The Heathers Residential Care Home Limited

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 12 April 2018 and was unannounced. The Heathers Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Heathers Residential Care Home accommodates up to 14 people. There were 10 people living at the home at the time of our inspection.

The home did not have 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. The current manager had applied to become the registered manager of the service.

At our last comprehensive inspection of the service in March 2017 we found improvement was required because staff were not always up to date with refresher training in areas considered mandatory by the provider and because people's care plans had not always been reviewed on a regular basis to ensure they remained up to date. At this inspection we found that the provider had acted to address these issues. However, we found further improvement was required because the provider's systems for monitoring the safety and quality of the service failed to identify to consistently identify issues or drive service improvements in areas including the use of risk assessment tools and monitoring people's Deprivation of Liberty Safeguards (DoLS) authorisations.

People were protected from the risk of abuse because staff were aware of the types of abuse that could occur and the action to take if they suspected abuse. Risks to people had been assessed and action taken to manage identified risks safely. There were sufficient staff deployed to safely meet people's needs and the provider followed safe recruitment practices.

Staff were aware of the action to take to reduce the risk of infection. People's medicines were received, stored, administered and disposed of safely and accurate records were maintained relating to medicines administration. Staff were aware of report and record any accidents and incidents and the manager reviewed accident and incident records to ensure sufficient action had been taken to reduce the risk of repeat occurrence.

People's needs were assessed and their care was planned in line with nationally recognised guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received an induction when they started work at the service and were supported in their roles through regular training and supervision.

People told us staff sought their consent when offering them support and involved them in making

decisions about their care and treatment. People also told us they enjoyed the meals on offer at the service and were supported to maintain a balanced diet. Staff treated people with dignity and respected their privacy. People confirmed that staff were kind and caring in their approach when offering them support.

People had access to a range of healthcare services when required and the service worked in partnership with other agencies to help ensure people received co-ordinated care and support. People were supported to maintain the relationships that were important to them and spoke positively about the range of activities on offer at the service. The provider had a complaints procedure in place and people confirmed they knew how to raise a complaint.

The provider had systems in place for seeking feedback from people about the service they received through one to one discussion, residents meetings and an annual survey. People spoke positively about the manager and the management of the service. Staff were aware of the responsibilities of their roles and told us they worked well as a team and received good support from the manager. The manager held regular staff meetings to discuss service developments.

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 were protected from the risk of abuse. Staff received safeguarding training and were aware of the action to take if they suspected abuse had occurred.

Risks to people had been assessed and staff acted to manage identified risks safely.

There were sufficient staff deployed to meet people's needs. The provider followed safe recruitment practices.

Medicines were safely managed.

Staff were aware of the action to take to manage the risk of infection.

Staff knew to report any accidents or incidents. The manager reviewed accident and incident records with a view to reducing the risk of repeat occurrence.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care planned in line with nationally recognised standards.

Staff received an induction and support in their roles through regular training and supervision.

People were supported to access a range of healthcare services when required.

Staff sought to ensure people received co-ordinated care when using different services.

People were supported to maintain a balanced diet.

Staff sought people's consent when offering them support and worked in line with the requirements of the Mental Capacity Act

2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The environment met people's needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness and consideration by staff.

Staff respected people's privacy and treated them with dignity.

People were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People had care plans in place and received support which reflected their individual needs and preferences.

The provider offered a range of activities for people to take part in, in support of their need for stimulation.

People were supported to maintain relationships that were important to them.

The provider had a complaints policy and procedure in place, and people confirmed they knew how to make a complaint if needed.

The service was committed to providing appropriate support to people at the end of their lives although at the time of our inspection none of the people living at the home required end of life care.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had systems in place to identify issues and drive service improvements but improvement was required to ensure issues were identified on a consistent basis.

The manager understood the responsibilities of managing a service to meet the requirements of the Health and Social Care Act 2008.

People and relatives spoke positively about the management of

the service and the staff working culture.

The provider had systems in place to seek feedback from people and relatives and the feedback received was positive.

The service worked in partnership with other agencies including local authority commissioners.

Staff were aware of the responsibilities of their roles and worked well as a team.

The Heathers Residential 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 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 the 12 April 2018 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. This included details of notifications received from the provider. A notification is information about important events that the provider is required to send us by law. We also received feedback from a local authority commissioning team who had recently visited the service. The provider completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with nine people and four relatives to gain their feedback about the service. We also spent time observing the support people received and 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.

We spoke with three members of staff and the manager. We also looked at records, including three people's care plans, four staff recruitment records, staff training and supervision records, and records relating to the management of the service, including Medication Administration Records (MARs), staff and resident meeting minutes, policies and procedures, and audits. Following the inspection we also spoke with a healthcare

professional who had visited the service for their feedback.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person said, "I feel safe; I don't worry about anything here." Another person told us, "I don't have to worry about being safe here, the staff are really good." A relative commented, "We've never had any worries about safety; the staff know what they're doing and [their loved one] is well looked after."

Risks to people were managed safely. People's care plans included risk assessments which covered a range of areas including moving and handling, falls, skin integrity and malnutrition. These assessments were reviewed on regular basis to ensure they remained reflective of people's current conditions. We found two examples in which staff had not correctly used the provider's malnutrition risk assessment tool when assessing people, but noted that in both cases the people had been regularly checked by their GP and that action had been taken to reduce the level or risk, for example by prescribing food supplements. We raised the risk assessment issue with the manager who told us they would retrain staff following our inspection to reduce the risk of further errors.

Staff were aware of the areas of risk to people and how to manage them safely. For example one staff member told us they were careful to monitor one person's skin integrity when supporting them to wash and dress due to their history of developing pressure sores, and records showed that staff had taken appropriate action during the previous year in managing a sore the person had developed which had subsequently healed.

The provider had procedures in place for dealing with emergencies. Each person had a personal emergency evacuation plan (PEEP) containing guidance on the level of support they required to evacuate from the service, which could be easily accessed and reviewed by staff or the emergency services when needed. Staff were aware of the action to take in the event of a medical emergency or fire although they told us they were still to receive training in evacuation equipment recently purchase by the provider. We raised this issue with the manager and they confirmed that the training had subsequently been arranged shortly after our inspection. Records showed that regular checks had been made on fire safety equipment at the service, and that staff had taken part in periodic fire drills.

People's medicines were safely managed. Medicines were securely stored and could only be accessed by staff who had been trained and assessed as being competent in medicines administration. Staff made daily temperature checks of the medicines storage area to ensure they remained within the appropriate range for effective use. The provider worked with a local pharmacist to ensure people's prescribed medicines were readily available when required, and to safely dispose of any excess or expired stock held at the service.

People and relatives told us they received appropriate support to take their medicines. One person said, "They [staff] give it to me when I need it and I've had no problems." A relative told us, "[Their loved one] is not able to self-medicate and needs support with this; we've had no issues or concerns with how staff do that here." We observed staff offering appropriate support to people when administering their medicines, for example by ensuring they were appropriately positioned and had a drink to hand to wash tablets down, and

by giving them appropriate time and encouragement to take them at their own pace.

Staff completed Medicine Administration Records (MARs) which confirmed that people had received their medicines as prescribed and could be accurately cross referenced with the remaining medicine stocks. Each person's MAR also contained a copy of their photograph and details of any known allergies to help reduce the risks associated with medicines administration.

The provider followed safe recruitment practices. Staff files contained completed application forms which included details of each staff member's employment history, and the provider had undertaken checks in areas including staff identification, criminal records checks and references to help ensure staff were of good character and suitable for the roles they had applied for.

People told us that there were sufficient staff deployed at the service to support them safely. One person said, "There are always a lot of staff around; I just have to call them." Another person told us, "All the staff are good here and there is always someone to help, even at night." A third person commented, "I've used my call bell and the staff come straight away to check that I'm OK."

The manager confirmed that staffing levels were determined based on the level of support people required. Records showed that staffing levels had been adjusted when needed to ensure people's needs were safely met. For example staffing levels had been briefly increased during the months prior to our inspection to enable additional support for one person whose health had declined. We observed staff being on hand and readily able to support people when needed throughout the time of our inspection. People were supported at their own pace and staff confirmed they were able to support people without rushing. One staff member told us, "We have enough staff on each shift; everyone gets the support they need when they need it."

Staff were aware of the action to take to manage the risk of infection. One staff member told us, "I always make sure I wear disposable gloves and an apron when supporting anyone with their personal care, and I wash my hands before and after helping them." People also confirmed that staff used personal protective equipment (PPE) when supporting them. The home was regularly cleaned by domestic staff and was clean and tidy on the day of our inspection. Records showed that the manger also carried out regular infection control checks to ensure the risk of infection was minimised.

The provider had systems in place for recording and monitoring any accidents or incidents that occurred. Staff were aware of the need to report any accidents or incidents and the manager told us they reviewed accident and incident forms in order to identify any trends. Records showed that appropriate follow up action had been taken where accidents and incidents had occurred and staff confirmed that they had been alerted to any concerns in order to reduce the risk of repeat occurrence. For example all of the staff we spoke with were aware of an incident in which one person had tried to leave the home unescorted and told us they monitored the person closely in order to ensure their safety.

People were protected from the risk of abuse. The provider had policies and procedures in place which provided guidance to staff on how to identify and act on any safeguarding concerns. Staff had completed safeguarding training. They were aware of the different types of abuse and the signs which may indicate that abuse had occurred. One staff member told us, "If I suspected anyone had been abused, then I would report it immediately to the manager." Another staff member told us, "I'd firstly tell inform the manager of any allegations, but if I felt I needed to report something further, I know I can contact social services." The manager confirmed they were the safeguarding lead for the home and was aware of local reporting procedures. They told us there had been no recent safeguarding allegations at the home and this was confirmed by the local authority when we contacted them prior to our inspection.

Good

Is the service effective?

Our findings

At our last comprehensive inspection of the service in March 2017 we found improvement was required because staff were overdue refresher training in areas considered mandatory by the provider. At this inspection we found that staff had completed the outstanding refresher training and that staff up to date with their training in areas including health and safety, safeguarding, moving and handling, fire safety and infection control.

Staff received an induction when starting work at the service which included a period of orientation, reviewing people's care plans and the provider's policies and procedures, and time spent shadowing more experienced colleagues. New staff were required to complete the Care Certificate during the first few months of their employment, which is a nationally recognised standard for the induction of care staff. The manager had also introduced a range of new training courses which included training in areas specific to people's health conditions such as diabetes and pressure area care and we saw plans in place for all staff to have completed this training by the summer following our inspection. Staff were also supported in their roles through regular supervision and we noted that annual appraisals were planned for the weeks following our inspection. One recently employed staff member told us, "I feel very well supported here; I'm doing the Care Certificate and have met regularly with the manager to discuss my progress and whether I'm managing OK."

People and relatives told us that staff were competent in their roles and provided them with appropriate support. One person said, "I think the staff have the skills to do their jobs." Another person told us, "They [staff] look after us well; they know what they are doing, definitely." Staff also confirmed that they believed the training they received gave them the skills to do their jobs. One staff member told us, "I'm happy with the training we've had and I am able to assist the people here in the way they need."

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

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

Staff were aware of the importance of seeking consent from people when offering them support. One staff member told us, "I always explain what I'm planning to do whilst I'm with the residents, and make sure they're happy. I wouldn't do anything anyone didn't want." People confirmed that staff sought their consent when assisting them. One person told us, "If you don't want to do something here, it's up to you; you're not forced or anything."

Where people lacked capacity to make more significant decisions for themselves, for example with regards to the administration of their medicines, we saw formal mental capacity assessments had been conducted and best interests decisions made involving family members where appropriate. We also saw DoLS authorisations had been requested and granted by the local authority where people's freedoms needed to be restricted in their best interests to keep them safe, and any conditions placed on people's DoLS authorisations had been met. We noted that one person's DoLS authorisation had not been renewed when it had expired and raised this with the manager. The manager explained, and records confirmed, that this had been an administrative error and they submitted a request for further authorisation during our inspection.

People's needs were assessed prior to them moving into the home, to help ensure the service's suitability. These assessments were used as the basis from which people's care plans and risk assessments were initially developed, using nationally recognised assessment tools, for example when assessing the risk of malnutrition or risks to people's skin integrity. Assessments were also holistic, considering people's physical, mental and social needs.

People were supported to maintain a balanced diet. People's care plans included guidance for staff on their dietary requirements, as well as their likes and dislikes. Staff were aware of people's dietary needs, including any cultural requirements, and they confirmed they prepared people's meals accordingly. People told us they enjoyed the food on offer at the service. One person said, ""I love the food; it's always nicely presented and you have a choice." Another person told us, "I think the food is very good. We have a choice of a cooked breakfast, then a hot lunch and pudding, then we have dinner and supper. We can also ask for a snack at any time." Staff also confirmed that if people did not want the choice of meal that was on offer on a given day, then they were happy to provide an alternative at people's request.

We observed the lunchtime meal and noted that people were able to choose where they ate, with most people choosing to eat together in the dining area. We noted that plate guards were available for people to use which helped enable people to eat independently. People's meals were served promptly and staff were on hand to offer one to one support or encouragement to people where needed. The atmosphere during the mealtime was relaxed and we noted that people ate well, enjoying their food.

People were supported to maintain good health and to access healthcare services when required. One person told us, "I see the doctor if I need to." A relative said, "[Their loved one] gets to see the GP and any other medical professionals as and when necessary." Records showed that people had regular access to a range of healthcare professionals including a GP, community nurses, chiropodist, dentist and a local mental health team when needed. Staff also worked to ensure people received co-ordinated care when moving between services. For example, the manager told us, and records confirmed that people's healthcare appointments were diarised and additional staff were brought in to support people to attend if needed, although relatives often attended with their loved ones.

People and relatives spoke positively about the home's living environment. One person said, "This is my personal space and its lovely; I'm very comfortable here." A relative told us, "We've always felt the home was homely and would be a nice place to live; [their loved one] was ready to move in on the day of our first visit." The provider had undertaken a programme of improvements and redecorations at the home and had sought people's views on aspects such as the colour scheme. The facilities in the home also enabled people to spend time together or have privacy in their rooms, as well as having a communal breakfast room which relatives or visiting healthcare professionals could use to meet with people.

Good

Is the service caring?

Our findings

People and relatives told us the staff treated them with kindness and care. One person said, "The staff are very caring; if I want anything someone will always be happy to help." Another person told us, "The staff are very caring." A relative commented, "The staff care; I'm very happy with the way in which they support [their loved one]."

We observed examples of staff treating people with care and consideration throughout the time of our inspection. For example, during a discussion we held with one staff member they noticed one person looking uncertain in the neighbouring corridor so quickly excused themselves in order to provide support. They spoke with the person in a friendly and reassuring way, supporting them back to a communal area and then making them a cup of tea. In another example we observed one staff member taking a person's hand and gently dancing with them in the lounge to music that was playing. This resulted in smiles from both the person involved and the other people watching the lounge.

Staff we spoke with knew the people they supported well. They were aware of people's life histories and any contact they had with relatives or friends, as well details about their interests and preferences in the support they received. One staff member explained, "As we've spent more time with people and got to know them, it makes our job easier as we understand their needs better and they trust us to help them." People confirmed that they had developed positive relationships with staff and each other. One person said, "We are like family; everyone knows everyone and we care for each other."

People were involved in decisions about their care and treatment. Staff told us that people were free to do what they wished whilst living at the home and they supported people to make day to day decisions for themselves. For example, one staff member described the support they gave one person in deciding what they wore each day by showing them options to pick from their wardrobe. People confirmed they were involved in decision making. One person said, "I feel we all have a choice to do what we want." Another person told us, "The staff will encourage you to take part in the activities for example, but it's your choice." A relative commented, "I really can't see [their loved one] doing anything which they don't want to. The staff are very kind here; they always give choices."

People were treated with dignity and respect. One person told us, "The staff are polite and very friendly; we have a laugh together." Another person described the respectful way in which staff supported them with their personal care, commenting on the patience of staff and their focus on ensuring they felt comfortable. We observed staff engaging with people in a way which promoted their dignity during our inspection, for example by providing discreet support to people to use the toilet when needed without drawing the attention of others.

Staff were aware of the action to take to ensure people's privacy was maintained. One staff member told us, "I always knock on people's doors and wait for them to invite me into their rooms." Another staff member said, "If I'm supporting someone with personal care, I'll make sure we have privacy by keeping the door and curtains closed. I also make sure I talk to the resident about the support I'm giving to make sure they're

comfortable, and will keep them covered with a towel as much as possible so that they don't feel embarrassed." People confirmed their privacy was respected. One person told us, "They [staff] will always ask if they can come into my room." Another person said, "The staff always make sure we have privacy when they help me." We observed staff knocking on people's doors before entering their rooms and doors were kept closed whilst staff supported them throughout the time of our inspection.

Staff told us they focused on ensuring that people were treated equally and that the care they provided considered any specific needs they had with regard to their race, religion, disability, sexual orientation and gender. They were aware of which people had specific cultural specific needs and how these were being met. For example, they confirmed that people's meals were prepared with consideration for any cultural requirements they had, and whether people required any support in meeting their spiritual needs.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection of the service in March 2017 we found improvement was required because people's care plans had not always been regularly reviewed by staff to ensure they remained up to date and reflective of people's current needs. At this inspection we found people's care plans had been reviewed on a regular basis and that people received support which met their individual needs and preferences.

People could not always recall having discussions about their care plan, although one person told us, "I'm familiar with my care plan; I attend meetings every so often to discuss it." Relatives also confirmed that they had been involved in discussions regarding people's care planning where appropriate. One relative said, "I know about [their loved one's] care plan and we attend meetings here to review them." Another relative commented, "We've discussed [their loved one's] support needs and they made changes in line with our wishes. For example, [their loved one] did not want staff making night checks and they agreed to this."

People had care plans in place which had been developed from an assessment of their needs and which covered areas including mobility, personal care, eating and drinking, communication and activities. Care plans also contained information about people's life histories, their likes and dislikes, and details about the things and people that were important to them, as well as a summary of their daily routine and preferences in the way in which they received support.

Staff were aware of the details of people's care plans and their preferred daily routines. One staff member told us, "You get into a routine with the residents once you've worked with them for a while, but if they ever want to do things differently then it's not a problem; we work to suit their wishes." For example, they explained that one person sometimes preferred to have breakfast before they washed rather than afterwards, so they supported them according to their wishes on the day. Staff also told us they monitored people's conditions whilst providing them with support and knew to report any changes to the manager so that their care plans could be reviewed and updated if needed.

People were supported to take part in a range of activities which reflected their interests. Activities on offer at the home included arts and crafts, board games, quizzes and chair based exercises. The home also commissioned a range of entertainers who visited the home, including guest speakers and musicians. Staff also supported people with their personal interests. For example, one relative described their loved one's enjoyment of physical exercise and told us that staff had supported them to continue with this after they had moved into the home, in promotion of their well-being.

On the morning of our inspection seven residents took part in a bingo session led by the activities co-ordinator with the support of two staff who helped people to find their numbers when needed. We noted that people were activity engaged in the session and enjoying themselves, laughing and making jokes with staff and each other as the numbers were called. One person told us, "We have a lot of activities and all join in; they're good at keeping us busy." Another person said, "I love doing the activities, especially this one."

People were able to maintain relationships that were important to them. The manager told us the home had an open door policy and that people were welcome to have visitors when they wished. Relatives confirmed that they were able to visit on a regular basis and were always welcomed by staff. One relative said, "We pop in when we want; the staff are always happy to see us and offer us a cup of tea." Another relative explained how the manager had provided one to one support to their loved one over a recent weekend in order to enable them to attend a family celebration which was an important event to all of them.

The provider had a complaints policy and procedure which was on display in a communal area for people to refer to if required. The procedure contained guidance for people on how they could raise any concerns and what they could expect in response. The manager told us and feedback from people and relatives confirmed that there had been no formal complaints made regarding the service in the time since our last inspection. One person told us, "I've not had to make a complaint in my time here; I have no issues with my care." A relative said, "I don't recall ever having to make a complaint; the staff are very good here and I think they would resolve any issues if they were to come up."

The manager told us they worked with healthcare professionals when required to ensure people received appropriate support at the end of their lives. Care plans included information about how people wished to receive support at the end of their lives, where they had chosen to discuss this with staff. At the time of our inspection, none of the people living at the service were receiving end of life care.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place to help identify issues and drive service improvements but improvement was required to ensure issues were identified comprehensively on a consistent basis. The manager and staff undertook regular checks and audits covering areas including fire safety, the environment, infection control, medicines and care plans. Records showed that action had been taken to address identified issues. For example, a recent infection control audit had identified the need for soap and paper towels to be restocked in one person's room which had been addressed at the time of our inspection. In another example a recent medicines audit had identified some excess medicines stocks and records confirmed that these had subsequently be returned to the pharmacist for safe disposal.

However, we found improvement was required because care plan audits had not identified that staff had not always been accurate in assessing the risk of people suffering from malnutrition, in line with the guidance provided in the malnutrition risk assessment tool used by the provider. We also found the provider's systems for monitoring people's Deprivation of Liberty Safeguards (DoLS) authorisations failed to consistently ensure renewal authorisation requests were submitted in a timely manner where needed.

The provider had systems in place to seek people's views about the management of the service through residents meetings and an annual survey. Records showed that areas discussed at the last residents meeting included the programme of renovations at the home, meal and entertainment options and staffing. The results from the most recent annual survey also indicated that people were experiencing positive outcomes whilst living at the home and that there were no areas of concern. The manager also explained that they sought regular feedback from people and relatives through informal day to day discussions and this was confirmed in our discussions with them. One person told us, "I chat with [the manager] regularly." A relative said, "Any little issues we've raised [with the manager] have been sorted out very quickly."

The manager demonstrated a good understanding of the requirements of the service's responsibilities under the Health and Social Care Act 2008. They were aware of the event which they were required to notify CQC about and records confirmed that they had submitted notifications accordingly as required in the time since our last inspection.

People and relatives spoke positively about the manager and the management of the service. One person said, "The manager takes time to come and see us." Another person told us, "I've no complaints about the way things are managed." A relative commented, "The service is well managed and the manager does a good job." Two other relatives also separately told us that they both would be happy to move into the home themselves which reflected positively on the management of the service and the staff.

Staff told us the manager was on hand and available to support them when needed. One staff member said, "The manager is approachable and easy to talk to; I'm very happy working here and feel I'm well supported." Another staff member told us, "The manager is very helpful; always able to answer any questions I have and available to provide support when needed."

Staff also told us that they worked well as a team and this was confirmed in the feedback we received from relatives. One staff member told us, "The team working here is good; it's a stable staff group and we communicate with each other well." A relative said, "The staff work well together; they know what's going on when you speak to them." We observed staff willingly putting themselves forward to take on tasks and communicating clearly with each other during our inspection, to ensure that people received a high standard of support.

The manager held regular meetings with staff to help keep them informed of service developments and remind them of their day to day responsibilities. Areas discussed at a recent meeting included procedural changes when people were admitted to hospital to help ensure all relevant information accompanied them, record keeping, service security, recycling and other areas of housekeeping.

The manager told us the service was committed to working in partnership with other agencies, including local authority commissioners and healthcare professionals who had involvement in supporting people. We contacted staff from a commissioning local authority who had recently conducted an observational visit of the service and they confirmed they visit had gone well and that people had been positive about the support they had been receiving. We also spoke a visiting healthcare professional who told us that the manager and staff had engaged positively with them and their team in support of a resident at the service.