Mrs Wendy Kwong

Oakapple Care Home

Inspection report

Debdale Bungalow
Debdale Lane
Mansfield
Nottinghamshire
NG19 7EZ

Tel: 01623622588

Date of inspection visit:
14 June 2016
21 June 2016

Date of publication:
18 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 14 and 21 June 2016. Oakapple Care Home is registered to accommodate up to ten people who require accommodation and assistance with their personal care. At the time of the inspection there were four people using the service.

On the day of our inspection there was a registered manager in place. 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.

During this inspection we checked to see whether improvements had been made since our last inspection on 19 March 2015 in the following areas; assessing the risk to people's safety, the maintenance of the premises, and staff training and supervision. We found improvements had been made in these areas but some further improvement was required.

The risk to people's safety was reduced because staff understood how to identify the signs of abuse and who to report concerns to. Risk assessments had been completed in areas where people's safety could be at risk. Improvements had been made to the way the environment was managed. Staff were recruited in a safe way, although a small number of staff had started their role before the results of their criminal checks had been received. There were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Personal emergency evacuation plans (PEEPs) were in place. People's medicines were stored, handled and administered safely.

People were supported by staff who received an induction and supervision of their work; however some staff still required refresher training in some areas. The registered manager was aware of the principles of the Mental Capacity Act (2005) and how to apply them if needed. However, we found assessments had not always been carried out where required. Applications to the local authority for legally depriving people of their liberty had not yet been made.

People spoke highly of the food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed.

People were able to contribute to decisions about their care and support needs. Information about how to contact an independent advocate was available for people. Staff understood how to maintain people's dignity and people were encouraged to lead as independent a life as they wanted. People's friends and

relatives were able to visit whenever they wanted to. Some staff needed to complete equality and diversity training.

People and their relatives were involved with reviews of care. People's care records were person centred and focused on what was important to them. People were supported to reduce the risk of them becoming socially isolated. People were provided with the information they needed if they wished to make a complaint, although the information was not written in an appropriate format for all people to understand.

People and staff got on well together and they spoke highly of the registered manager and provider. There was a positive atmosphere at the home. The registered manager understood their responsibilities and adhered to the terms of their registration with the CQC. People and staff felt able to contribute to the development of the service.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided. However, improvements were needed to ensure the issues identified within this report were managed effectively.

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.

The risk to people's safety was reduced because staff understood how to identify the signs of abuse and who to report concerns to.

Risk assessments had been completed in areas where people's safety could be at risk. Improvements had been made to the way the environment was managed.

Staff were recruited in a safe way, although a small number of staff had started their role before the results of their criminal checks had been received. There were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Personal emergency evacuation plans (PEEPs) were in place. People's medicines were stored, handled and administered safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who received an induction and supervision of their work; however some staff still required refresher training in some areas.

The registered manager was aware of the principles of the Mental Capacity Act (2005) and how to apply them if needed. However, we found assessments had not always been carried out where required.

Applications to the local authority for legally depriving people of their liberty had not yet been made.

People spoke highly of the food and were supported to follow a healthy and balanced diet.

People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed.

People were able to contribute to decisions about their care and support needs. Information about how to contact an independent advocate was available for people.

Staff understood how to maintain people's dignity and people were encouraged to lead as independent a life as they wanted.

People's friends and relatives were able to visit whenever they wanted to. Some staff needed to complete equality and diversity training.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved with reviews of care. People's care records were person centred and focused on what was important to them.

People were supported to reduce the risk of them becoming socially isolated.

People were provided with the information they needed if they wished to make a complaint, although the style it was written could make it difficult for people to understand

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided. However, improvements were needed to ensure the issues identified within the CQC's report were managed effectively.

People and staff got on well together and they spoke highly of the registered manager and provider.

There was a positive atmosphere at the home. The registered

manager understood their responsibilities and adhered to the terms of their registration with the CQC. People and staff felt able to contribute to the development of the service.	

Oakapple Care 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 was 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 and 21 June 2016 and was unannounced.

The inspection team consisted of an inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information the provider had sent us, including statutory notifications. These are required for serious incidents which the provider must inform us about. We also spoke with local authority commissioners and asked them for their views on the quality of the service provided.

During the inspection we spoke with one person who used the service, one relative and one visitor. We spoke three members of the care staff, the registered manager and the provider.

We looked at the care records for all four of the people who used the service. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures and we carried out observations of staff interacting with the people they supported.

Good

Is the service safe?

Our findings

During our previous inspection on 19 March 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to care plans and risk assessments not being regularly updated to ensure they reflected people's current needs. There were also concerns that staff did not always assist people with moving in a safe way. After the inspection the provider sent us an action plan which explained how they were going to make the necessary improvements.

During our inspection on the 14 and 21 June 2016, we found improvements had been made. We checked the care records and risk assessments of all four people using the service. We saw risk assessments has been completed in many areas including, people's ability to maintain their own personal hygiene, nutritional risks and people's ability to self-medicate. We found the majority of these records had been regularly reviewed to ensure they met people's current individual needs. Where we found a small number of these records had not been regularly updated, the registered manager assured us they still reflected the current needs for each person.

We observed staff assist people with moving around the home. We found staff did so safely. We discussed with the provider the needs of one person who had recently had a fall and sustained an injury. They told us they were in regular contact with external healthcare professionals to ensure they had the appropriate support and equipment to assist the person safely.

When people had an accident or there had been an incident, the information was analysed by the registered manager to assess if any further actions were needed to reduce risks. This action had included referrals to external healthcare professionals such as the 'falls team' to assess whether people needed further support to reduce the risk of them falling again. The registered manager also carried out monthly analysis of the accidents or incidents that occurred at the home to help them to identify and address any trends or themes, such as people falling at a certain time of the day.

During our previous inspection we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the parts of the premises not being adequately maintained. This included, unpleasant odours in parts of the home, some radiators were not covered and were very hot and an exposed fuse box was next to a person's bed. After the inspection the provider sent us an action plan which explained how they were going to make the necessary improvements.

During our inspection on the 14 and 21 June 2016, we found improvements had been made. The home was free from unpleasant odours, radiators were now covered and of a suitable temperature and we did not find any exposed fuse sockets in the rooms that we looked at. However, a toilet seat in one of the toilets was loose and could pose a risk to people who used it. We raised this with the provider who told us they would ensure it was fixed immediately.

Records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals. A business continuity plan

was in place to enable the registered manager to ensure support was available for people if there was an emergency, such as power failure or gas leak. Personal emergency evacuation plans (PEEPs) were in place to assist staff with evacuating people safely in an emergency.

During our previous inspection we identified a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to there not being sufficient staff in place to keep people safe. We observed people wait for long periods of time for staff to support them and a visitor told us there were often periods of time when staff were not present in the lounge area.

During our inspection on the 14 and 21 June 2016, we found improvements had been made. There were enough staff in place to meet people's needs and to keep them safe. There were four people living at the home at the time of the inspection. Two care staff, the provider and registered manager were available to support people. Staff were present in the lounge area at all times.

A person who used the service said, "I have no worries. They [staff] look after me well. My door is open at night and I just have to call out and they come really quickly."

The registered manager told us they did not carry out a formal assessment of the level people's dependency, but did review the number of staff needed to ensure an appropriate number were in place to support people safely. They told us if they felt people required higher levels of care, such as one to one support, they would ensure the staff were in place to provide this. However, as the number of people currently living at the home was low, they felt two staff, plus the provider and themselves was sufficient.

Processes were in place to assist the provider in making safe recruitment decisions. Records showed that staff had sufficient number references and evidence of proof of identity in place. Criminal record checks were requested before staff started work. Records showed the majority of staff commenced their role once the results of these checks had been received. However, we did find a small number of examples where staff had commenced their role before the results of the check had been received. The registered manager acknowledged this could have increased the risk of people being supported by staff who were inappropriate for their role. They assured us that all new staff would not commence their role until the results of the criminal checks had been received.

The person we spoke with and visitors told us they felt they or others were safe living at the home. The person said, "I like it here and I feel really safe." The visitor said, "I have known [name] for 50 years and considering what they've been through, I think [name] is well looked after here." The relative said, "These girls [staff] really know [my family member]. I don't worry about them being here; in fact I would worry if [my family member] came home."

The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter and were aware who they could report concerns to, both internally and to external agencies. A staff member said, "I'd tell the manager, if they didn't do anything about it I'd tell the CQC or social services." A safeguarding policy was in place which explained the process staff should follow if they had any concerns. People were provided with information about how they could report any concerns about their or others' safety.

Staff had attended safeguarding adults training, although one of the six staff had not yet completed the training. This could mean that their knowledge does not comply with the current best practice guidelines. The registered manager told us they would ensure the staff member completed this training immediately.

The registered manager told us there had not been any allegations of abuse made by people or staff at the home. We checked people's records and spoke with them and our findings supported the registered manager's view. The registered manager had a clear understanding of the processes to follow if they were made aware of any allegations of abuse.

People, relatives and visitors did not raise concerns with us in relation to the way medicines were administered. A visitor told us they were not present when the person they visited took their medicines, however they were certain they would tell them if they were not happy with the way they received their medicines.

People were supported by staff who understood the risks associated with medicines. We observed a member of staff administer a person's medicines. They did so in a safe way. Medicines were stored safely in a locked cabinet within a locked room. Regular checks of the temperature of the room the medicines were store were not carried out. The temperature checks ensure that medicines are stored at a safe temperature so as not to reduce their effectiveness. The registered manager told us they would ensure staff did so immediately.

People's medicine administration records (MAR) were in the majority of cases appropriately completed. However we found a handwritten entry had been made to a person's records which had not been signed by two staff members to confirm the additions were correct. In each MAR there were photographs of people to aid identification, information about their allergies and the way they liked to take their medicine.

We saw one person received medicines that were administered not as part of a regular daily dose or at specific times. These are sometimes referred to 'as needed' or PRN medicines. The person's MAR contained guidance for staff to follow when administering this medicine. We saw this medicine was rarely administered, however, when it had been, the reason was not recorded. The registered manager told us they were satisfied that staff understood when to give this medicine but would ensure staff recorded this to ensure it was administered in a consistent way.

The registered manager told us they regularly reviewed the stock levels of people's medicines as part of their auditing process. They also told us they carried out reviews of the competency of the staff when administering the medicines to ensure they did so safely and in line with best practice guidelines. Staff supervision records showed this was regularly carried out. We identified one member of staff who was in the process of completing their training in the 'safe administration of medicines'. The registered manager told us once they had completed their training they would be able to administer people's medicines alone. In the meantime, they supported the senior member of staff.

Requires Improvement

Is the service effective?

Our findings

During our previous inspection on 19 March 2015 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staff not carrying out refresher training when required. Additionally, regular supervision and appraisal of the quality of staff members' work was not always carried out. After the inspection the provider sent us an action plan which explained how they were going to make the necessary improvements.

During our inspection on the 14 and 21 June 2016, we found some improvements had been made but further action was needed. The registered manager told us they had provided staff with e-learning training from an external training provider that would ensure staff carried out refresher training when needed. They told us this would ensure their skills and knowledge were up to date and in line with recognised best practice guidelines. We viewed the staff training matrix which recorded the date staff had completed this training. The matrix showed that since the last inspection some staff had completed training or refresher training in areas such as, deprivation of liberty safeguards (DoLS), first aid, health and safety, safeguarding of adults and dementia awareness. However, there were still staff that needed to complete training in these areas and others.

We discussed this with the registered manager; they acknowledged that although they had made improvements to the amount of training completed by staff, more needed to be done. They told us they would ensure that all staff were given a timeframe by which they will be expected to complete all required training.

Staff told us the frequency of their supervisions had improved since the last inspection and they had regular contact with the registered manager to discuss their performance. Records viewed supported this. One staff member said, "I have regular supervision. [The registered manager] is very supportive and very approachable."

Records showed there had been some improvement in relation to annual appraisals being completed for staff. However, these had not yet been completed for all staff. The registered manager told us they were aware they needed to complete the appraisals for all staff and would do so as soon as possible.

A person who used the service told us they were happy with the way staff supported them. They said, "The girls [care staff] know what I need better than I do. I think they do an amazing job." A relative felt the staff were knowledgeable and understood their family member's needs. They said, "I can always talk to the staff. I trust them to do their best for my family member."

People's care records contained information for staff on how to support people with behaviours that may challenge others. A relative said, "They [staff] deal with [my family member's] anger outbursts so well here. I'm grateful." We observed staff manage challenging situations calmly and effectively. However, records showed that not all staff had completed training in this area. The registered manager told us this would form part of the e-learning training programme being introduced for staff along with face to face to training if

required.

We observed staff offering people choices and listening to and respecting their wishes. We saw staff give people options throughout the inspection and gaining their consent where needed.

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. We checked whether the service was working within the principles of the MCA.

The staff we spoke with, including the registered manager, had a good understanding of the MCA and could explain how they used it effectively when supporting people.

People's records contained reference to their ability to consent to a wide range of decisions about their care needs. This included their ability to manage their own medicines, personal hygiene and choices of food or drink. We saw mental capacity assessments had been completed for some of these decisions but for others they had not. This meant decisions may be made for people without following the appropriate legal process. The registered manager told us they would carry out a review of each person's records, and where needed, would carry out a MCA assessment.

Some people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) documentation in place. These had been completed by the person's GP or other appropriate professional person. Some of the documentation had not been appropriately completed or reviewed, which means in an emergency people's wishes could not be adhered to. We raised this with the registered manager who told us they would review all of these forms to ensure they were still relevant to people's current needs. They said they would then contact people's GP to ensure they corrected errors made when the GP or other health care professionals completed the forms.

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). The registered manager told us people were free to come and go as they pleased and there were no restrictions in place. Staff had a good understanding of what DoLS meant for people.

However, upon reviewing people's care records it was clear that all four people were living with some form of dementia and their safety may be put at risk if they were out of the home alone. The registered manager told us they never stopped anyone going where they wanted to go, but did acknowledge that with staff going with them, this could have an impact on their liberty. The registered manager told us they would make the relevant applications for a DoLS for each person living at the home immediately.

A person told us they were happy with the quality of the food and drink at the home. They said, "I eat anything that comes along. It's always good and always appetising and at least I haven't had to cook it." A relative said, "It always smells nice when it's cooking. It's all cooked on the premises. [My family member] did lose some weight last year when they were not well, but they have gained that back."

People's care records contained a list of their food and drink likes and dislikes their allergies and any dietary requirements that could affect their health. The staff we spoke with were aware of these.

We observed lunch and saw people were able to eat their lunch where they wanted to. Two people were assisted with their meals by staff in the dining room, one in the lounge and another in their bedroom. Staff supported people patiently, encouraging people to eat as much of their meal as they could.

We saw menus which contained a variety of meals available for people. We checked the kitchen and found the fridges, freezers and cupboards were stocked with a variety of food. The temperature of the fridge and freezer were recorded each day. These checks ensure food is stored at safe temperatures that do not affect their quality.

The amount each person ate and drank each day was recorded to enable the registered manager to identify whether people consumed sufficient amounts. We viewed these records. The records showed that people did not receive a drink past 6.30pm each day. However, when we asked a person whether they received their 'drink and snack at 9.30pm' as recorded in their care records, they told us they did. We also found that although the amount each person consumed for each drink was recorded, the amounts were not totalled, nor a recommended daily amount recorded for each person. This meant staff would be unable to identify whether people had met their recommended daily fluid intake. The registered manager told us they would ensure staff completed the records more thoroughly and they in turn, reviewed the forms to help them identify any risks to people's nutritional intake.

People's day to day health needs were met by staff. A staff member told us they felt they were able to meet these needs. One staff member told us about a person they care for. They said, [Name's relative] is really pleased with [their family member's] progress as they have become a lot more confident as we are a small home and they get more attention and support."

We asked a person if they were able to see an external healthcare professional such as a GP or dentist when they wanted to. They said, "Oh the girls [staff] will sort that out for me. I just have to ask."

People's records contained numerous examples where people had attended external health and social care appointments such as visits to GPs and dentists, or, if they were unable to go to appointments, GP's, dentists and other visited the home.

Good

Is the service caring?

Our findings

We observed staff supporting and interacting with people throughout the inspection. We found the staff to be kind and caring in their approach. A relative agreed. They said, "I love the place. It is really homely. The girls [staff] make it a nice place to visit too. I always feel welcome. They even look after me sometimes if I get upset about what is happening to [my family member]." A visitor said, "[Name] is well looked after. I might even put my name down for a place. They [staff] always make me feel welcome, offer me drinks and check we are ok if they are passing [name's] room."

People's religious and cultural needs were taken into account, respected and understood by staff. When people first came to live at the home, records showed they were asked whether they needed any support from staff to follow their cultural or religious beliefs. The registered manager told us staff had previously supported people with attending church when they wanted to. They have also asked people if they wanted a priest, vicar, or other religious representative to attend the home, but people have declined.

We observed staff react positively to people who showed signs of distress or discomfort. They offered a reassuring word or touch to ensure the person knew they were there to support them.

We observed staff interacting with people throughout the inspection. There was a good rapport between people and the staff and there was a calm and relaxed atmosphere within the home. Staff clearly knew people well. They talked in depth with people about their family, past history, and likes and dislikes. We also saw staff make choices for people based on their knowledge of them and people responded positively to staff.

People and their relatives were involved in planning and making decisions about their or their family member's care. Each of the four care records we looked contained examples where people had been consulted and where appropriate changes to their care had been made. A relative also told us staff kept them informed about their family member's care. They said, "The staff here are amazing. It's a home from home and they look after [my family member] so well. If there are any issues, they call me straight away."

Where people were unable to make their own decisions about their care and support needs and did not have a relative to speak on their behalf, people were provided with information about how they could contact independent advocates for advice. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People were supported to be as independent as they wanted. One person told us, "I wake up about 8.00am and when they [staff] see I am awake they bring me my tea. I then get help washing and dressing. Sometimes I choose my clothes, sometimes they do it better. I can have breakfast in my room or in the dining room. It depends how I feel."

We observed staff respect people's privacy and dignity when supporting them. We saw staff knock on

people's bedroom doors before entering and draw curtains and shut doors before assisting them with their personal care. A staff member said, "I always try to support people in a respectful and dignified way. I see them [people] as friends and family, and treat them how I would want to be treated."

An equality and diversity policy was in place, however only three of the seven staff had completed the training. Whilst we saw positive interactions between people and staff, this training is important to ensure staff were aware of how to support people's diverse needs and in a way that ensures their human rights are respected.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction and we saw them doing so during the inspection.

Good

Is the service responsive?

Our findings

Records showed staff encouraged people to take part in the hobbies and activities that were important to them. The limited mobility of the people living at the home meant many of the activities took place within the home environment. We spoke with staff and asked them how they supported people with their hobbies and interests. One member staff said, "We do some baking and like to get people involved. We do lots of sensory stuff as well; people like their nails being done and simple things like hand massages." Another member of staff told us people liked the staff to sit and talk with them and we observed staff doing so throughout the inspection.

A relative told us their family member liked dogs and the registered manager had allowed another family member to bring in their dog. They told us their family member enjoyed this. The provider also told us their own dogs were occasionally brought into the house which people enjoyed.

People's care records were written in a person centred way which focused on providing people with care and support in the way they wanted. We saw documents such as, 'What is important to me', and 'All about me' were completed to provide staff with important and relevant information about each person. We observed staff use this information effectively when providing people with care and support.

People's bedrooms contained a variety of pictures, photographs and items that were personal to them. The registered manager told us people were able to decorate their bedroom in the way in which they wanted to.

Care records were regularly reviewed and where appropriate, included input from relatives and health and social care professionals. A relative confirmed changes had been made following an incident at the home. They said, "They [staff] have moved [my family member] into a bigger room now so that the hoist can be used, which is nice for [my family member]."

People were supported to enable them to integrate with others within the home and to avoid the risk of becoming socially isolated. We saw a person preferred to stay in their room however their door was left open, at their request, to enable staff to talk to them throughout the day.

People were provided with information via a service user guide. This guide informed people about what they should expect from living at the home. This included reference to the type of support they could expect from staff and how they could make a complaint if they were not happy with the service provided.

The complaints policy within the service user guide and the one posted on the home's noticeboard contained details of who they could contact if they felt their complaint had not been handled appropriately. This included the CQC's details. However, the address recorded for the CQC was incorrect. Additionally, the style the policy was written in, small print and long sentences may prove difficult for people who were living with dementia or had difficulties in reading to understand. The registered manager told us they would address this immediately.

A relative told us they had not needed to make a complaint. They said, "I ask questions if I am unsure about any part of [my family member's] care, and they are usually answered."

Processes were in place that enabled the registered manager to respond to complaints in a timely manner and in line with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. Some of these audits operated effectively. The registered manager had addressed many of the issues identified from the previous inspection, however more needed to done in relation to staff training. Additionally, improvements were needed in the application of the Mental Capacity Act and Deprivation of Liberty Safeguards. The registered manager and the provider felt they had improved a lot since the last inspection, but acknowledged further work was needed.

People and their relatives were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. We saw people and their relatives had been asked to take part in a recent survey asking for their opinions on the quality of the service provided. Questions included people's views on the quality of the care, the food and the environment in which they or their family member lived. The responses to the questions asked were positive and were posted on the home's noticeboard for all to see.

Records showed 'resident' and 'relative' meetings had taken place that enabled people to give their views personally to the registered manager and the provider. A relative said, "Over the years I have been to the relatives meetings. They are good and you leave feeling you have been heard."

Regular staff meetings were also held. Minutes of these meetings showed a wide variety of issues with regards to the service provided within the home were discussed, along with staff having the opportunity to raise any concerns they may have. The staff we spoke with felt able to contribute to these meetings.

The aims and values of the service were posted on the home's noticeboard. Staff understood these aims and could explain how they incorporated these into their work when providing care for people. One staff member said, "The aim for me is to give my 100% best to everyone all of the time." Another staff member said, "The aim here is to help people be safe, happy and well looked after."

There was a positive and friendly atmosphere throughout the home. The provider, registered manager, staff, people who used the service and their relatives and friends all appeared to enjoy each other's company. We saw the provider and registered manager regularly talk with people and they and their visitors responded positively to them. However, a relative did raise a concern with us that sometimes when they asked questions about their relative's care the registered manager and provider did not always know the answer. The relative felt the registered manager and the provider could request updates from health and social care professionals in a more timely manner. However, they also told us they were happy with the care provided at the home.

Staff spoke highly of the registered manager and the provider. One staff member said, "If I had any problems I could go to [the registered manager]. She will sort it out." Staff told us they enjoyed their job. One staff member said, "I enjoy coming to work, much more than my previous job."

The registered manager understood their roles role and responsibilities. They were clear on what they could and could not do in relation to their registration with the CQC. The registered manager was also aware of their responsibilities to inform the CQC and other agencies, such as the local authority safeguarding team, of any issues that could affect the running of the service or people who used the service.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.