Caring Homes Healthcare Group Limited

# Sundridge Court Nursing Home

## 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 1 November 2018 and was unannounced. Sundridge Court Nursing 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. Sundridge Court Nursing Home accommodates up to 30 people in one adapted building. There were 19 people living at the service at the time of our inspection.

The service had 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.

At this inspection we found improvement was required because the provider's systems for monitoring the quality and safety of the service had not identified outstanding work which was needed to improve the safety of the home's electrical system and to reduce the risk of legionella. This work was undertaken promptly following our inspection.

Risks to people had been assessed and staff acted to manage identified risks safely. There were sufficient staff deployed at the service to safely meet people's needs. The provider followed safe recruitment practices. People were protected from the risk of abuse because staff received safeguarding training and were aware of abuse reporting procedures.

People's medicines were safely managed. Staff worked in ways which reduced the risk of infection. They were aware of the need to report any accidents and incidents which occurred. The management team reviewed accident and incident records regularly and took action to reduce the risk of repeat occurrence.

People's needs were assessed before they moved in to the home to help ensure the service's suitability. Staff were supported in their roles through an induction, regular training and supervision, and an annual appraisal of their performance. People were supported to maintain a balanced diet and told us they enjoyed the food on offer at the service. They had access to a range of healthcare services when needed in to maintain good health. Staff worked with other agencies to ensure people received effective joined up care across different services. The service was adapted to meet people's needs.

Staff sought people's consent before providing them with support. 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 treated people with care and compassion. The respected people's privacy and treated them with dignity. People were involved in making decision about their care and treatment.

Staff received training in equality and diversity, and worked to meet people's diverse needs in regard to their

race, religion, sexual orientation, disability or gender. People had been involved in the planning of their care and were supported in line with their individual needs and preferences. They were able to take part in a range of activities which they told us they enjoyed, and were supported to maintain the relationships which were important to them.

The provider had a complaints policy and procedure in place. People and their relatives knew how to complain and expressed confidence that the registered manager would address any issues they raised. Staff provided people with responsive, good quality treatment and care at the end of their lives.

The provider had systems in place for seeking feedback from people and their relatives. Feedback from a recent survey showed that people were experiencing positive outcomes whilst living at the service. The registered manager was aware of their regulatory responsibilities. They had submitted notifications to CQC where required and displayed the rating from our last inspection in the home, as required by current regulations.

Staff spoke positively about the working culture at the service. We observed staff working well as a team and responding promptly to people when they needed support. The provider worked with other agencies, including the local authority, to help ensure people received good quality care.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

## 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.

Risks to people had been assessed, and action taken to safely manage identified risks.

People were protected from the risk of abuse because staff were aware of abuse reporting procedures.

The service deployed sufficient staff to meet people's needs.

The provider followed safe recruitment practices.

People's medicines were safely managed.

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

Senior staff monitored incidents and accidents, and acted to reduce the risk of repeat occurrence.

### Is the service effective?

Good

The service was effective.

People's needs were assessed using nationally recognised guidance and tools.

Staff were supported in their roles through training, supervision and an annual appraisal of their performance.

People were supported to maintain a balanced diet.

Staff worked to ensure people received effective, joined up care across different services.

People had access to a range of healthcare services when needed in order to maintain good health.

Staff sought consent when offering people support. The provider complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where

people lacked the capacity to make decisions for themselves.

Adaptations had been made to the home to meet people's needs.

## Is the service caring?

Good

The service was caring.

Staff treated people with kindness and care.

People were involved in making decisions about their care and support.

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

Staff sought to meet people's diverse needs in regard to their race, religion, sexual orientation, disability or gender.

## Is the service responsive?

Good

The service was responsive.

People and their relatives, where appropriate, were involved in the planning of their care. People's care plans were person-centred and they received support which reflected their individual needs and preferences.

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

A range of activities were available for people to take part in which people told us they enjoyed.

The provider had a complaints policy and procedure in place. People and their relatives knew how to complain and expressed confidence that any issues they raised would be addressed.

People received responsive care and treatment at the end of their lives.

## Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had systems in place to monitor the quality and safety of the service, but improvement was required to ensure these were consistently effective in identifying issues and driving improvements.

There was a registered manager in post who was aware of their regulatory responsibilities.

The provider sought people's views through regular surveys and meetings. Relatives confirmed any feedback they provided had been acted upon.

Staff worked well as a team and spoke positively about the working culture.

The provider worked openly with other agencies including the local authority contract monitoring team.

# Sundridge Court Nursing 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 site visit took place on 1 November 2018 and was unannounced. We visited the registered location to meet with people who used the service, their relatives, the registered manager and staff. We spoke with eleven people, five relatives and ten staff, including the registered manager, area manager, deputy manager, clinical lead, chef and maintenance person. We also spoke with the home's GP, an optician and a podiatrist who visited people at the home on the day of our inspection.

We reviewed records including four people's care plans, five staff recruitment records, staff training and supervision records, and other records relating to the management of the service including policies and procedures, medicine administration records (MARs), health and safety information, and checks and audits carried out by the management team.

The inspection was carried out by two inspectors, an inspection manager 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 submitted by the registered manager. A notification is information about important events that the provider is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with staff working for the local authority who commission the service, to seek their views and help

inform our inspection planning.

Good

# Is the service safe?

## Our findings

People told us they received appropriate support to take their medicines. One person said, "They come around with my tablets during the day and make sure I take them." Another person told us, "I've not had any problems [with their medicines]."

People's medicines were securely stored and only accessible to named nursing staff who had been trained and assessed as being competent to administer medicines. Staff carried out regular checks of the temperature of the medicines storage areas to help ensure they were maintained within a safe temperature range for effective use. The provider had appropriate systems in place for receiving new medicines and disposing of any medicines which were not required.

Staff completed medicine administration records (MARs) which were up to date and accurate at the time of our inspection. Each person's MAR included a copy of their photograph and details of any known medicines allergies to help reduce the risks associated with medicines administration. We saw guidance in place for staff on how to administer any medicines which had been prescribed to be taken 'as required' or with a variable dose. We observed one staff member administering medicines to people safely. They explained to people what the medicine was for and ensured they were sitting upright when taking their medicines to reduce the risk of choking, giving them time and supporting them to swallow tablets with an accompanying drink.

Staff managed risks to people safely. People's care plans included risk assessments which had been conducted in areas including malnutrition, choking, moving and handling, skin integrity and the use of bed rails. Where risks had been identified we saw risk management plans in place for staff to follow to keep people safe. Staff were aware of the risk management guidance in people's care plans. Where one person was at risk of choking, they knew how to prepare their food and drink to reduce this risk, and we observed staff providing appropriate support to them whilst eating and drinking, in line with the guidance in their care plan. Pressure relieving equipment was in place for people who were at risk of developing pressure sores. Staff were aware of the correct moving and handling procedures to use when supporting people to mobilise and they supported people accordingly.

Routine maintenance and monitoring checks were carried out on equipment and the environment. These included checks on fire safety systems, the maintenance of hoists and the lift and checks on water temperatures to ensure they were safe. However, we found that action had not been taken to improve the safety of the home's electrical system following an inspection by an electrician in 2016, and that there were outstanding actions still to be addressed to reduce the risk of legionella which had been identified in a risk assessment in 2017. We brought this to the attention of the management team who arranged for contractors to come in address the issues promptly following our inspection.

The home had procedures in place to deal with emergencies. Staff were aware of the action to take in the event of a medical emergency or a fire. They had been shown how to use fire safety equipment and took part in regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which contained

information for staff and the emergency services on the support they would require to safely evacuate from the home if needed.

People were protected from the risk of abuse. Staff received training in safeguarding adults. They were aware of the types of abuse that could occur, the signs to look for, and the action to take if they suspected someone had been abused. One staff member told us, "I would report any concerns I had to the registered manager, or the nurse in charge of the shift. If they didn't do anything, I would call social services." There was guidance available to people, relatives and staff on abuse reporting procedures, to help raise awareness. The registered manager was the safeguarding lead for the home and knew the locally agreed procedures for reporting any abuse allegations. The local authority confirmed prior to our inspection that there were no current safeguarding investigations involving people living at the service.

People told us there were sufficient staff deployed at the service to safely meet their needs. One person said, "The staff are available when I need help," Another person told us, "If I use my call bell someone comes and finds me. It works well for me." The registered manager told us, and records confirmed, that staffing levels were determined based on an assessment of people's needs. The actual staffing levels reflected the planned allocation based on the sample of staff rotas that we reviewed.

One relative told us they thought staffing levels had been stretched during the summer period, but we did not find any reduction in the number of staff deployed during this period. We observed staff to be on hand and available to support people promptly when needed during our inspection. One staff member told us, "I think the staffing levels here are good; we're available to help people when needed, and get to spend time with them, not just rush through tasks."

The provider followed safe recruitment practices. Staff files contained completed application forms which included details about their previous employment history. The provider had also made checks on staff identification, and carried out criminal record checks and sought references from previous employers to help ensure staff were of good character. Where staff were working in clinical roles, we saw checks had been carried out on their professional registration to help ensure their suitability for the positions they had applied for.

People were protected from the risk of infection. Staff received training in infection control and food hygiene. They were aware of safe infection control practice. One staff member told us, "We have a ready supply of disposable gloves and aprons which we use when supporting people. I wash my hands regularly and we have procedures on what to do with any soiled clothing or bedding." People confirmed staff wore gloves and aprons when supporting them.

There were appropriate hand washing facilities for staff, people and any visitors to the service to use whilst at the service. Domestic staff carried out regular cleaning duties based on a cleaning schedule which they completed each day. Senior staff carried out periodic infection control audits to help ensure staff were following safe practices.

Staff were aware of how to report any accidents and incidents that occurred. They completed accident and incident records which were reviewed by the management team for any learning to reduce the likelihood of repeat occurrence. For example, following a number of falls, records showed that one person had been referred to a physiotherapist and another person had their medicines reviewed as a result of the management team's analysis of incident and accident information.

Good

# Is the service effective?

## Our findings

People and their relatives told us that staff were competent in their roles. One person said, "The staff are very good; very gentle when they move me." Another person told us, "They [staff] know me and they know what they're doing." A relative commented, "The nurses seem well trained."

Staff received an induction when starting work at the service which included time familiarising themselves with the provider's policies and procedures, a period of orientation and time spent shadowing more experienced colleagues. Staff with no previous experiences of working in health or social care were also required to complete the Care Certificate during their initial months working at the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

Staff also received training in a range of areas considered mandatory by the provider. One staff member told us, "The training I've had has been really good; it's expanded my knowledge and given me confidence." Another staff member said, "The training I've had makes me feel competent. I always put myself forward for new things, as it gives me a better understanding of the needs of the residents."

Records showed staff had completed training in areas including first aid, moving and handling, health and safety, safeguarding and food hygiene. We observed staff supporting people competently, for example, when using a hoist to transfer one person from a wheelchair to a chair in a communal area. Staff also received training relevant to people's conditions such as diabetes training, or training in pressure area care. Nursing staff also received training specific to their roles and we noted they were due to attend upcoming sessions covering catheterisation, venepuncture and training in the use of syringe drivers. These are all clinical procedures; catheterisation is a procedure used for draining people's bladders of urine; venepuncture is the procedure for giving injections or drawing blood and; syringe drivers are used to administer a continuous flow of a prescribed medicine into a person's bloodstream.

Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. One staff member told us, "Supervision is helpful; I can talk about any issues relevant to my work here, or discuss any personal issues."

People's needs were assessed before they moved into the home to help ensure the service's suitability. Staff used the assessments as a starting point when working with people to develop their care plans and risk assessments. The provider used nationally recognised tools to assess people's needs, such the Waterlow scoring tool to assess risks to people's skin integrity. These tools helped ensure a consistent approach when assessing people that could be easily understood by other health and social care professionals, if needed.

People were supported to maintain a balanced diet. One person told us, "The food here is first class." Another person said, "The food's very good; we get a choice and there's plenty of it." People's nutritional needs had been assessed and care plans included guidance on any support they needed to eat and drink safely. Records showed that where risks had been identified, healthcare professionals had been involved in assessing people's nutritional needs and we observed staff following any guidance they had provided. For

example, one person had been identified as being at risk of choking so staff had referred them to a speech and language therapist (SALT). The SALT had provided guidance for staff on how to support the person safely when eating and drinking, and we observed staff supporting the person accordingly, in line with that guidance.

Kitchen staff had access to information about people's dietary needs and any known risks. We observed kitchen staff speaking with people and their relatives about their mealtime preferences, such as whether they did or did not want onions in their gravy, so that they could prepare their meals accordingly. They were also aware of which people were at risk of malnutrition and fortified their meals accordingly. The chef told us they were able to prepare people's meals in line with any spiritual or cultural requirements. For example, they knew where to source halal meat if required, and prepared culturally appropriate meals for one person, in line with their individual preferences.

We observed the lunchtime meal which was served promptly once people were seated. Staff were on hand to support people to eat and drink where needed. One staff member offered to help a person cut up their meal so that they could more easily eat independently. Another person declined the meal they had chosen when it was presented to them, so an alternative was arranged. People were able to eat where they wished; some people ate in the dining room whilst other people chose to eat in different communal areas or their bedrooms. The atmosphere was relaxed and people were able to eat at their own pace.

People had access to a range of healthcare services when needed, to maintain good health. A GP made regular visits to the home to check on people's well-being. Records confirmed people also received support when needed from services including a dietician, SALT, optician, podiatrist and dentist when needed. One person told us, "I see the GP regularly and the staff sort out all my appointments." The home's GP was visiting people on the day of our inspection and they told us staff were, "Very knowledgeable about people; very good, very caring."

Staff worked to ensure people received timely, joined up care from different services when required. Staff told us they monitored people's health and made referrals to services, if they had any concerns. Records showed referrals had been made promptly where any issues had been noted. For example, one person had been referred to a dietician after they had been assessed as being at increasing risk of malnutrition. A visiting healthcare professional described staff as being proactive in bringing any concerns to their attention. The registered manager told us that staff were available to accompany people to any hospital appointments if needed, and records we reviewed confirmed this.

People told us staff sought their consent when offering them support. One person said, "They always ask before helping me." Another person told us, "They check I'm happy; they wouldn't do anything I didn't want them to." We observed staff seeking people's consent during our inspection, for example when proposing to help them mobilise, or offering to assist them during the lunchtime meal.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

Staff demonstrated an understanding of the MCA and how it applied to their roles when supporting people. People's care plans included documented mental capacity assessments and best interests decisions having been made involving family members, for more significant decisions such as the use of bed rails. Records showed that where required the registered manager had sought DoLS authorisations, some of which were still being processed by the relevant local authorities. Where DoLS authorisations had been granted, we saw any conditions placed on them had been met.

People told us the home environment met their individual needs. They were able to personalise their bedrooms, for example by putting up pictures on the walls. There was sufficient space for people to spend time together or privately should they wish and the home had a range of outdoor furniture so that people could enjoy the use of the garden in good weather. The home had some adaptations in place to better meet people's needs. These included handrails for people to use when mobilising, a lift to enable people to access each floor more easily, and adapted bathrooms so that people could be effectively supported when maintaining their personal care.

Good

# Is the service caring?

## Our findings

People told us staff treated them with care and consideration. One person said, "They [staff] exert supreme care [when supporting them]." Another person told us, "They are all lovely; they look after me very well." A relative said, "They have people's care in their hearts."

We observed staff to be caring in the way they interacted with people. The atmosphere in the home was relaxed and friendly and staff showed concern for people's well-being. Where one person displayed signs of anxiety, staff moved promptly to offer reassurance to calm them. Staff spent time engaging with people in conversations which were meaningful for them, and it was evident from these discussions they knew people well. We observed one staff member speaking with a person about their family members and the fact they were due to visit later that day. Another staff member spent time speaking to one person about time they had spent together doing an activity recently which was positively received. Conversations were lively and we noted that people enjoyed sharing jokes and banter with staff throughout the day.

Staff sought to meet people's diverse needs in regard to their race, religion, sexual orientation, disability or gender. The registered manager told us they celebrated people's differences and looked to treat everyone equally. Staff received equality and diversity training which included training on Lesbian, Gay, Bisexual and Transgender (LGBT) rights, to help raise their awareness of these needs. Spiritual support was available to people from a priest who regularly visited the home and the registered manager told us staff were available to support people to practice their faiths in the way that they wished, should the need it. Kitchen staff also told us they would always seek to prepare people's meals in line with their cultural or spiritual beliefs.

People told us staff treated them with dignity and respect. One person told us, "They [staff] are a polite and friendly bunch." Another person said, "I have never had a harsh word said to me. They [staff] are patient." A relative told us that they felt some staff could sometimes be more patient when providing support, but overall confirmed they were happy with the support their loved one received. Another relative told us, "[Their loved one] is as happy as can be. It's a nice atmosphere. They [staff] always respect [their loved one's] wishes."

Staff told us they worked to maintain people's privacy and dignity when providing them with support. One staff member said, "I always knock on people's doors before entering their rooms. I make sure the doors and curtains are closed if I'm helping people wash or dress, and will cover them with a towel to make them feel less exposed." We observed staff knocking on people's doors before entering their rooms and doors were closed while staff supported people. Staff were also aware of the importance of maintaining people's confidentiality. One staff member said, "We've been taught about data protection law and know to keep information about people private and secure."

People were encouraged to maintain their independence. One person said, "I don't need help with everything; the staff are happy letting me get on with it and will only help me when I need it." A staff member told us, "I always let the residents do what they can for themselves. For example, if they're able to wash themselves, I'll just offer support with the parts they can't reach." We observed staff encouraging people to

do things for themselves during our inspection such as eating independently once their meals had been cut up for them.

People and their relatives, where appropriate, were involved in making decisions about their care and support. One person said, "Staff ask me what I want to do. If I want to spend time in my room, I can. If I want to take part in the activities, I can; the decisions are mine." Staff told us they sought to offer people choices wherever possible when offering them support. One staff member said, "Some of the residents can tell us directly what they want us to do, but for others we may need to show them choices or suggest options that they can accept or say no to." We observed staff offering people choices such as what they wanted to eat, or how they wanted to spend their time during our inspection.

Good

# Is the service responsive?

## Our findings

People received care and support which met their individual needs and preferences. One person told us, "I'm very happy here; the staff know my routine." Another person said, "I get the help I need; they [staff] are very good."

People and their relatives, where appropriate, had been involved in the planning of their care. Care plans had been developed from an initial assessment of people's needs. They included information about people's life histories, likes and dislikes and any preferences in the way they wished to be supported. People's support needs were clearly identified. One person's care plan contained guidelines on the assistance they needed from staff when transferring out of bed using a hoist; as well as describing the practical steps, the guidelines also included consideration of the person's well-being, highlighting the importance of clear communication and the need to provide reassurance whilst moving and handling.

Staff were aware of the details of people's care plans and sought to provide support to them in line with their individual needs and preferences. For example, one staff member described a person's preferred morning routine, identifying the areas in which they needed support and the things they could manage independently. Another staff member told us, "It's great working with the residents and getting to know them and their routines; it doesn't take long to learn the way they like to be supported." A person told us, "Those that attend to me regularly know what I want before I ask."

Staff supported people to take part in a range of activities which met their need for stimulation and social engagement. We observed people engaging in a craft activity during the morning of our inspection, making remembrance poppies in readiness for a remembrance tea party that was planned at the home. People enjoyed participating in making poppies and chatted together with each other as well as with the coordinator. In the afternoon, people played carpet bowls. Individual activity sessions were held with people who were nursed in bed if they wished. These included hand massage, current affair discussions and reminiscence sessions. Entertainers visited the home periodically and staff arranged parties for annual events, such as a Halloween party that had been held during the week of our inspection. One person told us, "The singer we had earlier this week was really very good."

People were supported to maintain the relationships that were important to them. The registered manager told us that visitors were welcome at the home whenever they wished, and we observed friends and relatives being welcomed by staff when visiting people throughout our inspection. One relative told us, "We're able to visit when we want and do so regularly."

The provider had a complaints policy and procedure in place which gave guidance to people and their relatives on the action they could take if they were unhappy with anything. This included information regarding the timescale in which they could expect a response, and the steps they could take to escalate their concerns if they remained unhappy with the outcome.

People and their relatives told us they knew how to complain. One person said, "I'd talk to [the registered

manager] if I had anything to complain about." A relative told us, "[The registered manager] is very good; we've not been any major issues but I am confident they would sort them out if we had." The registered manager maintained a record of complaints, including details of the outcome of any investigation and their response. Complaints had been responded to appropriately where they had been received. None of the people or relatives we spoke with had needed to make a complaint about the service.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. People's communication needs had been assessed by staff and details of any support they required were recorded in their care plans. Staff were aware of which people needed glasses to read, or wore hearing aids to enable them to communicate effectively. The registered manager told us that information about the service could be made available to people in a range of formats, including large font, audio, or in different languages should they require it. However, none of the people living at the home required this at the time of our inspection.

People's end of life preferences had been discussed with them and their relatives, where they wished to do so. This information had been recorded in their care plans to help ensure staff were able to provide them with support which reflected their wishes. Some people had Do Not Attempt Resuscitation orders (DNARs) in place which had been signed off by their GP to confirm they had discussed and agreed the decision with them, or their relatives where appropriate, in their best interests. We spoke with the home's GP who confirmed the service had a good working relationship with the local hospice and that people received responsive high-quality care at the end of their lives.

Requires Improvement

# Is the service well-led?

## Our findings

The provider had systems in place to monitor the quality and safety of the service. However, improvement was required to ensure these were consistently effective in identifying issues and driving improvements.

Staff carried out checks and audits in a range of areas, including health and safety, medicines and infection control. The provider's area manager also carried out regular monitoring checks in areas including wound monitoring, people's weights, accidents and incidents, complaints and safeguarding. However, despite the wide range of checks in place, improvement was required because the provider's monitoring systems had not identified that work remained outstanding to improve safety at the service. Issues had been identified with the safety of the electrical system over two years ago, and there were outstanding actions that needed addressing to improve legionella risk management which had been identified during a risk assessment conducted in August 2017. Whilst the provider acted to address these issues after we had brought them to the attention of the management team, people have been at increased risk of living in an unsafe environment since the issues had first been identified.

In other areas we found action had been taken to address any issues which had been identified during the provider's audits. For example, a recent medicines audit had identified that the dates on which people's prescribed creams had been opened had not always been recorded, and this issue had been addressed when we checked the current medicines stocks. In another example, we saw improvements had been made in respect of monitoring people's food and fluid intake after the need for improvement had been identified during a recent audit.

The home had a registered manager in post who demonstrated a good understanding of the requirements of their role and their responsibilities under the Health and Social Care Act 2008. They were aware of the events they were required to notify CQC and records confirmed they had submitted notifications in a timely manner where required. The home's CQC rating was also displayed at the service, in line with the requirements of current regulations.

People and their relatives spoke positively about the registered manager and the management of the home. One person said, "Everything runs very smoothly here." A relative told us, "Generally it's well organised. I am very pleased that [their loved one] is happy and safe.  Overall, it's very good." Another relative commented, "The manager is very responsive to any concerns."

Staff told us that the registered manager was supportive and had developed a positive working culture at the service. One staff member said, "I know I can talk to [the registered manager] if I ever have anything I'm concerned about, and it will be sorted out." Another staff member said, "[The registered manager] is amazing; very approachable and always ready to help."

The registered manager held regular staff meetings at different levels to discuss the running of the home and to help ensure staff were aware of the responsibilities of their roles. Senior staff meetings focused on oversight of different areas of the home, including clinical care, home maintenance, the kitchen and home

administration. Areas discussed at a recent staff meeting included positive feedback for staff on their work, discussions around infection control, and updates on upcoming activities. Staff also shared information at handover meetings between each shift, to ensure they were aware of any day to day developments in people's conditions or changes in their needs.

We observed staff working well as a team during our inspection. They were prompt to respond to each other's requests for support and communicated clearly with each other throughout the day. One staff member told us, "The teamwork here is very good. Everyone knows their role and we're able to work flexibly in support of each other and the residents."

The registered manager and staff shared the provider's vision to provide a home where people felt safe, respected and cared for with love. One staff member told us of the pride they took from their work, describing how rewarding it felt to see minor improvements in people's conditions such as when a person at risk of malnutrition had recently put on some weight. Another staff member said, "I love my work and the fact that I make a positive difference to the resident's lives."

The provider had systems in place for seeking feedback from people and their relatives, through regular meetings and the use of surveys. We reviewed the results of recent surveys which had been carried out in respect of people's overall views of the service and on the mealtime experience. In both cases, the feedback showed the people were experiencing positive outcomes living at the home. Areas discussed at a recent residents and relatives meeting had included discussions around activities and the progress being made towards accessing a minibus and driver, to increase the frequency of trips out.

Relatives also told us that they were able to speak with the registered manager when they wished and that any feedback they provided was acted on. For example, one relative told us that they had raised an issue regarding the curtains in their loved one's room which the registered manager subsequently arranged to have replaced.

The registered manager worked in partnership with other agencies to ensure people receive a high standard of care. They told us they welcomed visits from the local authority contact monitoring team and sought to make improvements based on any feedback they received. We spoke with a member of the local authority contract monitoring team who told us that they were able to visit the service when they wished and that the registered manager responded positively to any feedback they provided. We also spoke with a visiting GP, optician and podiatrist who all told us that staff gave them the support they needed to carry out their roles when visiting people.