

# J Sai Country Home Limited

# The Langston

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected this service on 14 December 2015. This inspection was unannounced. The Langston is a care home with nursing providing care and accommodation to 36 older people older people requiring personal care. On the day of our inspection 30 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt the service was safe. Accidents and incidents were reported and dealt with satisfactorily. Staff were aware of their responsibilities in keeping people safe from harm.

There were assessments that identified risks to people. These were followed by management plans to reduce any risks and ensure people’s safety and promote their independence.

# Summary of findings

People received their medicine as prescribed. Medicines were stored safely and procedures were in place to ensure they were administered correctly.

There were enough staff on duty to keep people safe and staff also had time to chat with people. People were assisted promptly and with no unnecessary delay. Staff and people told us the number of staff at the service was sufficient. There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff.

People were cared for by staff that were knowledgeable about their roles and responsibilities and had the skills and experience required to meet people's needs. Staff received regular appraisals and they told us they were well supported by the management. Staff had received a structured induction which met the requirements of the Care Certificate, which is a universally recognised standard. Training programme met staff needs to enable them to support people

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework that protects people's right to make their own choices. DoLS are in place to ensure that people liberty is not unlawfully restricted and where it is, that it is the least restrictive practice.

Staff promoted 'person-centred' approach in a way that included the person and their family and they went that extra mile to comfort people. People were looked after by kind and caring staff who knew their care and health needs exceptionally well. People commented on the warm and friendly attitude of the staff. People and their

relatives were all extremely positive about the care that was delivered. The provider showed concern for people's wellbeing in a caring and meaningful way and offered additional services to people where identified people would benefit from this.

People were supported to eat and drink enough to meet their nutritional and hydration needs. Comments about the food and the mealtime experience were overwhelmingly positive.

People received care and support that was responsive to their assessed needs. Care plans provided detailed information about people and we found staff knew exactly how people wished to be cared for. A wide and varied range of activities including outings was on offer for people to participate in if they wished.

People we spoke with said they had no complaints but they would feel comfortable speaking to staff if they had any concerns. The registered manager ensured when concerns had been raised these had been addressed promptly.

The service had systems and processes in place to ensure people received high quality care and people's needs were met. There were opportunities for people and their relatives to provide feedback about the service.

The service was led by a manager who was well supported by a team of committed staff. People and their relatives were complimentary about the approachability of the registered manager. Staff were led by the principles of dignity, respect and empathy towards people. This was evident at all levels of the service, from the provider to the care staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were safe and protected from harm. Staff knew what action to take if they suspected any concerns of abuse.

Risks to people had been identified and assessed. Staff were aware of these risks and followed the guidance

People's medicines were managed safely.

Safe recruitment practices were in place which ensured staff were suitable for their role.

Good



### Is the service effective?

The service was effective.

People were involved in decisions about their care.

Suitable arrangements were in place that ensured people received good nutrition and hydration.

People were supported to maintain good health and had access to appropriate services which ensured people received ongoing healthcare support.

Good



### Is the service caring?

The service was caring.

People were treated with kindness by caring staff who knew them well. Staff promoted people's dignity and choices.

Staff had a positive approach to their work. People and their relatives were extremely complimentary about the care provided. People told us that staff were very caring and respected their privacy and dignity.

Staff were highly motivated and very passionate about the care they provided. They spoke with pride about the service and they were focused on promoting people's wellbeing.

Good



### Is the service responsive?

The service was responsive.

The service was flexible and responsive to people's individual needs and preferences. People's care and support needs were kept under review.

Designated activity staff provided a varied programme of social stimulation which people said they enjoyed.

People knew how to raise concerns and were comfortable to do so. The service was responsive to people's feedback.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

A strong and visible person centred culture was developed in the service.

The values of the service were understood by staff and embedded in the way staff delivered care.

The provider and registered manager acted as role models and led their committed and well established team by example.

Audits had been completed by the registered manager to check that the service was delivering quality care to people.

# The Langston

## 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 14 December 2015 and was unannounced. The inspection team consisted of three inspectors, a Specialist Advisor in nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had

completed and submitted their 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 also contacted the local authority commissioners of the service to obtain their views.

On the day of our inspection we spent time observing care throughout the service. We spoke to eight people and three relatives. We also spoke with the registered manager, deputy manager, three nurses, six care staff, the activities co-ordinator, the maintenance person, a member of the housekeeping team and the chef. We also spoke with two external professionals who had been involved with supporting people living at the service.

We looked at records, which included seven people's care records, the medication administration records (MAR) and six staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance work schedules, staff training and support information, staff duty rotas for the past four weeks and the arrangements for managing complaints.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe and secure within the service. One person said “I feel very safe living here. This place is excellent. People get you what you want at any time. You never see any of the staff showing any irritability”. Other comments included “It’s a safe place. Carers know me well and they know how to treat me”, “Very safe. Never had any worries at all. Don’t need to wonder about being safe because I know that I am”. A relative commented “[Person] feels safe here and they tell me that they are well looked after”. Another relative said “Very safe because there are plenty of staff. [Person] is checked every hour at night and staff sign to say that they have been to check on them”.

We observed the administration of medicines and we saw that medicine was given to people safely. People received medicines in line with their prescriptions and medicine was kept securely. The amount of medicines, including Controlled Drugs in stock corresponded correctly to stock levels documented on Medicines Administration Records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. There were no missing signatures on the (MAR). We had however identified two minor issues; one around records relating to homely remedies and we also made a recommendation to order and stock safely needles used for drawing up of medicines. We raised this with the registered manager who took appropriate action to rectify these issues immediately.

People’s individual risk assessments around their care needs were in place and staff followed guidance. People were protected by risk management plans detailing the support people required to manage the risk and keep them safe. For example, one person’s moving and handling assessment stated they required the use of a hoist, sling and the support of two staff when transferring from bed to chair. We saw the hoist and sling specified were available in their room and two care assistants had supported them to transfer. Another person had been assessed as being at risk of pressure damage to their skin. A care plan relating to this was in place. We found they had been provided with a pressure relieving air mattress for their bed. The person was sat on a pressure relief cushion and they did not have

any pressure sores. We spoke with the member of staff who assisted them. They were aware of the risk relating to pressure damage and told us how the person was assisted to change their position every two hours.

People were protected as risks to their safety and health in relation to the premises were assessed and managed. Records confirmed checks to ensure the environment was safe were undertaken on regular basis. For example, water temperatures, fire drills, window restrictors, beds and bed rails maintenance. All areas of the home appeared clean and well maintained. There were no unpleasant odours. The home had been awarded a five star Food Hygiene rating by the local authority earlier this year.

People were protected from harm as staff we spoke with demonstrated a satisfactory knowledge of processes surrounding safeguarding people. They could identify the types and signs of abuse and they knew what to do if they had any concerns. The staff members we spoke with told us they would have no hesitation in reporting any concerns. One staff member said “If you are concerned about any potential concerns you must report this, as even if you’re only a witness (to an abuse) you’re equally to blame (if you don’t report)”. Another staff member said “I would report it to the manager or the local safeguarding team if necessary”.

There was sufficient staff on duty to meet people’s needs. We looked at the number of staff on duty on the day we visited the home and checked the staff rotas to confirm the number was correct. The manager told us there were no staff vacancies and the staffing levels were regularly assessed. The service did not use any agency staff. During our visit we saw people’s needs were met in a timely manner. We noted the nurse call bells were answered immediately. People using the service, and the visitors we spoke with, confirmed there was usually enough staff on duty to meet people’s needs. A relative told us “There’s lots of staff here, that’s why it’s so calm. They are all lovely”. We asked one member of staff about staffing levels, they said they are “Great”.

The registered manager ensured a satisfactory recruitment and selection process was followed. We checked six staff files which contained all the essential pre-employment checks required. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to

## Is the service safe?

work with vulnerable people, to help employers make safer recruitment decisions. We also noted the professional qualifications of nursing staff had also been checked to ensure they were registered to work as a nurse.

Accident and incident recording procedures were in place and showed appropriate action had been taken where necessary. The registered manager carried out audits of accidents and incidents to identify any trends or patterns.

# Is the service effective?

## Our findings

People we spoke with told us staff were knowledgeable, friendly and efficient at their job. People had confidence in the staff. They told us the staff spent time with them and knew them well. One person said “Absolutely good care. If I want help they are there straight away. They can see when someone needs something and do it before anything happens. The most incredible people”.

Staff had received the training they needed to care for people. The training plan demonstrated training relevant to the care needs of people such as dementia care and moving and handling had taken place. The induction undertaken by all new employees met the Care Certificate standards. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The staff we spoke with confirmed they had undertaken a thorough and structured induction when they started to work at the home. One member of staff said “I have not been here long but I have been shadowing experienced staff. I am working on the care certificate and until my training is complete I will not be left to care on my own”. Another one said “I am working to complete my care certificate and then the manager has told me that she will put me forward to do my Diploma”.

There was a system of supervision and appraisal in place for staff and records confirmed this. Staff we spoke with also told us that as they worked closely with the management team they were also able to discuss any important issues with them in-between their next planned supervision meetings.

Some people we spoke with told us they were involved in their care planning whilst others told us they left it to staff because as they told us “The staff knew what they were doing”. We noted a ‘Consent to Care’ form was an integral part of people’s care file. This meant the service ensured the person or their representative, where relevant, were involved in the care planning process.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person’s behalf are made in their best Interest. All the staff we spoke with had a general awareness of the Mental Capacity Act and had received training in this subject to help them understand how to

protect people’s rights. One member of staff said “We always assume that people have capacity, unless it’s proven otherwise”. We found MCA principles were adhered to and reflected in care documentation. For example, one person had been assessed as at risk from falling from their bed. A mental capacity and best interest’s assessment had been carried out by the service. The assessment was decision specific and outlined what the person was able to consent, or express preferences for. Bed rails were considered and we found the person’s representative had signed the assessment consenting to their use of the bed rails.

The registered manager had made appropriate referrals in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS aim to protect people who lack mental capacity, but who need to be deprived of liberty so they can be given care and treatment in a hospital or care home. One person had been assessed as lacking capacity to make complex decisions. The registered manager had made a DoLS referral to the Local Authority. The registered manager had also applied for the person to be allocated an Independent Mental Capacity Advocate (IMCA) as they had no other relevant person to act on their behalf.

People told us the food was of good quality and they enjoyed the appetising meals. They felt that there was a good choice on offer. Comments included “The food very good. They will do you special things if you want them. Excellent choice”, “Food is generally very good “and “Lovely food. I look forward to my meals. It is a high spot of the day”.

People’s nutritional risks were assessed appropriately and we found the staff knew about people who required special diets. Care plans contained details of people’s dietary requirements and we saw people received food in line with their care plans. The chef had a list of people’s requirements such as people’s likes and dislikes, those who needed their food pureed and foods suitable for people with special requirements, for example a fortified diet. The chef told us they attended residents meetings in order to discuss menu choices. They told us people had recently requested that prawn cocktail and cheese and biscuits were made available and these had been introduced.

We observed lunchtime meal experience and noted there was a member of staff allocated to each person who required assistance with eating their meal. There was a pleasant atmosphere in the dining room which was



## Is the service effective?

bubbling with conversation. Staff were giving choices and supported people in a personalised way. It was apparent the staff knew how the individuals liked to be supported and staff provided this ensuring the right balance between encouragement and intervention.

People were supported to maintain good health and had access to healthcare services. We saw people were promptly referred to health professionals when their

condition changed. A GP visited the home weekly or on request. Care files contained details of visits from health professionals and their advice was incorporated into the care planning documentation. One of the external professionals commented "The staff follow up promptly on advice from us, they produce good observation charts and they seem to be going out of their way to help".

# Is the service caring?

## Our findings

People were consistently and exceptionally complimentary about the caring nature of staff at The Langston. All the people we spoke with told us they received “Excellent care” and that “Carers were wonderful”. Other comments from people who used the service included “The carers are kind, matey and smiley. Nothing is too much trouble for them” and “Absolutely good care. If I want help (staff) they are there straight away. They (staff) can see when someone needs something and do it before anything happens. They (staff) are most incredible people”.

Other comments we received reflected that people were confident the staff would go ‘the extra mile’ for them. One person told us “They are wonderful carers. They will do anything for us”, “I get the best care from the best carers. Staff know what care is about. They are always there for you”. A relative’s comment was also exemplary: “It’s wonderful, whenever you come in it is like walking into your home”.

Throughout the inspection we observed how staff interacted with people and only saw a caring, patient, person centred and thoughtful approach. Staff offered a real quality time to residents, they talked with people and proactively showed a genuine interest in peoples’ welfare. For example, a staff member noticed one person started to look uncomfortable and the staff identified immediately the person required assistance with personal care. The person declined but the staff took their time, and we saw two care workers sat talking with the person and eventually they agreed to have personal care. It was apparent the staff knew the person’s tendencies to refuse assistance and they knew the best approach to manage this. Another person had their favourite teddy bear that they carried around with them. We noted on a few occasions the staff came up to the person and talked and interacted with them as well as with the toy, which the person appreciated and this comforted them. This meant the staff recognised the importance of the teddy bear to the person and respected their wishes.

Staff involved people in their care. Staff explained to people what was going to happen before they provided support and continued to explain when supporting people. We noted staff asked people’s permission before delivering

care and they always explained what was happening and asked if things were alright. For example, one person required to be hoisted, we saw the staff talked to them and reassured them throughout the process.

A real strength of The Langston is the quality of the meaningful interactions and care the staff provided. They understood people well and seemed to have a natural ability to care. This was inspired by the culture of the manager and the service. During our inspection we noted a number of positive interactions between the staff and the people who lived at The Langston. We saw staff did not miss an opportunity for a meaningful interaction with the people. Staff maintained eye contact, and got down to the person’s level. Staff gave the person an occasional hug, held their hand and had calm conversations with them. We observed people who remained in their rooms received constant visits from staff.

The service supported people to maintain confidence, and self-esteem by empowering them to play an active part in the life of the service. We noted the staff facilitated various opportunities to involve people exceptionally well. For example, one person helped to maintain the raised flowerbeds and was responsible for the two pet rabbits. The person said “I look after the rabbits and work in the garden. I like to help out where I can”. Another person helped with clearing tables and general tidying of the dining area. They told us “I help to clear up. They know that I am capable and they know that I can help them. It is important for me to do things. I can be useful and they let me help”.

An outstanding feature of the home was real community interaction which enhanced people’s wellbeing and gave them a feeling of purpose. Pupils from a local school came in weekly to visit residents as part of their community linked education programme. Pupils made a contribution to the lives of people living at The Langston. People were able to pass on a wealth of living history which embedded students’ understanding of the importance of contributing to society. The registered manager told us they were approached by Mencap, a charity that works with people with a learning disability and they enquired if the home could offer a member of their learning programme a position. Both the registered manager and the provider confirmed this was possible and the person has been employed at the home for over two years.

## Is the service caring?

The service ensured that people were able to express their views, their likes and preferences. The staff then used this information to make a real difference in people's lives. For example, staff identified one person used to play the accordion in the past. The person said the instrument was at his relative's. The owner tried to collect the accordion, but it was beyond repair. The provider then purchased a new one which made the person very happy. The person regularly played to the fellow residents which they really enjoyed and the applause they received from the people at The Langston. This meant that the people were encouraged to pursue their interests which promoted their self-esteem and well-being.

The service had introduced pictorial communication sheets to aid communication with people who are not able to express themselves freely. We saw the form considered personalised needs of individuals and pictures of images representing spiritual needs, personal preferences and dietary needs were included. For example, one person is not able to communicate verbally, so the staff used pictures and asked them about their preferred activity. The staff identified the person would like to go for a 'day at the races'. The manager organised a trip out to make their wish. The staff told us the person's face with a drink in hand at the winning line, was a 'picture' and something the person and staff will treasure for a long time.

The staff also told us they found out one person who had spent part of their life in Africa and was particularly fond of elephants. Staff found a beautiful picture of an elephant and purchased this for the person. They told us when they gave it to the person and they were overwhelmed with happiness.

People were able to make choices in their day to day decisions. One person told us "I can have a lay in when I want. I can get up when I want". One relative said "Mum is the boss, she makes her decisions and they (the staff) listen". The advocacy service was involved where necessary. The advocacy service's role is to represent a person when they need an independent representative to act in their interests and help them to obtain the services they need.

People were treated with dignity and respect. When people were supported with personal care, doors were closed and a 'do not disturb' note was displayed on the door. Information posters relating to dignity were displayed throughout the service. There were a number of Dignity Champions appointed within the staff team. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, who acts as good role model and educates all those working around them. This meant the care practices were monitored on an on-going basis to ensure people were treated with respect. One relative told us "All here are treated with respect and all treated the same". We saw that confidentiality was upheld by staff as conversations about people's care needs were carried out in a confidential and professional way.

There was one person receiving end of life care on the day of our inspection. We noted the person received care and treatment according to their care plans and they had pain management plans in place. The registered manager told us the team at The Langston prided themselves for providing comfortable and dignified end of life care. The registered manager told us they held meetings when a person passed away to reflect on the person's life and their contribution to the community of the service.

The registered manager told us that earlier this year a person diagnosed with a terminal illness was admitted to the service. The person suffered from self-neglect, were withdrawn and in pain. The staff worked hard with this individual to manage their health issues and encouraged them to maintain a balance diet. The staff told us how they went above and beyond their duty to care for this person. One staff member went to another town on their day off to get the person their favourite fast food burger which they had on their 'wish list'. Another brought the person's favourite sweets, films and books. The person had initially refused any input from the palliative care team and the local vicar. With lots of encouragement from the staff they consented to specialist care and embraced their religious needs. Staff told us how they comforted this person at the end of their life to enable them to die peacefully with a care staff member holding their hand.

# Is the service responsive?

## Our findings

People we spoke with said they were happy with the care provided by the service and they complimented staff for the responsive way they delivered care and support. One person told us “Staff talk to me and try to take the worries off me”. A relative said “I was really worried about [person] but these wonderful people (staff) are here for us”.

We saw care plans had a detailed assessment of people’s needs and these had been undertaken by a senior member of staff before the person came to live at The Langston. People and their relatives told us they had been able to give their opinion on how people’s care and support was to be provided.

Care plans were detailed and individualised. For example, one person had been assessed as at risk of malnutrition and dehydration. The records confirmed they had been reviewed frequently by their GP regarding their weight. There was a specific care plan in place relating to the risk, which specified the person required fortified meals and snacks to be offered between meals. We noted the staff documented the person’s food and fluid intake and found the staff were aware of the person’s dietary needs. Another person had been assessed as at risk of choking. We found they had been referred to a speech and language therapist (SALT) and a swallowing assessment had been carried out. Guidance had been provided relating to this person’s drinks. We observed this person’s needs during lunch time and saw that these guidelines were followed. The care worker who assisted the person was able to tell us about the consistency of the drinks the person required.

The provider was responsive to people’s changing needs and acted promptly to meet these and maintain their wellbeing. One person had a urinary catheter. There was a

specific plan regarding the catheter care along with a record of catheter changes. The person had developed a urinary tract infection and we noted an acute care plan had been promptly introduced. Another person was assessed as at risk of weight loss. We observed during the day of our visit the staff encouraged the person to eat snacks specially prepared for them.

Social stimulation and activities were excellent. The service employed three activity co-ordinators who were supported by care staff. A programme of activities included: singing, ball games, gentle exercise to music, arts and crafts, and pampering sessions. This included people who required or preferred to have one to one support in their own bedrooms. A number of professional entertainers, a local school, a volunteer and Pets at Therapy (PAT) dog supported the programme of events. The number of outings was also available using the service’s designated minibus. The activities provided reflected the individual interests of people. For example, one person used to be a ballet dancer and ballet yoga sessions has been brought in.

The staff told us that they planned to introduce more Information Technology (IT), such as using tablet computers to enhance reminiscence and to extend the art and music activities.

The service’s complaints procedure was displayed throughout the home. The people and relatives knew how to make a complaint. However, they all said they never needed to make a complaint as they were able to raise any concerns with staff and these would be addressed before they escalated to a complaint. One person said “I don’t need to complain about anything”. Another one added “Don’t think that anyone could complain. What is there to complain about”? A relative said “Can’t find anything to complain about”.

# Is the service well-led?

## Our findings

People and their relatives described the home as very well managed. There was a warm, open atmosphere at The Langston which was fostered and adopted by management who told us they were passionate about their work. The manager adopted a very much hands-on approach and would work alongside the team so they could lead by example. Relatives we spoke with told us they had chosen the service because of the open, warm, friendly, welcoming atmosphere. One relative told us "Other homes I looked at were sterile and clinical. You can feel the warmth here".

The service had a registered manager who had been working at the service for almost five years which contributed to the team's stability and to the provider's ability to maintain a quality service. People and their relatives were very complimentary about the registered manager. One relative told us the registered manager was "Very approachable". One staff member told us "She (manager) is great; you feel you are being supported and feel equal".

The registered manager promoted a culture that put people at the centre of the care they provided. The registered manager told us that being 'on the floor' provided them with the opportunity to assess and monitor the culture of the service. Our observations and discussion with staff reflected they were fully supportive of the registered manager's person-centred vision for the service. On the day of our inspection we observed very positive relationships were formed between relatives, residents and staff. There were a lot of smiles, good humour and light-hearted banter going on. One member of staff said "A wonderful place to work. We all get on together". Another one said "I was so lucky to find this place to work".

The management developed a culture which empowered staff and encouraged the staff to raise any issues. Staff told us they had regular appraisals where they discussed 'plans for the future; my contribution to the home, training and feedback on my performance'. The staff praised the supportive atmosphere at the service and told us regular staff meetings were held at which they were able to bring up any issues they had. One staff member said "She (the manager) will encourage us to do this". We observed staff were supportive of each other. On a number of occasions we saw when a member of staff asked another to help them with a person's care they were very keen and willing

to help. We saw experienced carer workers provided good role models for newly appointed staff. They were appreciated by managers who were readily saying 'thank you'. This contributed to the pleasant, calm, working atmosphere within the service.

People's relatives praised the team at the service for the excellent, two-way communications between themselves and the staff. They told us they were confident if anything happened or if there were any changes to their relatives' care plan that they were and informed immediately. One relative said "[name] is very unsteady on her feet. They had a fall and staff let me know what had happened straight away". Another relative said "They (staff) keep me well informed. It gives me peace of mind".

The registered manager empowered people by ensuring their voices and wishes were heard and considered as a part of their care planning process. One relative told us "When [person] first came in, the manager went through everything with us. We told her about [person], her life story, likes and dislikes and future wishes". This meant that the service was able to provide a person-centred approach immediately after the person moved in.

The registered manager ensured people had opportunities to contribute to the running of the home. For example, residents' and relatives' meetings took place every month. People told us they had attended these meetings and felt they were listened to and their input was valued. Relatives told us they were consulted about their loved ones' care. One person said "There is a spirit of openness in the home which encourages people to discuss anything with carer staff and/or the manager".

The registered manager proactively acted on feedback from staff. For example, during a staff meeting the team identified the number of people walking around the home during the night time had increased. The manager agreed with the provider to increase the staffing levels over the night to ensure people were safe and this was granted. This meant that the service proactively identified potential risks and acted appropriately to reduce the likelihood of impact on the quality of care.

Staff meetings were a regular occurrence and the feedback received from the staff confirmed this. Staff were clear on their roles and responsibilities. People were allocated a named nurse and a key worker and a list was on display.

## Is the service well-led?

Regular meetings took place between the allocated worker and the person to obtain their views about the service and care they received. This meant that people were offered a regular opportunity to feedback on care they received.

The registered manager told us that the provider (owner) visited the service on a regular basis, providing management support and guidance. Staff also told us that the owner was very approachable and supportive. One person said “The owner is great”. There was an opportunity for the registered manager to attend regular managers’ meetings with sister homes to share good practices and learning.

A number of quality assurance audits had been used to make sure the quality of the service was monitored. We viewed the records of the recent audits and we noted the action points were addressed promptly. For example, a recent medication audit carried out by the local pharmacy resulted in a recommendation around recording. The management had written to each of the staff involved with administering medicines and cascaded this information via the communications book and handover. This meant that people’s well-being was promoted.