

Lancashire County Council

Woodside Home for Older People

Inspection Report

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Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	6

Detailed findings from this inspection

Background to this inspection	7
Findings by main service	8

Summary of findings

Overall summary

Woodside Home for Older People is a care home for up to 44 older people. At the time of our visit there were 40 people accommodated in the home with one additional person in hospital. The home is located close to the centre of Padiham. Accommodation is on two floors linked by a passenger lift. The home has four separate units known as Alder Close, Beech Close, Cedar Close and Damson Close. Beech Close provides care for older people with dementia.

We spoke with 17 people who lived in the home. All told us they were happy with the service and they felt safe and well cared for. One person told us, “It’s nice here” and another commented, “We are treated well”. Staff had received training on how to recognise signs of abuse and possible harm and knew what to do if they had any concerns.

We found people needs were assessed before they started to use the service. Care records were personalised and identified people’s personal preferences about how they liked their care and support to be delivered. People were supported to access health care and where people had existing health conditions they were supported to manage these. People received care from staff who had received the training they needed to deliver care and they were well supported through supervision and appraisal.

People were served a variety of nutritious meals and were offered a choice each meal time. Whilst people living on Alder Close had received a hot drink, they waited over two hours for their breakfast. People told us they would like their breakfast earlier. The manager agreed to consult people in order to make the necessary changes.

Staff observed during our visit were caring. We observed positive interactions between staff and the people they supported. Staff spoken with had a good understanding of both people’s care and support needs; and their individual preferences. People were listened to and encouraged to express their views about their care and support.

The care provided was responsive to changes to people’s individual needs. If a person’s care needs changed, staff responded promptly to ensure appropriate care and support was provided. People were invited to regular residents’ meetings and feedback was given about what action had been taken following any suggestions for improvement.

The home had appropriate paperwork in relation to the Mental Capacity Act and the Deprivation of Liberty Safeguards. (The Deprivation of Liberty Safeguards provide a legal framework to protect people who need to be deprived of their liberty for their own safety). Although there had been no applications made to the local authority, staff and the registered manager had been trained to understand when an application should be made.

The service had an established registered manager in post. There were clear management structures offering support and leadership. We saw there were arrangements in place to check the quality and safety of the service provided. This included regular audits and consultation with people living in the home and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe and secure in the home. One person told us, “It’s very nice, the staff are very good and look after you well”. Relatives spoken with told us they had no concerns about the safety of their family member. One relative commented, “I think it’s brilliant. I have complete peace of mind”.

Staff spoken with had an understanding of the procedures in place to safeguard vulnerable people from abuse and had received training on these issues. This meant staff knew how to recognise and respond if they witnessed or suspected any abusive practice.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. While no applications had been submitted, proper policies and procedures were in place but none had been necessary. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Individual risks had been assessed and identified as part of the care planning process. Control measures had been put in place to manage any risks in a safe and consistent manner. This meant people were supported to take appropriate risks. A member of staff had been designated a “Falls Champion” to raise awareness of the risk of falls and how these could be prevented.

We saw there were suitable arrangements in place to manage medication safely. All records seen were complete and up to date.

Are services effective?

People using the service were encouraged and supported to express their views. We observed staff sought people’s choices in relation to their food and daily activities. Wherever possible, people were involved in decisions about their care including their assessment of needs before moving into the home. Relatives spoken with during the visit confirmed they had read and agreed their family member’s care plan. “I’ve gone through it with staff, I’m very happy with the care”.

Each person had a care plan, which was supported by a series of risk assessments. We noted the care plans reflected people’s individual needs, choices and preferences. People discussed their healthcare needs as part of the care planning process and we noted there was guidance for staff on how best to meet people’s health needs. This meant staff were aware of people’s medical conditions and knew how to respond if there were any signs of a deterioration in health.

Summary of findings

In addition to mandatory training, staff completed specialist training in line with the needs of people living in the home. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

People were offered three meals a day and regular drinks and snacks. We observed the food looked appetising on the day of our visit. We observed the lunch time meal and noted people received support to eat their meals. However, we found some practices could be improved at mealtimes to ensure people had a more positive experience. For instance we found that whilst people had been provided with a hot drink, they had to wait over two hours for their breakfast on Alder Close. The registered manager assured us practices would be reviewed with immediate effect in order to resolve any issues.

Are services caring?

We spoke with 17 people living in the home. All expressed satisfaction with the service and felt they were well cared for. We observed there was a good level of interaction between the staff and people using the service. We saw that staff treated people with kindness and respected their rights to privacy and dignity. A member of staff was designated as a “Dignity Champion” to ensure people’s rights to dignity were upheld at all times.

Each person had a detailed care plan, which was supported by a series of risk assessments and daily care records. We saw evidence to demonstrate the care plans had been reviewed on a monthly basis. This ensured staff had up to date information about people’s care needs and wishes.

Are services responsive to people’s needs?

People were supported to express their views and were confident staff would act on any concerns. One person told us, “If I’m worried about anything, they always sort everything out”. We noted people were invited to regular Residents’ meetings. This gave people the opportunity to discuss their experiences of life in the home in a formal way. We noted the minutes of the meeting included details about what action had been taken in response to people’s suggestions.

People were provided with appropriate information about the home, in the form of a service user guide. This ensured people were aware of the services and facilities supplied in the home. Information was also available about advocacy services. These services provide people with support to enable them to make informed choices.

Summary of findings

People were supported to maintain relationships with friends and relatives. Relatives spoken with confirmed they could visit whenever they wished and staff made them welcome in the home.

A programme of activities was arranged on daily basis. We observed people participating in a range of activities during the day. All people spoken with told they enjoyed the activities.

Are services well-led?

The service had an established manager, who had been registered with the commission since November 2012. People, their relatives and members of staff spoken with felt the home was well led and organised. One relative told us, "The manager is so approachable. I feel like I could talk to her about anything and I know she would sort out everything". The registered manager had a high profile in the home and was very knowledgeable about people's needs.

The registered manager used a variety of ways to assess and monitor the quality of the service, which included the use of satisfaction questionnaires and regular audits. We saw completed audits and the results of the 2013 satisfaction survey during the visit. We noted all respondents expressed satisfaction with the service. People living in the home and their relatives were invited to attend meetings, so they could say what they thought about the service. We saw action plans had been developed following the meetings to address any suggestions. Accidents, incidents and safeguarding concerns were monitored by the registered manager and the organisation to ensure any trends were identified.

Systems were in place to ensure staff had access to on going training and checks were undertaken to ensure staff completed the training in a timely manner. Staff received regular supervision and had an annual appraisal of their work performance. This meant there were appropriate arrangements in place to support staff in their role.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 17 people living in the home and six relatives who were visiting on the day of our inspection. People who were able to express their views told us they were satisfied with the care and support they received. One person said, “They’re all wonderful people, they’re very good to me”. People spoken with confirmed they felt safe and secure in the home. One person commented, “It’s very comfortable” and another person told us “I can’t fault them. They will do anything for you”.

Relatives were also complimentary about the service and felt their family member was well cared for. One relative commented “They’ve been brilliant, they know (named person) so well and they really look after her”. Another relative told us, “The staff are always helpful. I’m very happy with the care”.

During our visit staff were observed to be caring and kind towards people living in the home. One member of staff told us, “I really like my job. It feels homely here and the staff care about the residents”. This meant staff valued the people living in the home.

People told us they had a good relationship with the staff, who they described as “lovely”, “very nice” and “good”. Staff were observed to interact with people in a kind and sensitive manner on all units visited.

People who lived in the home and their relatives had been given the opportunity to complete a satisfaction questionnaire in November 2013. We saw the results of the survey and noted all respondents indicated they were satisfied with the service.

Woodside Home for Older People

Detailed findings

Background to this inspection

We visited Woodside Home for Older People unannounced on 13 May 2014. The inspection team consisted of an 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.

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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

We used a number of different methods to help us understand the experiences of people using the service. We looked round the home including all four units. We spoke with 17 people living in the home and six relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk

with us. We spent time looking at a sample of policies, procedures and records and talking to the registered manager and four members of staff and the cook. We also spoke with the Care Business Manager and the Service Development Manager. The records looked at included two people's care plans and the medication records on Alder Close as well as audits and meeting minutes.

During the inspection we spoke with a visiting health professional who was involved in the care of people living in the home.

Before our inspection, we reviewed all the information we held about the home. We examined previous inspection reports and notifications received by the CQC. We also contacted representatives of Lancashire County Council's safeguarding and procurement teams and Healthwatch. The representatives from the local authority gave us positive feedback on the service. The home was last inspected on 29 May 2013 and was found to meeting all the standards assessed.

Following our visit we reviewed information given to us by the provider and used it as part of our evidence gathered during the inspection.

Are services safe?

Our findings

People using the service told us they felt safe and secure in Woodside. One person told us, “When you come in you feel like you are at home” and another person commented “They’re all wonderful people, they’re very good to me”. Some people living on Beech Close were unable to tell us about their experiences. We therefore undertook a short observational framework for inspection to enable us to assess the care people received on this unit. We carried out our observations in the main living area of the unit and noted positive interactions between the staff and people living in the home throughout the observation period. Relatives spoken with during the visit expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, “The care staff are excellent. We are very happy with the situation”.

There were sufficient staff on duty on all units, with additional support provided for social activities by two students and an apprentice. Staff were recruited to the home in accordance with Lancashire County Council’s recruitment policies and procedures. This included relevant police checks and two written references. This ensured staff were suitable to work with vulnerable adults.

We discussed safeguarding procedures with two members of staff and the registered manager. (These procedures are designed to protect vulnerable adults from abuse and the risk of abuse). Both staff spoken with had an understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. According to the staff training records seen, all staff had received training on safeguarding vulnerable adults within the last year. The staff had access to appropriate policies and procedures and a flowchart diagram illustrating the safeguarding process. This information was available for staff reference in the office and on each unit. The registered manager had reported all safeguarding incidents to the local authority and had notified the Care Quality Commission in line with the current regulations. We noted from the notifications received that action had been taken to safeguard people involved in the incidents and plans had been put in place to minimise a reoccurrence. The local authority confirmed

there were no open safeguarding investigations at the time of the inspection. This meant the registered manager had taken appropriate steps in order to protect people from harm.

Staff told us they had completed training booklets on the Mental Capacity Act 2005 (MCA 2005), its associated code of practice and the Deprivation of Liberty Safeguards. (The Deprivation of Liberty Safeguards provide a legal framework to protect people who need to be deprived of their liberty for their own safety). Staff spoken with had an understanding of the MCA 2005 and the implications of this legislation. The registered manager confirmed there had been no applications made to the local authority to deprive a person of their liberty.

We observed people’s capacity to make decisions was considered as part of the pre admission assessment and wherever possible people were involved in the care planning process. The registered manager explained an assessment of a person’s mental capacity would be carried out if the circumstances arose.

Staff had received training in the management of people’s behaviour which challenged others and the service. Staff spoken with were able to describe techniques used to reduce the risks associated with this behaviour. We noted risk assessments had been carried out and risk management strategies devised to provide staff with guidance on how to respond and manage this type of behaviour.

Individual risks had been assessed and recorded in people’s care plans. Control measures had also been drawn up to ensure staff managed any identified risks in a safe and consistent manner. We found all risk assessments were reviewed on a regular basis and updated if needs or circumstances changed. This meant people were supported to take responsible risks as part of their daily lifestyle with the minimum of necessary restrictions.

The registered manager had implemented a falls protocol. This ensured that a person who’d had a fall was provided with the correct treatment and aftercare. We noted a falls risk assessment was in place for people who were at risk from falling. The purpose of the assessment was to identify the risk of falling in advance in order to put procedures in place and prevent falls from occurring. A member of staff

Are services safe?

had been the assigned the role of “Falls Champion” to raise awareness of the risk of falls and how these could be prevented. This meant measures were in place to minimise the risk of people falling.

We found the arrangements for handling medication were safe. Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were stored with the medication records.

The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the visit we checked the procedures and records for the storage, receipt, administration and disposal of medicines. The medication records were well presented and organised. Medication was stored in locked

metal trolleys on each unit. All records seen were complete and up to date. Written individual information was in place about the use of “when required” medicines and about any help people may need with taking their medicines. This helped to ensure medicines were safely administered.

We found there appropriate arrangements were in place for the management of controlled drugs which included the use of a controlled drugs register and separate storage from other medication. We carried out a check of stocks and found it corresponded accurately with the register.

We saw evidence to demonstrate the medication systems were checked and audited on a daily basis. Action plans were drawn up in the event of any shortfalls or omissions on the records. We saw copies of the audits and action plans during the visit. This ensured appropriate action was taken to minimise any risks of error. The organisation also sent out medication alerts to all its care homes to ensure there was a consistent approach to the handling of medicines.

Are services effective?

(for example, treatment is effective)

Our findings

People were supported and encouraged to express their views. This was achieved as part of daily conversation, residents' meetings, consultation exercises and satisfaction questionnaires. One person said, "I can always talk to the carers or the manager if I want anything". We observed people were asked for their choices and preferences in relation to their daily activities and food. Wherever possible, people were involved in decisions about their care and had participated in the review of their care plan. We noted people had signed their care plan reviews to indicate their involvement and agreement. Two relatives spoken with confirmed they had read and agreed their family member's care plan. They also told us the staff kept them up to date with any concerns. This meant people and their representatives had direct input into the delivery of care.

An assessment of people's needs was carried out before moving into the home and people were invited to visit so they could meet other people and the staff. We noted information was sought from a variety of sources during the assessment process including relatives and health and social care professional staff. We looked at a completed assessment during the inspection and noted it covered all aspects of the person's needs.

Before a person moved into the home the registered manager carried out an assessment of the person's levels of dependency to make sure their level of need could be met within the home's staffing resources. We noted this assessment was repeated on a regular basis for all people living in the home to ensure there was a sufficient number of staff on duty. This approach ensured there were effective systems in place to maintain the safety and well-being of people considering or using the service.

Each person had an individual care plan, which was underpinned with a series of risk assessments. We looked in detail at two people's care plans and noted they reflected people's individual needs, choices and preferences. This included information about what was important to the person and how they could best be supported. This meant staff had up to date information about people's current needs and wishes. Staff spoken with told us the care plans were easy to use and follow. We observed staff reading and recording in the care plans during our visit.

Each person had a keyworker that worked closely with them and their families as well as other professionals involved in their care. People were aware of their keyworker and confirmed they had spent time with them. This meant people's care was well coordinated.

All staff spoken with told us they had on going opportunities to undertake training. In addition to mandatory health and safety training, staff completed training in accordance with the needs of people who lived in the home. For instance one staff member told us they had completed dementia care training accredited by Sterling University. This training was designed to improve the skills of staff caring for people living with dementia. This meant staff had the necessary knowledge to carry out their role effectively.

People discussed their health care needs as part of the care planning process and told us they would tell the staff if they felt unwell or in pain. On looking at people's care plans we noted information and guidance for staff on how best to monitor people's health. This meant staff were aware of people's healthcare needs and knew how to recognise any early warning signs of a deterioration in health. We noted records had been made of healthcare visits, including GPs and the chiropodist. People confirmed the staff contacted their doctor when they were unwell. During the visit we spoke with a visiting healthcare professional, who provided us with positive feedback about the care provided in the home.

People had mixed views about the food, one person told us "It's not very good, it's not that tasty", but another person said "I like it, you always get a choice and there's plenty to eat". We found the food looked appetising on the day of our visit and ten people told us they had enjoyed their meals. The menu was displayed on each unit so people were aware of their forthcoming meal. People were offered three meals a day and were served drinks and snacks at regular intervals and at other times on request. Any risks associated with poor nutrition and hydration were identified and managed as part of the care planning process.

The home had a three week rotational menu which had been discussed with people at residents' meetings. Staff provided the catering staff with information about people's likes and dislikes and any special dietary requirements. This meant the catering staff had up to date information about people's preferences and nutritional needs.

Are services effective?

(for example, treatment is effective)

During the morning of our visit, two people told us they'd had a hot drink on rising from bed and were waiting for their breakfast. The breakfast was served at 09.35 am which was approximately two and half hours after the people had risen from bed. This was a long time to wait for food and practices could be improved by serving food at a time to meet people's personal preferences. When we discussed this situation, the registered manager agreed to consult people to ensure people's preferences were met.

We observed the care and support provided during lunchtime on Damson Close and carried out a short observational framework for inspection on Beech Close. Our observations showed us staff members were attentive to the needs of people who required assistance. However,

on Beech Close two members of staff were observed standing next to people who required support eating their food. People's mealtime experiences could be enhanced if staff sat alongside people while they were eating their food. The registered manager explained this was usual practice and offered to investigate this situation further.

We saw staff were supportive of people's needs during the meal time on Damson unit. However, we observed one occasion where staff offered their own food to a person who wanted an alternative dessert. This was contrary to the home's policies and procedures and the registered manager assured us all staff would be reminded of the organisation's protocols on this issue.

Are services caring?

Our findings

During our visit we spoke with 17 people living in the home. All expressed satisfaction with the service and felt they were well cared for. One person told us “They’re all lovely. I don’t need to worry about anything”. Another person commented, “I’ve been very happy and contented here”. People told us they had a good relationship with the staff and described the staff as “very nice” and “kind”. All relatives made complimentary comments, for example one relative said, “They’ve been brilliant, they know (named person) so well and they really look after her”.

All staff spoken with were respectful of people’s needs and described a sensitive approach to their role. One member of staff told us they enjoyed their work because “it is a friendly place and everyone gets on so well together”. All confirmed they would be happy for their relative to receive care in the home.

We carried out a short observational framework for inspection on Beech Close. This is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations showed us staff were caring towards people. We noted staff had regular interactions with people and people were involved in purposeful activities. This is important to ensure people have a good sense of well-being.

We looked in detail at two people’s care plans and other associated documentation. From this we could see each person had a detailed care plan, which was separated into sections according to people’s needs. The plans were supported by a series of risk assessments and daily care records. The records and care plans were well organised and laid out in such a way that it was easy to locate specific pieces of information. This included a one page profile which set out what was important to them and how they could best be supported. A member of staff spoken with told us they had ready access to people’s care plans and they were informed if there had been any changes. The plans contained information about people’s current needs

as well as their wishes and preferences. We also noted people’s life history had been completed in consultation with people and their relatives. This information provided staff with details of people’s family and previous occupation as well as significant event and achievements.

We saw evidence to demonstrate people’s care plans were reviewed and updated on a monthly basis. This ensured staff had up to date information about people’s needs.

People living in the home confirmed they were treated with dignity and respect and were able to have privacy when they needed it. We noted some people chose to sit in their bedrooms to spend time alone. One person told us, “I can go to my room if I want to. The staff leave me in peace and I use my buzzer if I want anything”. Staff were observed to knock on people’s doors before entering. People were encouraged to maintain their independence skills and were supported to carry out tasks for themselves wherever possible. One person told us they liked to keep their bedroom clean and tidy and make their own bed. Memory boxes had been placed on people’s bedroom doors on Beech Close, which they could personalise with their own items. This helped people to identify their bedroom.

The registered manager told us a member of staff had been assigned as the “Dignity Champion” and the home upheld the values of the “Dignity in Care” Campaign. This is a national awareness campaign designed to promote and uphold everybody’s right to dignity and respect, especially for those receiving care. The home had a dignity tree, which included comments from people living in the home about what dignity and respect meant for them. This meant staff had an insight into the thoughts and feelings of the people using the service and understood what issues were important to them.

Information from the provider which was returned following the inspection indicated the organisation planned to create a culture of staff “stepping back” and asking “Is this good enough for me?”. This approach was designed to provide staff with a greater insight into the care provided by the home.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance. One person told us, "They will do anything for you and are always on hand to help".

Staff actively sought and acted on people's views. All people were allocated a named member of staff known as a key worker, which enabled staff to work on a one to one basis with people living in the home. This meant they were familiar with people's needs and choices. A photograph of each person's keyworker was displayed on the inside of their bedroom door. This helped people recognise their keyworker. People were also invited to attend regular residents' meetings. We saw minutes of the most recent meetings had been displayed around the home. The minutes were presented in a table format under the headings "You said, We did". This meant people had been informed about what action had been taken in response to their suggestions.

People were given appropriate information about their care and support. Before people moved into the home they were provided with a service user's guide, which included information about the services and facilities available in the home. We also observed an information file was placed in all bedrooms; this included a copy of the service user's guide and the residents' charter. This meant people had ready access to the documentation for reference purposes.

People's needs were assessed before they moved into the service. The written records showed people's preferences and needs and how care should be provided. The plans had been updated following any change in need or circumstance. People living in the home and /or their relatives had signed the monthly review of their care plan. This meant people were able to have input and influence the delivery of their care.

People were supported to maintain relationships with their family members. Relatives were able to visit the home at any time and six relatives spoken with confirmed they were made welcome. One relative told us, "I visit often and the staff always greet me warmly. Everyone is really approachable and very good". A relative spoken with was an active member of the Friends and Family Group. This

group met monthly and discussed ideas for fund raising and improvements to the home. The relative told us the group had recently undertaken some work in the gardens to enhance the appearance of the home.

People's mental capacity was considered under the Mental Capacity Act 2005 (MCA 2005) before they moved into the home. The registered manager explained that if appropriate, a mental capacity assessment was carried out by a member of the management team to ensure a person could make a particular decision. The staff and registered manager had received training on the MCA 2005 and were aware of the processes involved if a person needed others to make a decision on their behalf.

Information was displayed about advocacy services on each unit. These services are independent from the provider and ensure a person's interest is fully represented. The registered manager confirmed that there had been no circumstances to make a referral to these services.

There was a varied programme of activities for all people living in the home, which were arranged on a daily basis. The activities included movement to music, baking, arts and crafts, board games, dominoes and bingo. A professional entertainer also visited the home on a regular basis. People were invited to participate in activities on different units. This meant they were able to meet people living in different areas of the home. People who chose to stay in their bedrooms were given a personal activity schedule so they could pick activities of their choice. People were supported to go out of the home on regular trips to restaurants and places of local interest. During the visit, we observed people participating in a music to movement session, a game of dominoes and a sing along. People spoken with told us they enjoyed the activities.

People spoken with felt confident to raise any concerns and told us they could speak to a staff member or the manager. One person told us, "If I'm worried about anything, they always sort everything out". The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. The procedure was included in the service user's guide and displayed around the home. The organisation had also produced leaflets to inform people about the complaints procedure as well as information on their website. Relatives spoken

Are services responsive to people's needs?

(for example, to feedback?)

with told us they had not had reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately.

The registered manager kept a central log of complaints, which detailed the investigation and outcome. This meant any trends or patterns could be readily identified in order to minimise the risk of a reoccurrence.

Are services well-led?

Our findings

The home had an established manager who had been registered with the CQC since November 2012. The manager had a detailed knowledge of people's needs and explained she continually aimed to provide people with good quality care. Staff were aware of the hierarchy and the systems in place to manage the home. Four members of staff spoken with told us the home was well managed and organised. One member of staff said "The manager provides leadership and has high standards. For instance she is strict about staff appearance".

All staff spoken with were motivated and caring towards people living in the home. One member staff said, "I really like my job. It feels homely here and the staff care about the residents".

People and their relatives confirmed the home was well led. One relative said, "The manager is so approachable. I feel like I could talk to her about anything and I know she would sort out everything". People were given the opportunity to complete a bi-annual satisfaction questionnaire. The survey was last distributed in November 2013. We were given a copy of the collated results during the inspection and noted all respondents indicated they were either "very satisfied" or "satisfied" with the service. An action plan had been devised to address any suggestions for improvements. The action plan provided details of the actions to be taken, by whom and the timescale in which it should be completed. The plan was displayed on a notice board in the main hallway. This meant the registered manager had responded to people's views and people and their relatives were able to have input into the development of the service. People and their family members were also invited to attend regular meetings. We looked at the minutes from a recent meeting and noted a range of topics had been discussed including the menu, activities and the complaints procedure. People were able to add any items of their choice to the agenda. This ensured the meetings were meaningful for the people living in the home.

The registered manager described a number of new initiatives as her key challenges. These included the full implementation of staff champions for specific areas of

practice, for instance nutrition, falls and infection control. This entailed staff members becoming experts in their designated area in order to provide support and information for the staff team.

The registered manager and the management team carried out a number of audits in order to monitor the quality and safety of the service. These included medication, staff training and supervisions, health and safety and infection control as well as checks on mattresses and commodes. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls.

The home was also subject to internal inspections and audits by the organisation, for instance the care business manager visited the home unannounced on a frequent basis. Accidents, incidents, safeguarding concerns and near misses were analysed by the registered manager and officers of the local authority. Where action plans were in place to make improvements, these were monitored to make sure they were delivered.

Staff spoken with confirmed there were sufficient numbers of staff on duty. We saw evidence to demonstrate the registered manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. This ensured there were systems in place to assess and monitor the number of staff on duty in order to meet people's needs. The registered manager had a flexible bank of hours which could be used to meet specific needs. This meant the staffing levels could be adjusted when needed. Any shortfalls in the rota were covered by existing or casual staff. This ensured staff working in the home were familiar with the needs of people using the service.

There were established systems in place to ensure all staff received regular training, which included moving and handling, fire safety, first aid, health and safety, safeguarding, and infection control. Staff also completed specialist training on caring for people with a dementia and end of life care. The training was delivered in a mixture of different ways including face to face, online and work booklets. A member of staff told us they particularly enjoyed completing the booklets. Checks were in place to ensure staff completed all the training courses in a timely manner. This ensured staff had the right competencies, skills and knowledge to meet the needs of people who lived in the home. Staff spoken with confirmed the training provided was relevant and beneficial to their role.

Are services well-led?

New staff undertook induction training, which took account of recognised standards and was relevant to their workplace and role. New employees completed a structured induction programme to ensure they understood the organisation's policies and procedures and expected conduct. They also shadowed experienced staff to allow them to learn and develop their role and begin to build relationships with people living in the home. Staff completed a six month probationary period during which their work performance was reviewed at two monthly intervals.

Staff spoken with told us they were provided with regular supervision and they were well supported by the

management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. Staff told us they could add to the agenda items and discuss any pertinent issues relating to people's care and the operation of the home. Staff attended handover meetings at the start and end of every shift. This ensured staff were kept well informed about the care of the people living in the home.