

Hollyman Care Homes Limited

Broadlands Park

Residential Care 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?	Good ●

Summary of findings

Overall summary

The inspection took place on 17 and 18 May 2016 and was unannounced.

Broadlands Park provides care for up to 34 people. The home supported people who were over 65 years of age some of whom were living with dementia. The building offered accommodation over two floors, but most of the accommodation was on one level and purpose built.

There was a registered manager in place, a tier of senior staff including a member of staff who provided 'management support'. 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 benefited from being supported by staff who were safely recruited, well trained and who felt supported in their work by their colleagues and by the manager. There was consistently enough staff to safely meet people's individual needs.

Staff understood how to protect people from the risk of abuse and knew the procedure for reporting any concerns. Medicines were managed and stored safely and adherence to best practice was consistently applied. People received their medicines on time, safely and in the manner the prescriber intended. The service regularly audited the administration of medicines.

Staff knew and understood the needs of people living at Broadlands Park.

Staff received yearly appraisals. Staff practice was not observed as often as the manager wanted. The manager was monitoring this and in communication with senior staff whose responsibility it was to observe practice. Staff did not have formal supervision; however staff said they were in regular communication with the manager and senior staff.

Staff told us they were happy working at Broadlands Park. They assisted people with kindness and compassion. People's dignity and privacy was maintained and respected.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was depriving some people of their liberty in order to provide necessary care and to keep them safe. The service had made applications for authorisation to the local authority DoLS team. The service was working within the principles of the MCA.

People's care plans contained important, relevant and detailed information to assist staff in meeting people's needs. People and their relatives had been involved in making decisions around the care they

received. People's needs had been reviewed. The service was introducing a new system with the aim to increase people's involvement in their reviews.

The service had good links with community healthcare teams. People were supported to maintain good health and wellbeing. The service reacted proactively to changes in people's health and social care needs.

The service did not have good links with the local community. However the manager said they were aware of this and wanted to develop this area.

People were encouraged to maintain relationships with others and the service actively welcomed family members and visitors to the home. There were planned activities on a weekly basis. The service found creative ways to try and stimulate people.

There was a positive and open culture. There was a homely and welcoming atmosphere to the home. Relatives felt involved and listened to. They were confident that any concerns they may have would be addressed. There were systems in place to monitor the quality of the service. The manager and the management support were involved and present in the daily life at Broadlands Park.

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.

Staff were safely recruited to meet people's individual needs.

People were supported by staff who knew how to prevent, identify and report abuse.

People were kept safe as risks had been identified, and managed appropriately. Reviews had taken place. Staff had effective guidance to support people in relation to the identified risks.

Medicines were administered and stored safely and appropriately. People received their medicines as prescribed and in a way that took into account people's individual needs.

Is the service effective?

Good ●

The service was effective.

People benefited from being supported by well trained staff who felt supported in their roles.

Staff assisted people in a way that protected their human rights. The service was meeting its responsibilities under the MCA and the MCA DoLS.

The service ensured people received food and drink of their choice. People had enough to eat and drink.

People's health and wellbeing were supported and maintained by having access to appropriate professional healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff had good knowledge of the people they supported and delivered care in a respectful and caring manner.

Care and support was provided by staff in a way that maintained people's dignity.

People, and those important to them, were involved in making decisions around the care and support they needed.

Is the service responsive?

Good ●

The service was responsive.

Care and support was provided in a personalised way that took people's wishes, needs and life histories into account.

The service encouraged people to maintain meaningful relationships with those close to them.

There were planned social activities, the service encouraged people's involvement.

The home had systems in place to gain people's views on the service provided.

Is the service well-led?

Good ●

The service was well-led.

The staff and the people they supported benefitted from a manager that demonstrated dedication and knowledge in the service.

People were supported by staff that were happy in their work and felt valued.

There were auditing systems in place to ensure a good quality service was delivered.

Broadlands Park Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 18 May and was unannounced. Our visit was carried out by 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.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. During our inspection we spoke with 11 people who used the service. We also spoke with five relatives of people using the service. Observations were made throughout the inspection.

We gained feedback from two healthcare professionals who visited the service. We spoke with the manager and a member of staff who provided management support. We also spoke with the cook and six members of the care staff. We also contacted the local safeguarding team and the local authority quality assurance team, for their views on the service.

We reviewed the care records of four people and the medicines records for six people. We tracked the care and support that two people received. We also looked at records relating to the management of the service.

These included training records, health and safety check records, audits, three staff recruitment files.

Is the service safe?

Our findings

People told us they felt safe living at Broadlands Park. One person said, "I feel safe and secure." We asked another person if they felt safe and they said, "I never gave it a thought, I don't need to worry about anything."

We spoke with staff who told us they had received training on how to protect people from the potential risk of abuse. Staff gave us examples of what would constitute abuse or harm. They told us how they would identify if someone had experienced any form of harm or abuse. Staff said they would contact the manager if they had concerns. They were confident the manager would take their potential concerns seriously.

The manager told us about a safeguarding incident which had occurred recently. The manager had made contact with the local authority safeguarding team. They worked closely with the social care professionals to ensure people at the service were safe. This was confirmed by the CQC's own records and by speaking with the safeguarding team.

Staff told us they would protect people from discrimination. One member of staff said, "No one is discriminated against here." Staff spoke about treating people as individuals and supporting people who had diverse needs.

We looked at some people's care records and we found that their needs were thoroughly assessed when they moved into the service. The records we looked at gave information about how to support people with their health needs and keep them safe. There was information on how to support the needs of people who were at risk of losing weight, choking, or developing pressure areas. We looked at records for some people who had pressure areas; we saw that the service had made referrals to the community nursing team. There were also clear action plans in place and equipment, to manage the pressure areas. We spoke with staff and a visiting health professional who confirmed this.

Some people who were living with dementia presented, at times, with behaviour which challenged other people and staff. There was information about different approaches and responses staff used to reduce people's distress. On one person's record there was information about the reasons why this person could become distressed. This information included guidance for staff about how they should support the person in order to help reduce their distress.

The service supported people in a way that did not restrict their freedoms. We spoke with staff who told us about some people, living at the service, whose safety was at risk if they left the building. Staff gave us examples of how they supported people to leave the building if they wanted to. They spent time with them in the garden to make sure they were safe. We also observed people freely moving about the home. People were asked if they wanted to leave a particular room or return to their bedroom.

Staff told us they were updated on a daily basis about risks to people's care and treatment. The manager and staff told us this would take place at the beginning of each new shift. Staff said they had spent time

reading people's care records. When people were experiencing changes to their needs, senior staff would compile a brief view of these new needs. This information was placed in the staff room for staff to familiarise themselves with before their shift began.

There were risk assessments in place relating to the environment. Information was available for staff in order to respond to emergencies. There were numbers to call if there was a failure of a utility; this information was located in the manager's office and in the staff office. Staff told us there were weekly fire safety tests. We could see the service regularly checked equipment which people used, in order to ensure the equipment was safe.

The service had a system for monitoring and responding to accidents and incidents. Accident and incident reports were completed by the member of staff who observed or discovered the incident. It was then passed to a senior member of staff who, analysed the information and decided if an onward referral was required. We looked at people's records and could see evidence of this process being carried out. Staff had made contact with the relevant health professionals to respond to an injury or change in people's needs. The manager also carried out an audit of accidents and incidents to ensure staff were responding appropriately and people were safe.

People told us there was enough staff available to meet their needs. One person said, "All you've got to do is press that red button, but I rarely have to use it, they're [staff] in and out all the time. When I do use it the staff come quickly, there's no problem there." Another person said, "They're always there to help, I don't see anyone waiting." A further person told us, "Call bell, I never use it, you can get them [staff] anytime you need them."

We spoke with staff who told us there was enough staff to meet people's care needs. On the days of our visit we observed staff responding to people's needs in a timely way. Staff responded to the call bells quickly. We observed staff spending time with people assisting them to eat and drink. Occasionally some people became distressed, staff spent time with these people offering them reassurance and support. Staff appeared calm and unhurried.

The service ensured that staff had the right competencies and experience to meet people's needs. The manager told us when new members of staff started working at the service, they worked alongside a more experienced member of staff, providing support to people who required two members of staff.

People were kept safe as recruitment processes were in place, which ensured only those people suitable to work in care, were employed. We looked at the personnel files of some members of staff. We could see the appropriate security checks had been completed. Staff identification had been verified and Disclosure and Barring Service checks had been carried out. There were also references in place for these members of staff.

Medicines were administered in a safe and effective manner and in the way the prescriber had intended. We spoke with the member of staff administering medicines on the second day of our visit, and observed them administering medicines. This member of staff clearly had a good knowledge of people's medicines and people's health needs. The medicines were stored securely throughout and after this process.

We looked at the medicines administration records (MAR) of seven people and found they had been given the medicines as prescribed and this was clearly signed by staff. We completed an audit of medicines and found that the correct amount of medicines was stored. Medicines were stored at the correct temperatures and we could see the service monitored this throughout the day.

The service had spoken with the GP and asked them what 'homely remedies' people could have alongside their medication. This information was recorded on a 'homely remedies' form. We observed the member of staff checking this form to see if this type of medication could be safely given to certain people.

The service had appointed a member of staff to oversee the administration of medicines. This member of staff told us they would check MAR charts throughout the day to ensure that medicines had been administered correctly. They completed an inventory of medication before new medication was delivered, and they monitored medication was in date and safe to use. The provider also employed a further member of staff who completed a monthly audit of medicines.

Is the service effective?

Our findings

People received support from staff who were effectively trained in their roles. We spoke with a visiting health professional, who told us they had recently provided training on how to administer insulin for people with diabetes. The health professional told us staff responded well to the training and were, "Very competent."

The staff we spoke with said they felt they were competently trained and their training was up to date. Staff had recently received refresher training on the administration of medicines. Staff also told us they had received training on moving and handling, safeguarding, mental capacity, catheter care, behaviour which challenges others, and dementia care. Some of the staff we spoke with said the manager was supporting them to complete qualifications in care. We looked at the training plan and we could see there was future training planned. The manager said their aim in the future is for every member of staff to have training in key areas, even if they are not supporting people with personal care.

The manager told us staff induction was dependent on the level of experience new members of staff had. New staff would spend their first shift looking at people's care records and the policies of the service. The service had a 'mentor' who supported staff through their induction period. The induction programme included completing the 'care certificate' (a set of national standards of care). New staff also had one to one weekly sessions with their mentor. New staff worked alongside experienced staff until they were considered competent to work alone.

All care staff were formally observed by a senior member of staff every three months and given feedback. However, we could see from the audits the manager completed these observations were not happening as regularly as they wanted. We spoke with the manager about this who said they would continue to monitor this and speak with senior members of staff to ensure these observations took place.

Staff told us they had yearly appraisals and we could see from the manager's records yearly appraisals were taking place. The service had no regular or planned formal supervisions or conversations with staff. The manager said these formal conversations do take place if an issue is raised by a member of staff or if there is a performance or quality issue. We were shown records which confirmed this. Staff told us they felt supported by the manager and felt able to approach the manager.

We observed staff communicating effectively with one another during our visit. Staff were seen exchanging information and dividing tasks with one another in a discreet and professional way. On several occasions staff were seen supporting people to transfer from a chair to a wheelchair. Staff spoke with the person telling them what they were doing and re-assured them if they became distressed. Staff communicated effectively with each other throughout this process to ensure the person was safe.

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.

The manager and staff had a good understanding of the MCA. Staff told us they encouraged people to make decisions for themselves. Some people living at the service were living with dementia and had different ways of communicating their needs. Staff told us how they supported these individuals to make decisions and how they gave them choices. One member of staff told us they spent time getting to know people to better understand how they communicate. They would also speak with the person or with their relatives.

The service had made DoLS applications to the local authority for authorisation to deprive a person of their liberty. The manager told us they had made regular contact with the DoLS team to ensure they were acting within the guidelines when restricting someone's freedom.

We asked staff about their understanding of DoLS. Staff knowledge was variable and limited; although most members of staff understood it was linked to the MCA. One member of staff was able to identify one person where the service had made a DoLS application.

During our visit we observed staff seeking people's consent before they provided support with their care needs. We observed staff asking people if they wanted their medicines. Staff explained what the medicines were for in order to support the person to make a decision.

We looked at people's records and their care assessments completed by the service. We saw people had assessments about their capacity. Where people lacked capacity to make certain decisions this was confirmed by a health professional. There were also instructions to discuss certain decisions with named relatives.

Some people occasionally expressed behaviour which challenged others. In their records, we saw that there were suggestions about how to support these people when they were distressed and how to prevent this behaviour from escalating. One member of staff told us one person could get distressed about something relating to their past profession. This staff member told us they would re-assure the person, "Everything is taken care of."

We spoke with relatives and a visiting mental health professional who all felt the service was meeting the needs of people who had complex behaviours which challenged others. For example one relative said, "The mental health team had said [person] would be incredibly difficult to place, I'm impressed that they're trying to manage it, overall I really have been pleased with what I've seen, I think they're doing a good job."

People were supported to have enough to eat and drink. One person told us, "We get stuff that we like, they've always got something we like. There's a menu in the dining room so we can see what we're having for lunch and breakfast."

We spoke with one person's relative who told us their relative had, "Become seriously underweight before joining the service." They explained how staff had helped increase this person's weight. The relative said, "They were sitting with [person] at lunch and giving them drink supplements [person] is now eating well."

We spoke with a visiting health professional who told us, "People's nutrition here is very good."

We observed staff throughout our visit supporting people to eat and drink. People were offered a choice of drinks throughout the day, there was a trolley which staff brought to people between meals to offer a choice of snacks. We also observed meal times were appropriately paced. One member of staff had noted one person was not eating their lunch. The member of staff spoke with the person and encouraged them to have something to eat. When the person was still not eating much of their food they offered them different meal options, the person chose something else, which they ate.

We spoke with the chef who showed us records detailing people who were on diets to increase their weight. The chef confirmed to us how they would try and achieve this weight increase. Some people were at risk of choking, the chef explained to us how they prepared their food to reduce the risk. We found the service had made referrals to specialist health teams to support people who were at risk of choking. The service was also regularly monitoring people's weight levels.

We spoke with the member of staff who plans the meals. They told us there is always a choice of two different meals at lunch time, various light options in the evening, and people chose what they wanted for breakfast. They also told us they speak with people when they moved into the service and found out what they liked and disliked. Although they monitored how the food was received by people living in the service, they didn't actively involve people in deciding what would be on the menu in the first instance.

People had access to health care services. One person told us, "If I wasn't feeling well, the staff would know, and call a doctor." Another person said, "You'll get a doctor within twenty-four hours, he's a local one, he's always available."

We spoke with a health professional who told us they regularly visited the service. They said the service made, "Quick health referrals." They spoke positively about the service and felt people received good quality care.

On the day of our visit we observed a member of staff accompanying a person to hospital for an appointment. One person had told a member of staff they did not feel well, we observed the member of staff speaking with the person and telling them a nurse had been asked to visit them later that day. From looking at people's care records we could see the service had made referrals to the district nurse team, and made contact with the GP surgery to respond to changes in people's health needs.

Is the service caring?

Our findings

People we spoke with felt cared for living at Broadlands Park. One person said, "They all make me feel as if I'm wanted, I feel that they genuinely care." Another person said, "They're all lovely people and I get on well with all of them." A relative told us, "The staff are always willing to be affectionate, carers are always smiling, whatever they're dealing with they always give [person] a smile and [person] reacts positively to their input."

During our visit we observed staff being sensitive and supportive to people. We saw staff holding people's hands when they became distressed, some staff gave people warm embraces, we saw some staff put their hands on people's shoulders as they supported them to walk. People responded with broad smiles, positive comments and sounds. Staff were seen speaking with people at their eye level. We observed staff spending time with people when they were distressed, and waiting until this moment had passed, before they continued with what they were doing before the person had become distressed.

A relative came to visit their family member and was greeted by numerous staff, smiling and asking how they are. This relative told us, "That is how I am greeted every time I visit...Staff are delightful."

We asked staff to tell us about the people they supported. Staff gave us significant information about people. These included people's likes and dislikes, their hobbies and interests. People who were important to them. Their personal histories and achievements. People responded to staff with familiarity and affection.

We observed staff respond quickly to people's needs and show concern for their wellbeing. One member of staff asked a person if they were 'okay' the person said they were cold. The member of staff went and got them a cardigan. They supported the person to put it on and checked the person was comfortable. During our visit staff responded to people becoming distressed or who were unwell with what appeared to be, expressions of genuine concern. A relative told us about their family member who had become suddenly unwell, when they visited them, there were two members of staff with their family member, they said, "Staff looked concerned."

Some people we spoke with told us they felt in control and involved in planning of their care. One person said, "I get up when I'm ready, I come down to breakfast, I have a walk around." Another person told us, "If I want to go to bed later I go later, if I want to go earlier I go earlier." We were told some people attended, "Resident meetings" and gave their views on elements of the service. We observed staff administering medicines; they explained to the person what it was for and how it would help them.

During our visit we observed staff knocking on people's doors before they entered. One person told us, "They [staff] knock and wait and come in." All the staff told us they protected people's dignity when providing personal care. They also told us they talked to the person throughout the time they were supporting them, so the person knows what is happening. One person we spoke with confirmed this, "Staff tell me, what they're doing."

Staff told us how they protected people's dignity especially if people are living with dementia. One member of staff spoke about, "Gaining people's trust" and how vulnerable some people may feel, especially if living with dementia, when they are being supported with personal care or given assistance with their mobility. We were told some staff received specialist sensory and dementia training, the aim of the training was to give staff insight about how it would feel to have a visual or hearing impairment, and to not be given a choice or opportunity to express their views or wishes over their daily needs.

However on the day of our visit we observed a member of staff who did not treat an individual with respect or in a caring way. We spoke with the manager about this and said they would address it with the member of staff directly. The manager also spoke with the person's relative about the incident.

People were encouraged to be as independent as they could be. We looked at people's records and found the statement, "To be encouraged to make, their own decisions." We also found in people's assessments information about certain tasks people could do without support from staff, and how this is to be encouraged. We spoke with staff who gave examples of how they encouraged people to be independent. One member of staff told us one person finds it difficult to eat independently; they could complete elements of this task but not every element. The carer said they supported with the parts that the person found difficult, but said they didn't take over the whole process.

People's relatives told us they visited their relatives when they wanted to. One relative said, "You can come in anytime you wish." Other relatives we spoke with all spoke positively of the service, they said they felt very welcomed and had regularly contact with the manager and staff.

During our visit we observed that information and documents relating to people who lived at the service were kept securely. We also observed staff being respectful of people's private information when administering medicines, and liaising between themselves when supporting people.

Is the service responsive?

Our findings

People received care which was personal and responsive to their needs. We looked at people's assessments; these were detailed and specific to the person in question. They contained individual information about how to support people when they became distressed. When we asked staff about what was important to people we were given many examples. When we observed staff supporting people at meal times, staff clearly knew people's individual likes and dislikes. Some staff used this knowledge in order to encourage people to eat and drink.

We were unable to communicate with some people who were living with dementia. However we observed staff to engage closely with these people, when they assisted them to eat and drink, when they re-assured them, and when they had conversations with them. We spoke with a member of staff who said, "Knowing is a tool, the more you know about a person, the more you can help them."

People's rooms were personalised and often had images of themselves and images of past achievements in their rooms. On people's doors there were images of their interests, hobbies, and people who are important to them. This told us the service knew the people they supported.

When we looked at people's records we found contact information about people's relatives and friends. The manager told us about a recent initiative that encouraged families to keep in touch. The service had purchased an iPad so people could speak with their relatives via the internet. They had also approached relatives to send e-mails to their relatives in Broadlands Park, which a member of staff would print off and either gave to the person or they would read it to them. Relatives were invited and attended, "Residents meetings." The activity co-ordinator told us there were 'coffee mornings every two weeks which were open to relatives.

People were supported and encouraged to take part in social activities and maintain interests which were important to them. We spoke with staff who told us that part of their role is to, "Chat to people." We observed staff 'chatting' to people when they were supporting them. We also noted staff sitting with people and having conversations with them, often they would initiate a conversation by talking about a hobby or interest someone currently had or used to follow.

We spoke with the activity co-ordinator who told us about recent planned events, such as the 'cocktail afternoon.' Once a week they had 'afternoon tea' with cakes and sandwiches placed on cake stands and vintage china was used. We saw an advert for a Wimbledon afternoon with, "Champagne and strawberries." Staff and relatives told us there is often a regular monthly event, involving someone performing at the service.

Some people read particular newspapers which were delivered daily, one person enjoyed listening to a certain type of music in their room. In the communal areas there were tables set up each day of our visit with various games on them for people to play. We observed two members of staff engage with two separate people with some games. However, we noted that over our two day visit only two people engaged with

these games, we also noted that people needed a lot of encouragement from staff to take part in an activity, but when people did, they appeared to enjoy it.

Some people who were living with dementia had tactile objects to touch and feel. We observed that some people were very involved with this activity. A member of staff told us one person who lived at the service had an interest in horses; another member of staff brought their horse to Broadland's Park for the person to spend time with. This member of staff said, "It was a very moving moment."

The manager told us the service reviewed people's needs on a yearly basis or when their needs changed. When we looked at people's records we could see recent reviews had taken place. The service had started to introduce new reviewing forms which looked more closely at people's social interests, likes, dislikes, and whether 'key worker' relationships were working. This told us the service was looking at ways to involve people more fully in their reviews.

People told us they would speak with the manager if they had a complaint or were concerned about something. One person said, "If I want the manager I can ask for them." Relatives told us they felt they could and did speak with the manager about an issue relating to their relatives.

People told us they were given choice. One person said, "They (staff) say would you like this, or that, it's very important to me." People told us they have choice with meals and drinks. This was confirmed when we spoke with the chef, the kitchen assistants and when we observed lunch and mid-morning snacks and drinks being given.

The staff we spoke with told us they gave people choice on a daily basis. One member of staff told us about one person who liked to go in the garden to pick flowers, but needed support of a member of staff to do this. "They always want to come back in because it is too cold, but we still go with them, when they ask to go outside." Another member of staff said, "I always ask questions, it's their choice, I never assume." Staff members told us how they gave people options of what to wear. On the day of our visit we observed staff giving people choice as to where they ate their food, what part of the communal areas they sat in, and if they wanted to spend time in their bedrooms.

Is the service well-led?

Our findings

The relatives and members of staff, we spoke with were very complimentary about the manager. One member of staff said, "[The manager] has their finger on the pulse." All the staff we spoke with said the manager was approachable, staff said they felt they could raise any concerns or issues with the manager. One member of staff said, "Fantastic manager, always willing to help if you need it." Relatives also told us they could talk freely with the manager.

Staff told us they felt supported by their colleagues and there was a supportive culture. One member of staff said, "Everyone is very supportive here." Other members of staff told us they worked well with their colleagues and they, "Worked as a team." The manager had created a system where new members of staff worked alongside more experienced members of staff. We observed staff worked effectively with one another, they spoke in a professional and respectful way with one another.

Visiting professionals talked to us about a positive proactive culture within the service. Professionals told us how the staff and the manager would, "Really try to make a placement work." Another professional told us the manager is very proactive in meeting people's needs, "Some of which are very complex." We were told by these professionals the manager would request further training for staff. They added that the staff and the manager, "Takes on board our suggestions and strategies." One visiting professional said, "The service is very good, my best home, I am very happy to hand care over to them."

The manager responded to concerns about the quality of care. The manager told us about an issue recently raised by the morning staff concerning the practice of the night staff. The manager visited the night staff in the early morning on the day of our visit to address the issue and responded to the concerns raised.

The relatives we spoke with told us there was a, "Lovely atmosphere at the home." Relatives said they had, "Confidence" and "Faith" in the manager and staff. Relatives told us how the manager kept them updated about the needs of their relatives. One relative said the manager and staff, "Are open and keep me informed." Another relative told us, "We were so lucky to find this place."

The staff we spoke with talked about putting the people they supported first. Listening to what they wanted. Offering choice and control to people. Staff spoke about the importance of getting to know the people they supported and treating them with dignity. Members of staff spoke with real enthusiasm about the people they supported and about their jobs. Members of staff told us they, "Love working" at the service and one member of staff said they, "Wouldn't want to be anywhere else."

The service did not have strong links with the community despite there being local facilities. One relative said, "One of the things that strikes me, is that there's not much village involvement." Staff told us there had been some involvement from the community, but this was some time ago. We spoke with the manager about this who said this was an area they were looking to develop.

Staff told us they had either recently had an appraisal or they were having one soon. Staff said they did not

have regular formal one to one meetings with the manager or a senior carer. However staff said they felt they could approach a senior colleague or the manager.

Staff and relatives told us the manager was present and involved in the day to day running of the service. During our visit we observed the manager talking with various members of staff, visiting health professionals, and greeting relatives.

The manager told us they felt supported by the provider, they told us the provider often visited two or three times a week. The manager also told us the provider made a point of speaking with new members of staff and getting to know new people moving into the service. The staff we spoke with confirmed this. On the second day of our visit we observed the provider speaking with staff and people who lived at the service.

The manager fully understood their responsibilities and the information we hold about the service, told us they reported incidents to the CQC as required.

Staff were very complimentary about the impact the manager had had since they had been in post. Many of the staff we spoke with said the manager had, "turned the home around." In terms of the staff structure, the induction of new staff, assessments and reviews, and they had improved the atmosphere and look of the home.