so staff had access to a member of the management team outside normal office hours as well.

Quality questionnaires and surveys were also sent out to gather people's and key stakeholder's views on the service. Staff were regularly consulted and kept up to date with information about the service via newsletters, meetings and an annual staff survey. Analysis of the feedback showed us overall people, their relatives and staff were happy with the provider and the service.

The registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included tissue viability nurses, speech and language therapists, GPs, dieticians, and the local authority safeguarding team. The professionals we contacted did not express any concerns at the time of our inspection. The service had also developed and maintained positive links with the local community such as local doctors' surgeries and community teams to ensure people received the support they required.

Effective systems were in place to monitor and review the quality of the home. Audits such as, care plan reviews, infection control and safe handling of medicines took place. These audits were carried out to ensure if any areas of improvement were identified so they could be addressed quickly. There was a strong emphasis on continually looking for ways to improve the service people received, and looking at learning if care fell below the standards the providers expected. This information was shared with the senior management team to demonstrate the service was working in line with the provider's vision and values.

The manager was reminded that as this was their first inspection there would be a legal requirement for them to conspicuously display their inspection rating in the service and on their website, in accordance with their legal responsibilities. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had informed us of significant events which had occurred in the service and notified us accordingly.