Loven Larchwood Limited

Larchwood Nursing and Residential Home

Inspection report

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Date of inspection visit:
28 April 2016

Date of publication:
05 July 2016

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 28 April 2016 and was unannounced. It was carried out to establish whether improvements had been made since our last inspection.

Larchwood Nursing and Residential Home provides residential and nursing care for up to 48 people, some of whom may be living with dementia. Accommodation is over two floors with a lift to the first floor. The home has a number of communal areas including dining rooms, lounges and an activities room. At the time of our inspection, 40 people were living in the home.

There was a registered manager in post. 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.

We last inspected this service on 29 and 30 June 2015 where we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was in breach of the regulations relating to meeting nutritional and hydration needs and good governance.

Following the inspection in June 2015, the service sent us a plan to tell us about the actions they were going to take to meet the above regulations.

At our inspection in April 2016, we found that the service had made improvements and that they were no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff that had been recruited following appropriate safety checks. Staff had received the training and support required to ensure they demonstrated the appropriate skills, required for their roles. Good team work was evident and staff told us morale was good and that they enjoyed working at the Home. There were enough staff to meet people's individual needs.

Staff demonstrated a kind, caring and compassionate approach and knew the needs of the people they supported. People were given choice, their independence was encouraged and their privacy and dignity maintained. We observed respectful interaction between the staff, visitors and people who used the service. Visiting relatives and professionals told us they always felt welcomed into the home.

The service had processes in place to protect people from the risk of abuse. Staff demonstrated knowledge of the types of abuse and their possible symptoms and the correct reporting procedure should they have any concerns. The service demonstrated that past concerns had been recorded, reported and investigated as required.

The individual risks to people who used the service, visitors and staff had been identified, assessed and

regularly reviewed to reduce the risk of harm. People received their medicines as the prescriber had intended and good practice procedures were followed. The service managed medicines safely and could account for medicines at any one time as clear and accurate records were kept.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Although the service had not recorded the capacity assessments they had made on the people they supported, the principles of the MCA had been adhered to. Applications had been made to the supervisory body for consideration and the service had involved appropriate people in best interests decisions. These had been recorded. Staff understood the importance of receiving people's consent before supporting them but their knowledge of the MCA and DoLS was variable.

People, and where appropriate, their relatives, had been involved in the planning of the care and support they received. Care plans were accurate, person-centred and gave staff detailed information on how to meet people's needs in an individualised manner. They had been reviewed on a regular basis. People's life histories and the support they required to maintain good physical and emotional wellbeing was also fully recorded.

There was an activities coordinator in post and the service provided activities and events to suit people's needs. People told us they enjoyed the activities but would like more. People's families were encouraged to participate in the activities and we saw that staff were fully engaged when supporting people to join in.

People benefited from having access to a number of healthcare professionals to maintain their wellbeing. We saw that staff assessed people's needs and gained the medical intervention required.

The management team encouraged an open culture and people told us they were approachable, visible and available to talk to. The registered manager demonstrated knowledge in their role and people told us they had a professional approach. The service requested feedback on the service and gave people a number of ways to do this.

Effective quality monitoring auditing systems were in place and these had been completed on a regular basis with action plans in place for any identified issues. The senior management team completed comprehensive audits that assessed against the five key questions contained in this report. This demonstrated knowledge in regulations and that they had an overview of the service being delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Processes were in place to protect people from the risk of harm or abuse which staff had knowledge of.

People's needs were met in a timely manner. There was enough staff to support people with the care they needed.

Medicines were administered safely and people received them as the prescriber intended.

Is the service effective?

Good

The service was effective.

People were supported by staff that had received training and support to do their roles. They demonstrated the knowledge and skills required.

Although staff knowledge of the MCA and DoLS was variable, they understood the importance of gaining people's consent. Appropriate adherence to the MCA was observed.

People told us they enjoyed the food and we saw that their specific nutritional needs were met.

Is the service caring?

Good

The service was caring.

People described the staff as kind and caring. We saw that their interactions with others were respectful and discrete.

People had choice in their day to day decisions and their independence was supported. Staff demonstrated an approach that maintained people's privacy and dignity.

The service involved people and their relatives, if appropriate, in the planning of the care and support they received.

Is the service responsive?

Good

The service was responsive.

Care plans were in place that were accurate and met people's needs in a person-centred way.

Activities took place that people enjoyed. Although people told us they would like more. We saw that activities took place which were engaging and we saw that people were fully involved.

People felt confident in raising any concerns they may have and that these would be addressed by the service.

Is the service well-led?

Good

The service was well-led.

The service promoted an open and honest culture where people could confidently voice their opinions.

People knew who the registered manager was and found them to be approachable. They saw them regularly and had confidence in them.

A quality monitoring auditing system was in place that encouraged improvement to the service.

Larchwood Nursing and Residential Home

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 28 April 2016 and was unannounced. The inspection was carried out by two inspectors 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.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We contacted the local safeguarding team, quality assurance team and a professional who had commissioned the service for their views on the service. We also looked at the action plan the provider had sent us after their last inspection in June 2015.

During our inspection we observed the care and support provided to the people who used the service. We carried this out in the two dining rooms, the activities room and a lounge. We spoke with four people who used the service, five visiting relatives and one visiting professional. We also spoke with the manager, two nurses, one senior care assistant, three care assistants, the activities coordinator, a cook and a volunteer for the service.

We viewed the care records for four people and the medicines records for three people who used the service. We tracked the care and support that one person received. We also looked at records in relation to the management of the home. These included minutes from meetings, two staff recruitment files, survey results, staff training records and quality monitoring audits.

Good

Is the service safe?

Our findings

The people we spoke with who used the service told us they felt safe living at Larchwood Nursing & Residential Home. Most of the visiting relatives we spoke with felt their family member was well cared for. One told us, "I feel [relative] is safe and looked after, definitely". Another relative explained how the staff regularly talked to their family member and reiterated the need for them to use their walking frame, in order to keep them safe.

The staff we spoke with had good knowledge of how to identify, report and protect people from the risk of abuse. They were able to give us examples of the different types of abuse. They also told us about the changes in people's behaviour, which could indicate abuse. Staff told us that they were confident in reporting any concerns they may have and knew how to do this both within their organisation and to outside agencies. They told us that the service had processes in place to protect people from the risk of abuse and that they were confident that the management team would address any concerns they may have. The staff we spoke with told us they had received training in safeguarding adults and the training records we viewed confirmed this.

We saw records that showed the service had managed a recent safeguarding concern appropriately. Correct actions were taken and a full investigation was completed.

The service had a whistle blowing policy in place and staff were aware of this and its location. One staff member told us that they would be confident in using the whistle blowing policy and would discuss concerns with senior managers if they needed to.

The individual risks to people who used the service had mostly been identified, assessed and regularly reviewed. These included people who were at risk of skin deterioration, experiencing falls and not eating and drinking enough. Risks associated with specific medical conditions had also been identified and managed. When people had been identified as being at risk of skin deterioration, regular monitoring had been completed and recorded. The service used equipment to further reduce the risk of deterioration. However, one record showed that, although the service had monitored one person's weight, they had incorrectly analysed the information. This meant that the service had misjudged the level of risk associated with the person's weight loss. Although this person had not experienced harm, there was a potential risk of harm.

The risks associated with the premises, environment and work practices had been identified and managed to help protect people from the risk of harm. For example, those risks associated with the hot water boiler, the use of chemicals and assisting people to mobilise. In addition, the service had an emergency contingency and business continuity plan in place in the event of adverse incidents. This gave staff information to assist people to remain safe in the event of incidents such as premises evacuation, infectious disease outbreaks and adverse weather conditions. The risks associated with the evacuation of each person who used the service had also been assessed.

People who used the service were protected from the risk of accidents and incidents as these were robustly recorded and analysed on a regular basis. Following each incident, details were recorded, analysed and actions taken to reduce the risk of future occurrences. Each accident form was reviewed and approved by the registered manager. If a person experienced a fall, we saw that close monitoring was undertaken and recorded for a 24 hour period. A full analysis was completed by the registered manager on a monthly basis to identify any trends or contributing factors. For example, we saw that one person who had experienced a number of falls in March 2016, had been visited by the GP. The service had also referred this person to the falls team in order to ensure any contributing factors were identified and correct actions taken.

In order to help protect people from harm, the service had processes in place to ensure that suitable staff were employed. This included completing police checks and gaining references from previous employers as well as requesting photographic identification and proof of address. The staff we spoke with confirmed checks had taken place prior to their employment with the service. The staff recruitment files we viewed, confirmed this. In addition, where the service had used staff from an external agency, confirmation had been sought that the staff member had undergone appropriate training and police checks.

Most people we spoke with told us there were enough staff to meet people's needs in a timely manner. When we asked one person who used the service how quickly staff answered their call bell they said, "The buzzer? You don't have to wait very long". Although another person told us they sometimes had to wait. When we discussed this with the people who were visiting the service, there was a mixed response. Most felt there were enough staff. One visiting relative said, "When the buzzer goes they're straight here to attend". Another told us, "We have very, very good staff and the staff level is all very good". However, one visiting relative said, "Sometimes you can't find a soul, it's very common". Another told us that they had noticed that there were sometimes less staff on duty during the weekend.

When we asked the staff whether they felt there were enough staff to meet people's needs, all except one agreed that there were. They told us they felt they had enough time to meet the individual needs of the people they supported. One staff member told us they felt they were making a difference to people's lives. During our inspection, we saw that people's needs were responded to promptly.

We looked in depth at the medicine administration record (MAR) charts and associated records for three people who used the service. We saw that these were complete, legible and followed best practice. Identification forms contained a photograph of the person to minimise the risk of medicines being administered to the wrong person. They also gave relevant information such as any allergies the person suffered from, how they liked to be addressed, GP and pharmacist information and any special instructions specifically relating to that person. Protocols were in place for any medicine that was administered only when required and these were detailed. They gave staff full information in the administration of the medicine. For example, they gave information such as the route, strength, maximum dose, intervals between doses and reason for administration. They gave staff details on when and how to administer the medicine and symptoms to be aware of prior to administration. In addition, they gave staff details on what other interventions to try to relieve the person's symptoms.

MAR charts were complete and legible and any anomalies where recorded. Any specific instructions from a GP were clearly recorded and followed. Where people were on a variable dose of a medicine, this was recorded and clear instructions were available on what dose should be administered and what follow up action was required. A random check on a number of medicines showed that they were in date. The service had completed regular stock counts of people's medicines. When random stock counts were completed during the inspection, these were correct except for one. When this was brought to the registered manager's attention, they took immediate and correct action to ensure the person had not experienced harm. An

investigation was undertaken.

Good

Is the service effective?

Our findings

At our last inspection in June 2015 the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's nutritional needs were not always being met. People lacked choice in the food they ate and, in one area of the home, the mealtime experience was disorganised.

Following our inspection in June 2015, an action plan was submitted by the provider which detailed how the service would meet their legal requirements. They told us this would be completed by January 2016. At this inspection we found that improvements had been made and that the provider was no longer in breach of this regulation.

People told us they were happy with the food provided by the service. They told us there was plenty of it and that it was to their liking. One person said, "They're very good at how they do it [provide meals], they cook me what I like and don't put too much on my plate – I don't like too much". Another person who used the service told us that they had a choice in where they took their meals and that their choice was respected and adhered to. The relatives we spoke with agreed that the food served was of a good quality. One told us, "The food is all home cooked, they use a local butcher". Another person explained that they often had a meal with their family member and that is was pleasurable. A relative told us that there was always a vegetarian option available.

We observed lunchtime in both the home's dining rooms and a meal served to one person in their room who required a special diet and assistance to eat and drink. Menus were on display that offered people a choice of food and drink. These included a menu in pictorial form to enable people to more easily communicate their food preferences. We saw that people received the diet they required and that this was well presented. The food was served at the correct temperature and people appeared to enjoy it. People were offered choice and offered drinks prior to, and during, their meal. These were accessible to people. We saw that people received the assistance they needed and this included the support required to remain as independent as possible. In one dining room, the atmosphere was warm and sociable with friendly conversation and laughter between people and staff. In the second dining room the atmosphere was calm and a little subdued although staff were observed warmly interacting with people and engaging in conversation.

The kitchen staff held information on people's dietary requirements, likes and dislikes and we saw that people received the specialist diets they required. We saw that the service had monitored people's weight and liaised with healthcare professionals such as dieticians and speech and language therapists (SALTs) as required.

People were supported by staff that had received training and who felt supported in their roles. The staff we spoke with told us they had received an induction and were complimentary about the training they had received. To cater for different styles of learning, a variety of training had been provided, some of which was online or face to face. In addition, staff had worked alongside more experienced staff members when they

first started in their roles. One staff member told us the induction was individual to each staff member and was flexible to their individual needs. Another staff member told us they had time to get to know the people they supported, read their care records, and start to build relationships when they first started in post. When talking about the training they had received they said, "I am now more aware of certain issues". A third staff member told us that they had found the training they had received on equality and diversity particularly interesting.

Most staff told us they felt supported in their roles. They told us that they received regular supervision and that they had their skills monitored and observed to ensure they were competent in their roles. All except one of the staff we spoke with told us that the manager, deputy manager and their colleagues were supportive. One staff member told us that the nurses were particularly good at teaching others and sharing their knowledge. Another staff member told us, "I trust the team [staff team]".

During our inspection we saw that staff demonstrated that they had the skills expected of their roles. For example, we saw staff assisting a person to mobilise and transfer into a chair. This was done with an awareness of the person's abilities and with encouragement. Techniques were observed that ensured the person's safety and comfort.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had assessed people's capacity to make decisions in line with the MCA. Most of these assessments were decision specific. For example, the service had assessed people's capacity to make decisions around their finances and aspects of their personal care. Where people had lacked capacity to make certain decisions, best interests decisions had been made in line with legislation. For example, where a best interests decision was required regarding a person taking their medicines, the service had liaised with the GP, staff and the person's family members. The best interests decision had been recorded along with the rationale for the decision and why it was in the person's best interests. Applications for authorisation to deprive some people of their liberty had been submitted to the supervisory body. These were individual to the person and appropriate. We saw that people's capacity to make decisions had been reviewed on a regular basis or as required.

When we spoke with staff they understood the importance of gaining people's consent to care and support however their knowledge of the MCA was variable. One staff member had a good knowledge and demonstrated they understood the principles of the MCA DoLS. Whilst others had a basic understanding of the MCA, their knowledge on the DoLS was limited. When we spoke with the registered manager about this, they demonstrated they understood the principles of the MCA. Although the majority of staff had received training in MCA, the registered manager acknowledged more was required to improve the staff's knowledge.

People received the treatment and support they required in order to meet their health needs. The service

ensured that people had access to a variety of healthcare professionals. The people we spoke with told us health needs were met. One visiting relative said, "[Manager] told me that a GP came in yesterday and [family member's] consultant is arranging a review of their medication". Another relative told us, "They're [staff] very good at calling a GP out. If they think it's needed, they'll call him the same day".

Some areas of the home were not always well lit or well maintained. When we discussed this with the registered manager they told us that the home was currently undergoing a refurbishment programme and we saw improvement work being carried out.

Good

Is the service caring?

Our findings

The people we spoke with described the staff as kind and welcoming. One relative told us, "The staff are just great, loving and kind". Another said, "I think it's really good, I come in and the staff always welcome me".

During our inspection, we saw that staff interacted with the people they supported in a kind and compassionate manner. We saw that some staff laughed with people to make them feel comfortable. We saw that one staff member smiled and welcomed people into the dining room as they arrived. One person who used the service was observed as touching a staff member's face and saying "hello" whilst smiling broadly. On another occasion, we saw that a person was complaining of discomfort due to a medical condition. The staff member who was supporting this person, offered a number of options to try and relieve their discomfort. We saw that the staff member was upbeat and encouraging in regards to their approach. For example, a bath was offered to the person and the staff member added, "With bubbles and a rubber duck".

The staff we spoke with could tell us about the people they supported. This included their personality, likes, dislikes, preferences and their care and support needs. One staff member explained that they provided care on an individual basis to each person they supported. They told us that this included respecting people's decisions and choices. This staff member was able to tell us what was important to some of the people living in the home. Another staff member said, "I'm here for people" and went on to explain how they wanted to make a difference to people's lives. One person who used the service confirmed that, "They [staff] know the time I like to get up and go to bed".

People told us that they felt respected and that their privacy and dignity was maintained. One visiting relative told us that their family member was independent and that this was encouraged by the service. They said, "They [staff] put a sign on the bathroom door saying 'room in use – don't enter'. They place a towel over them for dignity and a member of staff stays with them".

During our inspection we saw that staff demonstrated respectful and compassionate behaviour in their interactions with each other, visitors and the people they supported. For example, we overheard a staff member politely ask a senior member of staff if it was acceptable for them to support a person. This was done discretely and showed respect for the person the conversation was referring to and their colleague.

The staff we spoke with explained how they encouraged people to make their own choices in their day to day living. One staff member told us how they supported a person to do this, which included showing a person the options available if they had difficulty with communication. During our inspection, we saw that people were offered choice in their day to day lives. For example, people received choice in where they spent the day, what they had to eat and drink and whether they participated in activities. The staff we spoke with demonstrated they understood people's preferences.

The people who used the service and, where appropriate, their relatives, were involved in the planning of care and support. One relative told us, "[The manager] did a care review with us last week". Another relative

said, "[Staff member] always asks me if I have any questions".

The senior staff we spoke with explained how they involved people in decisions about their care. One senior staff member said they completed care planning with the person and their relatives if appropriate. They said, "We do it together. They [people and their relatives] are involved". Another senior staff member explained how important it was not to take over the planning of someone's care. They said care planning involved discussions with people and that it was important to receive people's agreement in the care and support they received. From the care plans we viewed, we saw that people had been involved in their plan of care.

The service had no restrictions on family members and friends visiting the home. The relatives we spoke with told us they felt welcomed and that the home had a friendly approach.

Good

Is the service responsive?

Our findings

When we asked people if their needs were being met, we had a mixed response. The people we spoke with who used the service told us there were staff to assist them when they needed it and in the way they wanted it. However, one person told us that although the staff knew when they liked to go to bed, and met this need, the person had decided to arrange their bedtime around the service's changeover of staff. They told us that if they didn't go to bed before this time, they had a long wait.

One relative we spoke with told us that there had been occasions when their family member had not received a cup of tea in the morning. However, all the other relatives we spoke with felt their family member's needs were being met by the service. One told us, "When [relative] was ill, they didn't know I was here but they came and checked on them, and I think it's very, very good".

One relative told us how the service had responded appropriately and thoughtfully when their family member had first moved into the home. They explained why the room the person had been allocated was not suitable. They told us the service moved the person to another, more appropriate room and the positive impact this had had on them.

When we spoke with staff, they demonstrated that they knew the people they supported well. They could tell us the individual needs of people. This included the support people needed around areas such as medical conditions, continence, nutrition and emotional wellbeing.

We viewed the care records for four people who used the service to see if their needs had been identified, assessed and reviewed on a regular basis and in a person-centred way. We saw that they contained accurate and up to date information and were individual to each person. Signed consent had been sought in order for the service to provide care and support and this was recorded in the care records we viewed. Plans of care were in place for all the areas of people's lives and these were detailed. For example, one care plan gave staff information on how one person liked to have their personal care delivered. It said that the person needed time and a quiet environment to support them to complete the tasks they liked to do for themselves. We saw that this person also had a detailed care plan in place to prevent their skin from breaking down. All the care plans we viewed had been regularly reviewed and updated as required, to show when people's needs had changed and what support they required as a result.

The service also held weekly meetings to focus on the needs of people. In this meeting, staff discussed any concerns they may have regarding people's wellbeing and actions they could take to better meet their needs. The service had the assistance of a volunteer to help ensure these discussions were fed back to senior staff and actions taken as a result. The activities coordinator told us how soothing and therapeutic one person found having their hands massaged.

The people who used the service, and their relatives, had had the opportunity to complete a document entitled 'This is my life'. This gave staff important information that assisted them to better understand and support the people who lived at Larchwood Nursing and Residential Home. This document contained

information such as a person's early life, their family, friends and pets, hobbies and interests and working life. It also contained information on what helped people to maintain their emotional wellbeing and what made them upset or anxious. Some also contained personal photographs. This helped staff to better understand people and to develop meaningful relationships.

The service employed an activities coordinator four days a week whose role was to ensure activities and events took place that met people's needs. During our inspection, the service also had two students on work placements that were assisting the activities coordinator in their role. The home had a dedicated activities room and we saw people made use of it during our inspection. The room was bright and colourful and decorated with crafts that people had made.

The people we spoke with told us they enjoyed the activities the home provided. However, one visiting relative wished activities took place on the weekends. They told us, "It's a shame it's only four days a week, at weekends [relative] gets a bit bored and frustrated". Another relative told us how the activities coordinator ensured their family member was aware of what activities were taking place, so if they wanted to, they could join in. They said, "Friends and family are invited to join in the activities here".

The volunteer we spoke with also explained how they were currently helping to organise a summer fete and redesign the garden. During our visit, we saw that refurbishing work was being carried out on the courtyard garden. We saw that activities were taking place and that staff were fully engaged with the people taking part. Detailed records were also kept to show how people's leisure and social needs were being met.

All the people we spoke with knew who to speak with if they had any concerns. All except one person felt confident any concerns they may have would be addressed. One visiting relative said, "I would go to the [the manager], they have an open door policy for everybody, relatives and staff, and I'd be satisfied it would be actioned". We saw that the service's complaints policy was on display within the home and that all complaints had been recorded, investigated and responded to.

Good

Is the service well-led?

Our findings

At our last inspection in June 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service's quality monitoring system had been ineffective in actioning issues that had been identified.

Following our inspection in June 2015, an action plan was submitted by the provider which detailed how the service would meet their legal requirements. They told us this would be completed by January 2016. At this inspection we found that improvements had been made and that the provider was no longer in breach of this regulation.

We saw from the records we viewed that the provider had audits in place to monitor the quality of the service people received. These had been completed regularly with a percentage score given. Where issues had been identified, a plan had been put in place to action those concerns. In addition, the issues identified had been assessed for risk. The system covered areas of the service such as the catering provision, care plans, medicines, infection control and prevention, health and safety and financial procedures. A policy was in place to state how often each of these were to be completed and we saw that these had been actioned as per the policy.

In addition to the monthly catering audits, following our inspection in June 2015, the service had undertaken a catering survey amongst the people who used the service. From the records we viewed, we saw that where issues had been identified, action plans had been produced. From our observations during the inspection, we saw that the issues identified from the catering audits had been rectified.

The provider had a quality assurance manager in post who undertook regular audits of the service. The last one had been completed in January 2016 and was comprehensive. A percentage score had been given and an associated risk level attributed. The audit assessed the service against the five key questions that the CQC used to inspect services. The audit demonstrated that the senior management team had a comprehensive overview of the service and that issues had been identified, assessed and that they were working towards making improvements.

There was a registered manager in post who had been registered with the CQC to manage the service in November 2013. We know from the information held about the service that they had reported events as required in the past.

When we spoke with the registered manager, they demonstrated a good knowledge of the service, the people it supported and the regulations and associated legislation relevant to the type of service. They told us they felt supported by the provider and had lots of opportunity to improve their skills and knowledge. This included attending training, receiving sector magazines, reading articles, receiving relevant email alerts and attending meetings. They told us they had good relationships with other registered managers and used them for support. They said, "We bounce ideas off each other". They also told us they learnt from other professionals and that they, "Tapped into people's knowledge who come into the home".

Most of the people we spoke with talked highly of the registered manager. They told us they were visible, approachable and supportive. Everyone we spoke with knew the registered manager's name. They told us they would feel comfortable in approaching them with any concerns they may have. One person who used the service said, "[Manager] is such a nice person and I know them well". A relative told us, "I know I can go and speak to [the manager] at any time. [The manager] walks around, not stuck in their office". One visiting professional said, "It seems well run". During our inspection, we saw that the registered manager was present around the home.

Staff told us they felt supported by the registered manager and that the home was well managed. They told us the manager encouraged an open and honest culture. One staff member told us how much they respected the registered manager. They said they were, "Firm but fair". Another staff member said they felt supported and had a good impression of the home. They said that the registered manager was, "A strict professional" and that they were, "Not here to be a friend, they are here to do the job". A further staff member said, "Going to [the manager] is not a problem, they are very open".

The staff we spoke with told us they worked well as a team and that morale amongst staff was generally good. One told us, "Morale is good and there's an open atmosphere – that's why I like it". Another said, "I love the home, I have a room put to one side". One visiting relative, talking about the staff, told us, "What I find really quite good is that staff always appear happy in their work. I've never seen anyone have a bad day". During our inspection, we saw that staff communicated well with each other and that the home ran smoothly.

The service sought people's views on the service they received. Feedback cards were visible in reception and surveys had been completed. Meetings were also held for people to voice their opinions and this included for people who used the service, their relatives and staff. From the records we viewed, we saw that the service had also sought the views of visiting professionals as well as those that used the service and their relatives.

Out of the 20 surveys received from visiting professionals in January 2016, all said they were happy with the care provided and that the registered manager was knowledgeable and professional. All 20 said that staff were welcoming and polite. However, 18 out of 20 made negative comments about the home's environment in regards to malodours. During our inspection we noted a malodour on the ground floor when we arrived. However, this was not present later in the day. When we discussed this with the registered manager they told us the home had a refurbishment programme that was addressing those concerns. We also noted from the audit that the provider's senior manager completed that this was being addressed via a programme of refurbishment.