

Argyle Residential Home Ltd

# Welby Croft Residential Home

## Inspection report

Crossings Road  
Chapel-en-le-Frith  
High Peak  
Derbyshire  
SK23 9RY

Tel: 01298812797

Date of inspection visit:  
25 April 2016

Date of publication:  
15 July 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Welby Croft Residential Home on 25 April 2016. This was an unannounced inspection. The service was registered to accommodate up to 23 older people, with age related conditions, including frailty, mobility issues and dementia. The home is situated in the town of Chapel-en-le-Frith in Derbyshire. On the day of our inspection there were 23 people living in the care home.

At our last inspection on 25 April 2014 shortfalls were identified regarding assessing and monitoring the quality of service provision and action was required. At this inspection we found the necessary improvements had been made, all regulations were met and no concerns were identified.

A registered manager was in post and present on the day of the inspection. 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.

People were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained, competent and confident to meet their individual needs. People were able to access health, social and medical care, as required.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were opportunities for additional staff training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

Up to date policies and procedures were in place to assist staff regarding how to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There were thorough quality assurance audits – improved, as required, since the previous inspection - and a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

## 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 by thorough recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people's care and support needs were met.

Medicines were stored and administered safely and accurate records were maintained.

Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

### Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the relevant knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

People were able to access external health and social care services, as required.

### Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual

preferences and these were reflected in the personalised care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's identified care and support needs.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

### Is the service well-led?

Good ●

The service was well led.

Staff said they felt valued and supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

# Welby Croft Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 April 2016 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with six people who lived in the home, two relatives, three care workers, a monitoring consultant and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including five people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

# Is the service safe?

## Our findings

People said that they felt safe and comfortable at Welby Croft. They told us they were safe with the care staff and there was nobody had any concerns about their safety or with any of the other people living there. One person said, "I feel quite safe here." Another person told us, "My son is very happy that I'm here – he knows I'm safe."

Relatives we spoke with were also content and satisfied their family members were safe. One relative told us, "I think it's fine and I am very reassured that [family member] is safe here, I go abroad a lot, so it's very important for me to know he is safe with the people and in the physical environment." Another relative told us, "There are enough, but all residential homes would say they could use more. If they are short of staff it doesn't show. They don't appear rushed and they always have time for the residents and for me."

The registered manager had developed very close working relationships with people living in the home, as well as their relatives and had created a safe, stable and homely environment. Relatives spoke very positively about the registered manager and the trust and confidence they had in them.

There were enough staff to meet people's care and support needs in a safe and consistent manner. People and relatives we spoke with thought there was sufficient staff to attend to their needs. They said they had no concerns and staff always came readily when asked for help. One person told us, "Oh yes, I think there are enough staff here. We are certainly looked after properly, so there must be." Another person said, "There's always someone around." A relative we spoke with about this told us, "I've been watching staff going over as soon as anyone needs them. They seem to sort things out straight away." During the inspection we observed people were offered any necessary assistance and support to enable them to move around or go and sit where they wished. Staff were readily available and quick to ensure, where required, people had their walking aids to hand, so they were able to move safely.

The registered manager confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. This was supported by duty rotas that we were shown. Throughout the day we observed friendly, relaxed and good natured interactions. People were smiling and clearly comfortable and at ease with staff, happily asking for help or support, as required.

Medicines were managed safely and consistently. People and their relatives were content with the administration of medicines. One person said they had recently been ill and their medication had needed to be changed. They told us, "They [staff] always explain to me what's happening and why something is happening - and then I'm happy." A relative told us, "There's no problem at all with medication, that's all okay. If they don't know they will always check to make sure."

The registered manager told us all staff involved in administering medicine had received appropriate training. We spoke with a senior care worker regarding the policies and procedures for the safe storage,

administration and recording of medicines. They confirmed that, "Only seniors deal with medication, "and said everyone with responsibility for the management of medicines had received the necessary training and their competency was regularly assessed. This was supported by training records we were shown. During lunchtime we observed medicines being administered and saw that all medication administration records (MAR) had been accurately completed.

People were protected from avoidable harm as staff had received appropriate training. Staff had completed training in safeguarding adults and received regular update training. They understood what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. This was supported by training records we were shown. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. They also said they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

During our inspection we saw all areas of the premises were well maintained, very clean and readily accessible throughout. Infection control was well managed and there were arrangements in place and contingency plans to deal with unforeseen emergencies, such as fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.



## Is the service effective?

### Our findings

People and their relatives spoke positively about the service. They thought staff had the necessary knowledge and skills to effectively meet people's identified care and support needs. People said they were confident that staff knew how to look after them. One person told us, "The staff are here to look after us. They are very good and they understand what we need and know how to help." Another person told us, "I think they [staff] are well trained. It's a case of us making it clear to them what we need – but I think they know."

One person we spoke with, who told us they were 99 years old, commented on the comparative youth of the care staff. They also thought the staff were appropriately trained and had the necessary skills to look after them. They told us, "They're doing alright, the younger ones watch the older ones and they do alright." We received similar comments from relatives, who also had confidence in the training and knowledge of the care staff. One relative told us, "They [staff] all seem to know what they're doing and will usually check with me if they're not sure." Another relative told us, "My [family member] is very content here and feels like this is home now."

The provider ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice.

One staff member described their induction programme, which had included identifying the training they needed to meet the specific needs of people who lived at the home. It also included learning about procedures and routines within the home. They confirmed they had initially worked alongside more experienced colleagues, until they were deemed competent and they felt confident to work alone.

Staff also told us they felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Brilliant, very helpful and supportive," and, "Very approachable." They confirmed they received regular supervision, confidential one to one meetings with their line manager, which gave them the opportunity to discuss any concerns or issues they had. It also provided them with the opportunity to identify any specific training they needed and to gain feedback about their own performance. One member of staff told us, "The training here is really good and the manager is just amazing and so supportive." The level of mutual support was reinforced by another very experienced member of staff who told us, very enthusiastically. They told us "I absolutely love it here and the residents are fantastic. It's like one big family, we've got a really nice bunch of girls and we all help each other out."

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

possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 had knowledge and understanding of the Mental Capacity Act 2005 (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. We found that the registered manager understood when an application should be made. They also confirmed that, following individual assessments, they had made DoLS applications to the local authority, as necessary, and were waiting for decisions regarding the authorisation.

People were supported to maintain good health and told us they were happy regarding the availability of health professionals, whenever necessary. One person told us, "Oh yes, the GP often comes here and the chiropodist – and the hairdresser!" Another person told us, "I know the doctor would be called straight away if I needed to see them." This was supported by a relative who told us, "The staff are always quick to involve the GP or anyone else that is required." The registered manager told us that every Monday was 'Doctor's day' when a GP from the local surgery would visit Welby Croft. They would see anyone who needed or requested 'an appointment' and would carry out medication reviews, as required. We saw that all visits from healthcare professionals were appropriately recorded in individual care plans.

We observed people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. They were satisfied and generally appreciative of the food. One person said, "The food here is okay and you always get a choice." Another person told us, "I enjoy the food, we have an adequate amount and it's varied."

At lunch time we observed in the dining room, where the majority of people ate their meals, though they had the option to eat in the lounge or their own room if they preferred. Tables were laid with cloths, napkins and cutlery. Each table also had a flower arrangement on it. We saw some people had bowls rather than plates and used adapted cutlery to make it easier for them to eat independently.

The menu for the day was clearly displayed on the door of the dining room, and included available alternatives to the main meal on offer. We did not see a pictorial menu, which may have been helpful for anyone who might have struggled with reading or understanding print. A member of staff told us everyone is asked what they would like to eat and staff recorded this. We saw this process in action as staff gave out meals, first consulting the list before offering the meals to people, as requested. We saw that one person was provided with a further choice when they decided they did not want what they had initially chosen.

The food looked and smelt appetising and there was a calm, pleasant and sociable atmosphere, with no-one rushing about or being rushed. We observed some people were chatting to one another and staff were

also engaged in friendly, relaxed conversation with people. We saw that drinks were offered both during the meal and also provided during the morning and afternoon in the lounges.

## Is the service caring?

### Our findings

We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the manager and staff. People said they felt staff were kind and caring towards them. One person told us, "Our staff are great, they will have a laugh and a chat. Obviously there are some you prefer to others, you just get on better." Another person told us, "I like it here, the girls are good and they all do their best. They're very nice, very kind and they do all they can for you." Relatives we spoke with expressed confidence in the home and the care provided. Several people and their relatives told us they had chosen Welby Croft because they knew of it and of, "Its good reputation locally."

Relatives said they thought staff were caring and kind towards their family members. One relative said their family member had only very recently moved into the home. They told us, "We're very happy, the staff here are all very kind, caring." Another relative told us, "They [staff] are caring and considerate and always treat [family member] respectfully." They said they visited regularly and were always made to feel welcome. They also told us, "I get a flavour of how it is here and I know that I could approach anyone if I had any concerns. I have gone to them with small worries and it's always been sorted."

Throughout the day we observed many examples of friendly, good natured interactions. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. We observed staff speak politely with people. They called people by their preferred names, patiently waited for and listened to the response and checked that the person had heard and understood what they were saying. Their conversations with people were not just task related and we saw them regularly check out understanding with people rather than just assuming consent.

Although many people were not able to recall or confirm their involvement in care planning, one person certainly could. They were aware that since they had been ill, following a fall, their care had changed. They said they had been keen to understand about the change and described how staff had patiently explained things to them. They said they were now content and satisfied they knew what was happening and why. Another person told us, "They [staff] all know what I need, I don't recall a care review, but my memory is not what it was!" A relative confirmed they were involved, with their family member's care planning. They told us, "It's on-going but we've made a start. We've had a lengthy chat about [my relatives] likes and dislikes."

During the day we observed many examples of staff spending time chatting with people in friendly good natured interactions. We saw staff approached people, putting an arm round them or touching their arm and asking how they were, or whether they had enjoyed their lunch. We also observed how staff responded immediately when a person experienced a 'wardrobe malfunction' and their new trousers descended round their ankles. Staff were quickly at their side to reassure and sort the matter out.

In the afternoon, whilst some people were sitting quietly in the lounge after lunch, we saw a member of staff spending time with one person looking through an album and engaged in conversation about the photographs. Whilst in the conservatory talking with people, we saw a staff member come in to offer drinks and spend time cheerfully chatting and laughing with people about the weather, the view from the window

and other light hearted topics.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support.

We observed staff talking sensitively with people about what they were doing. For example, carefully explaining to a person how and why they were going to help them to move to another area of the home. One person told us, "It's sometimes a bit too rowdy for me when there are too many people rushing around and I like peace and quiet. They take me to my room when I ask. I have got a lovely room."

Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They said they were kept well-informed and were made welcome whenever they visited.

People had their dignity promoted because the registered manager and staff demonstrated a strong commitment to providing respectful, compassionate care. The registered manager confirmed the service had appointed five dignity champions and had just received a nationally recognised dignity award. They told us, "We all treat each other with dignity and respect here, as this so important in the home. Residents are treated as individuals and supported, encouraged and enabled to be as independent as they want to be. We also never discuss residents in front of anyone else." We saw there was a 'Dignity tree' displayed in the hallway, with handwritten personal thoughts from people of how they would like to be treated and their expectations of others. Examples included: 'Speak slowly'; 'Don't rush me' and 'Smile!'

Other examples of how the service promoted people's dignity and respect were given in the provider's information return and included: 'When giving personal care, doors and curtains are always shut and we make sure people are covered up at all times. We ask everyone when they want to get up or go to bed. We always knock on people's doors and wait for a response before entering. This was evident from our observations during the inspection, we observed that staff were sensitive and respectful in their dealings with people. They knocked on bedroom and bathroom doors to check if they could enter. One person said, "The staff here are always very kind and caring. They respect my privacy but also allow me to be independent." A member of staff told us there was a mobile phone provided for people's use. This meant when friends or relatives phoned, the person could take their call in private. There was also a quiet library and a kitchenette for private family time.

People's wishes regarding their religious and cultural needs were respected by staff who supported them. The registered manager told us, "We have a church service here monthly. We can have a communion in the home and will adapt to any religious beliefs." Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and funeral arrangements.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People we spoke with said they were supported to make choices and staff were aware of and responsive to their individual care and support needs. They also said staff knew and respected their wishes and preferences and they had the freedom to do as they chose. One person told us, "Usually they [staff] ask us but if they don't, we only have to ask to go out or do something and they let us." Another person said, "We can do what we want, more or less, staff are very good they know how to help. They will sometimes ask me to join in with things, but I can do what I want."

This view was echoed by other people we spoke with who were quite clear that they were able to do what they wished. They described having sufficient flexibility regarding times for getting up and going to bed and being able to make their own choices about opting in or out of activities. One person told us, "We can suggest something and they're only too pleased to put that into action." A relative we spoke with was also satisfied people were encouraged and supported to make choices. They told us, "My [family member] is not constrained here at all; he says what he wants to do and participates if he feels like it."

A member of staff told us they worked closely with people, and where appropriate their relatives. This helped them to ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs, their personal preferences and the way they liked to be cared for.

The registered manager explained that people's individual care and support needs would always be assessed before they moved into Welby Croft, to establish their suitability for the service and "Their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care. This was supported by pre-admission assessments in individual care plans we looked at. Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet their needs.

Individual care plans, including risk assessments, we looked at had been developed from the assessment of the person's identified needs. They contained personalised details regarding their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. They also contained details regarding people's health needs, their likes and dislikes and their individual routines. This

included preferred times to get up and go to bed, their spiritual needs and social interests. The care records were reviewed regularly to ensure they accurately reflected people's current and changing needs. This helped ensure that people's care and support needs were met in a structured and consistent manner.

The registered manager explained that in the case of individuals who had difficulty in communicating verbally, "We would find the best way to enable us to communicate and improve understanding, including, visual prompts such as picture cards or perhaps writing it down for them to read." They also told us they held regular 'residents' meetings' where they would discuss what people wanted to do or see in the home, or what trips and activities they would like. We saw minutes of the meetings and also observed picture cards being used to assist people making choices. We also saw a weekly activity sheet, on display, which gave details of forthcoming shows and events, what entertainers were coming in and when church services were taking place. There was a record maintained of who had taken part in particular activities and a care worker told us, "If we feel that some are not taking part then we will sit down with them and ask them what they would like to do." This demonstrated the service was responsive to people's individual needs and preferences.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident they could speak with the manager at any time and any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. During our inspection we observed the registered manager was visible throughout the day.

Another positive example of how the service listened and responded to people was the 'Wishing Well'. Staff encouraged and supported people to think about something specific they would like to see or do or maybe somewhere they would like to go. Each month someone's wish is selected from the list and, where practicable, staff would try and make their wish come true. We were shown the wish list for March and saw people had identified a wide variety of ideas, some more realistic than others. They ranged from 'More walks in the sunshine' to 'Holiday in Australia' and 'Serviettes on the breakfast trays' to 'Peace throughout the world.' People described to us about how they put forward their "wishes" which they remembered confidently and effectively.

Records indicated that comments, compliments and complaints were monitored and acted upon. We saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

# Is the service well-led?

## Our findings

At our last inspection on 25 April 2014 shortfalls were identified regarding assessing and monitoring the quality of service provision and action was required. At this inspection we found the necessary improvements had been made, all regulations were met and no concerns were identified.

People and their relatives spoke positively about the registered manager and said they liked the way the home was run. Throughout the day we saw the registered manager was visible in the home and was well known and popular with people, who said they found her "approachable." One person told us, "You can always talk to the manager." One of the relatives told us, "The manager is okay and she is often around." They went on to say, "The staff and the manager listen and they do seem to have a good system here for passing on information." On several occasions during the day we also observed the registered manager worked alongside care staff supporting them to help provide the care needed.

Staff we spoke with told us they felt supported and were able to approach the management team about any concerns or issues they had. One staff member told us they felt supported by the registered manager and that they could tell them their concerns if needed. All the staff we spoke with knew about the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

The registered manager emphasised the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

Staff told us they were encouraged and enabled to share ideas for the benefit of people who lived at the home. Without exception, all members of staff we spoke with told us how much they enjoyed working at Welby Croft and described the culture as "positive," "open" and "inclusive."

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider's policy. Staff had confidence in the way the service was managed and described the manager as "approachable" and "very supportive." We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and



treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

We saw many examples of how the service developed and maintained good community links, including supporting local charities, by having a coffee morning for Macmillan, a 'Pink day' for breast cancer and fund raising for Children in Need. The registered manager told us, "We also sponsor a guide dog and show the residents the pictures and say what they have been doing. They love that." The registered manager also told us, "We have a residents' fund and we do coffee afternoons for local people and sell crafts the residents have made. The money is spent on the residents, for such things as fish and chip lunches, transport on trips, and arts and crafts to make for our afternoons," They went on to describe how these events, "Get everyone together."

A range of thorough auditing systems were in place to measure the quality of the care delivered. Audits had been drawn up in areas such as the management of medicines, reviewing accidents and incidents and how the home was maintained. The accidents and incidents audit included an analysis to monitor any patterns or emerging trends and identify any preventative measures that were needed. Such systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through such regular audits, the registered manager told us they were able to compare what was actually done against best practice guidelines. As a result, any corrective actions also helped drive improvements in service provision.