

Mr & Mrs Ryan Godwin

Holme Manor Care Home

Inspection report

Holme Lane
Townsend Fold
Rossendale
Lancashire
BB4 6JB

Tel: 01706218953

Website: www.holmemanor.co.uk

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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

We carried out an unannounced inspection at Holme Manor Care Home on the 20 and 21 June 2016.

Holme Manor Care Home is registered to provide accommodation for up to thirty-two people who require personal care. The home is situated in the Rossendale valley in Lancashire. The home has 30 single bedrooms and one companion room on two levels which can be accessed via a passenger lift or stair lift. Bathroom and toilet facilities are close to the bedrooms and a lounge. A quiet lounge and dining room are also available. Enclosed garden areas are accessible to people living at the service.

At the time of this inspection there was a registered manager employed. 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. The registered manager was supported in their role by the home's manager.

The service was last inspected on the 14 May 2014. We found it was meeting all legal requirements applicable at that time.

During this inspection, we found the service was meeting the current regulations.

People told us they felt safe living at the service and were happy with the care they received. Processes were in place to maintain a safe and appropriate environment and protect the safety of people using the service, staff and visitors. Training was in place for staff to ensure they were competent in recognising the signs of abuse and how to respond and ensure any safeguarding issues had been notified to the relevant authorities.

We saw evidence that fire audits were up to date and compliant. People using the service had personal risk assessments in place to inform emergency services of their responsiveness in the event of an emergency. A business continuity plan was also in place to ensure clear guidance to all staff in the event of an unforeseen event. Staff displayed a sound knowledge of processes to follow in the case of an emergency.

The service had sufficient numbers of staff to support the operation of the service and provide people with safe and personalised care. People told us they never felt rushed and staff were responsive to their needs. We noted the service offered a variety of training to its staff which ensured the staff team were skilled and experienced in safely and effectively supporting the people using the service.

We found the service's recruitment systems protected people using the service by ensuring essential recruitment checks had been completed and appropriate steps had been taken to ensure the staff had the necessary training and knowledge to meet people's needs. Disciplinary procedures were also in place to support the organisation in taking immediate action against staff in the event of any misconduct or failure to

follow company policies and procedures.

The service had processes in place for appropriate and safe administration of medicines. Senior staff were adequately trained in medicines administration. Medicines were stored safely and in line with current guidance. People had been consulted about their dietary requirements and preferences and we saw choice was given at every mealtime. We saw appropriate referrals had been made to dietitians and instructions were strictly followed in cases where people had known dietary requirements.

All staff spoken with had an awareness of the Mental Capacity Act 2005 and had completed appropriate training. Appropriate referrals had been submitted to the local authority by the homes manager and a good audit trail was seen.

Care plans were in place which detailed 'goals for support'. These were an effective way of ensuring the person maintained independence by providing a detailed plan covering essential information care staff needed to follow, which gave clear information about people's needs, wishes, feelings and health conditions. These were kept under regular review.

There was great emphasis placed on meaningful activities. People were involved in community projects and further activities were tailored around individual need to ensure participation from everybody.

Staff interacted and engaged well with people. Staff were caring and respectful in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives. People were given information about their care and the service to help them make informed decisions. Their opinions were routinely sought and acted on by means of questionnaires enabling them to influence the service they received. Feedback we received from people over the two days of inspection supported these observations.

Positive feedback was received from people using the service, visitors, staff and visiting health professionals about the management structure. People described the registered and home's managers as caring and infusive. Staff felt well supported and felt they could approach either manager with any concerns and felt happy their concerns would be dealt with appropriately.

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 told us they felt safe. Staff demonstrated an understanding around their roles and responsibilities to protect people from harm. Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

Safe and robust recruitment procedures were followed to ensure suitable staff were employed at the service. There were enough skilled care staff to provide a consistent and personalised care approach to the people using the service.

Processes were in place and staff were appropriately trained to safely support people with their medicines.

Is the service effective?

Good ●

The service was effective.

A robust training schedule was in place to ensure all staff had completed and up to date with essential training. This helped to assure they had the correct skills and knowledge to meet the needs of the people using the service.

People received care and treatment they had consented to and where consent was not possible the service ensured formal processes were followed and people's rights under Mental Health Act and Mental Capacity legislation were understood and protected.

People's health, wellbeing and dietary requirements were consistently monitored and they were supported to access healthcare services when necessary. Choice was offered at every meal.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive and caring relationships with the people using the service. And supported people in a way which was kind and compassionate.

People's independence and inclusion was a key factor in the ethos of the service. People's views and opinions were actively sought.

People and their families when required were involved in the care planning and review process which ensured care and support received reflected peoples wishes and preferences.

Is the service responsive?

Good ●

The service was responsive.

Great emphasis was placed on meaningful activities People were involved in numerous projects and activities were tailored to suit individual needs.

People told us they enjoyed living at the service and referred to it as 'their home'.

Care plans were personalised to meet people's individual needs and requirements.

People expressed confidence in the registered and service manager to address their concerns appropriately. People knew the process to follow should they wish to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager employed who was registered with the Care Quality Commission and was qualified to take on the role.

Staff told us they felt well supported in their role by the registered manager and felt able to approach them with any issues.

Audit systems were in place to monitor the services standards and develop identified areas of improvement. □

Holme Manor 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 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.

This inspection took place on 20 and 21 June 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 30 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held such as safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with eight people who used the service and three relatives. We spoke with three members of staff, two visiting health care professionals, the registered manager and the home manager.

We looked around the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

People told us they were happy with the care and support they received and felt safe. Comments included, "Everything is good here. I cannot fault it. I am looked after very well and feel very safe" and "It is a very nice place. The carers help me with anything I need, they are good like that. I know I am safer here than at home." Relatives spoken with also expressed their satisfaction with the care and support their family members received. One relative said, "The care is absolutely brilliant and I am not just saying that for your benefit. [My relative] wants for nothing and is very safe." Another visitor said "[My relative] is very safe here and that gives me piece of mind." Visiting health professionals also confirmed people's comments with their own observations and opinions. One visiting health professional told us, "I know I cannot recommend places to people but if I could then here would be one of the top ones on my list."

During the inspection we did not observe anything that gave us cause for concern around how people were treated. We observed positive staff interaction which was caring and patient. People appeared comfortable and happy in staff presence. Staff gave positive examples around the importance of promoting and maintaining people's safety. For instance one staff member spoke about following people's risk assessments and ensuring the environment was risk free by being mindful of any risks such as trip hazards.

We looked at the processes in place to maintain a safe environment to help protect people using the service, visitors and staff from harm. General risk assessments were seen which covered all areas of the building and took into account areas such as maintenance of equipment, ventilation, room space, lighting and flooring. The provider's policy guidance indicated that risk assessments should be routinely reviewed yearly. The risk assessments we saw were in date. The home's manager told us the service had recently had an external health and safety audit and was found to be fully compliant.

The provider employed a full time maintenance person. The service had a 'general maintenance' log which highlighted areas in need of repair. We noted most maintenance jobs wherever possible had been resolved the same day and if this was not possible a clear plan was evident with time scales for action. Physical and visual checks of the premises were done by the maintenance person and external contractors when necessary. Documents relating to this were signed and in date. Portable appliance testing (PAT), water temperature and legionella checks were completed.

Compliance with fire audits were noted and each person using the service had an assessment of their ability to respond in the case of a fire. Risk assessments were evident along with a record of fire system tests and drills which were in date. All staff had received fire training and could evidence what to do in the case of a fire. All doors in the building were fitted with quick release door arm mechanisms which were designed to release in the event of a fire. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment.

We looked at how the service protected people from abuse and the risk of abuse. We discussed safeguarding procedures with staff and the home's manager. Staff spoken with demonstrated they were aware of the various signs and indicators of abuse and were clear about what action they would take if they

witnessed or suspected any abusive practice. Staff expressed confidence that any issues of concern at the service would be appropriately dealt with. Safeguarding training was in date and we noted the service had policies and procedures to support an appropriate approach to safeguarding and protecting people. People we spoke with told us they were encouraged to raise any concerns and demonstrated a good understanding of how to do this. Information leaflets about the signs and indicators of abuse and who to contact were displayed at the main entrance. This ensured accessibility to anyone using, working at or visiting the service.

Information we held about the service indicated that safeguarding matters were effectively managed and appropriately reported, this ensured the wellbeing and protection of people using the service. Staff spoken with showed a good understanding of safeguarding and protection matters. We noted safeguarding training had been completed by all staff. We looked at the accident and incident records the service held and noted all incidents had been completed in detail and remedial action taken to stop recurrence, such as referrals to appropriate health and social care teams.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risk assessments and risk management strategies were in place to guide staff on minimising risks to people's wellbeing and safety. The home's manager told us people's risk assessments were reviewed every month and more often if required. The risk assessments we viewed were in date and detailed relevant information.

We looked at how the service managed staffing levels and the deployment of staff. We looked at staff rotas for the previous four weeks including the week of inspection and saw the service had sufficient staffing levels. Staff we spoke with indicated there were always enough staff on duty to effectively support people using the service. People using the service also indicated their needs were met in a timely manner and call bells were answered without delay. One person said, "I am never rushed, staff have time to help me with anything I need. There is always someone around." We observed appropriate response times when responding to nurse call systems over the two day inspection. The home's manager indicated that staffing levels were kept under review and were flexible in response to people's needs.

We looked at how the services recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience to meet people's needs. The recruitment process included candidates completing a written application form and attending a face to face interview. We looked at the recruitment records of three staff members including one who had been recently employed and found references were obtained along with a police check from the disclosure and barring service (DBS). This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. We looked at one disciplinary record and noted this had been followed in line with the service's disciplinary policy.

We looked at the way the service supported people with their medicines. People spoken with indicated they were satisfied with the arrangements in place and that they always received their medicines on time. We observed a lunch medicines round and noted this was done safely and in line with procedural guidance.

We found there were specific protocols for the administration of medicines prescribed, "As necessary" and

variable dose medicines. These were important to ensure staff were aware of the individual circumstances in which this type of medicine needed to be offered.

Medicines were kept securely and only handled by trained staff. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines.

Medicines records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. Where appropriate, team leaders had clearly recorded the reason why medicines had not been given. Medicines audits were frequently completed by the medicines manager and local pharmacist. The medicines manager was a team leader who had overall responsibility of the day to day running of medicines management.

We found the service to be clean and free from unpleasant odours. There was a designated cleaner employed to maintain a clean environment. We looked at the laundry facilities and found suitable equipment was available.

Is the service effective?

Our findings

People told us they felt staff were well trained and good at their job. Comments included, "All staff know me and know what I like" and "I do like living here, I can't think of one thing the service does wrong. All the staff know me very well. It's lovely." Visitors and health professionals also expressed their satisfaction with the staff team and their ability to effectively care for people. One visitor said, "The carers are brilliant. I do not know where they get them from but somebody must have good interviewing techniques because they always seem to pick the best people." A visiting health professional told us, "There is absolutely nothing I can say which is negative. In my opinion over the last few years the care has appeared to get better and better."

The service had established induction systems in place to train and support its new staff. This included the completion of an induction checklist for new staff which looked at areas such as policies and risk assessments. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company, whilst 'shadowing' experienced staff. Staff spoken with told us the emphasis of the induction was, "Getting to know people and building relationships and trust."

Staff members we spoke with told us they had received a suitable amount of training and this was valued for their own professional development. We saw the service offered a good range of training which was appropriate to the people using the service and in line with their procedural guidance. All mandatory training such as moving and handling, safeguarding, Mental Capacity Act and first aid had been received over the past 12 months for all staff. Additional training such as the management of aggression and behaviour, dignity in care and equality and diversity had also been received. The home's manager told us the training matrix was reviewed on a weekly basis.

The registered manager supported staff as appropriate to attain recognised qualifications in health and social care. The majority of staff had attained a Level two or three (National Vocational Qualification) NVQ, now known as a Health and Social Care Diploma and some team leaders had attained the QCF (Qualification and Credit Framework) Diploma level five in management and leadership in health and social care. We noted all new staff had been enrolled onto the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. We found people's consent was sought wherever possible. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 or authorisations to deprive a person of their liberty were being met. We noted the service had requested authorisations when needed and had an audit trail of this. Staff had also received training in this area and displayed a good understanding of the principles.

We noted good evidence of management support to staff. Staff confirmed they were provided with regular supervision and they were well supported by the management team. We looked at supervision records for three staff members. We found they were structured well and in line with the service's procedural guidance. We saw records of supervisions held and noted plans were in place to schedule further supervision and appraisal meetings. The supervision sessions enabled staff to discuss their responsibilities and the care of people who used the service and also provided an opportunity to plan their training and development needs. Staff had also received an annual appraisal of their work performance known as a Performance Development Review (PDR).

We looked at how the service supported people with their nutritional needs. Meal times were relaxed and people had the freedom to choose what they wished to eat. We saw people had a choice of hot and cold drinks throughout the day and snacks such as cakes and biscuits. People indicated the food offered was of a satisfactory standard and temperature. We observed staff supporting people with their meals in a dignified way. We saw all meals were prepared daily from fresh produce. On the first day of inspection we saw a home-made cake was being served. The cook told us, "I always like to try new things and get feedback from people." This provided people with variety and choice of the meals they received. People gave us good feedback on the food they received. Comments included "Oh it is lovely and always home-made" and "There are good portions and you can always have more if you wish."

The care planning process considered people's dietary needs, food preferences and likes and dislikes. We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary. Visiting health professionals told us the service was "Pro-active" with health appointments. One health professional said "I am more than happy to allow the service to monitor health issues. I have every faith that they would refer the slightest deterioration to me to review." Visitors also told us they were kept informed of any health issues and appointments were appropriate.

Is the service caring?

Our findings

People living in the home indicated they had a good relationship with staff and told us that staff treated them with, "Kindness and compassion." Comments included, "It's lovely living here. Staff look after me well. They are always very nice and respectful" and "Staff always knock before they come into my room. If I choose to spend time in my room they always come to see if I am okay and offer me drinks and snacks. I couldn't ask for better really." Likewise visitors expressed their satisfaction with the care people received and praised the staff team for all their efforts. One visitor said, "Most staff have been here a long time so that tells you something. [My relative] first came here on respite and stayed from there on. I am always made to feel welcome and offered drinks and on occasions I have known visitors to be offered meals." Another person told us how there was always a nice atmosphere in the home and how people always appeared very happy and content.

We saw examples of positive staff interaction with people which was respectful and caring. This corroborated the comments we had heard from people we had spoken with. We saw staff spending time with people and supporting them effectively when needed, offering choices and involving them in routine decisions. Staff we spoke with were able to display a sound knowledge and understanding of the needs and vulnerabilities of the people they cared for and were knowledgeable about people's individual needs, backgrounds and personalities. They were also familiar with the content of people's support plans. Staff gave examples of the best approaches to take in order to uphold people's right to dignity and respect and understood their role in providing people with person centred care and support. Comments from staff spoken with included, "I think I do the best I can. I try to provide individualised care as everyone is an individual person in their own right and not one task fits all." Another staff member said, "We try and support lots of people with different levels of ability, so it is important we adapt around each individual. This then ensures it makes it special for that person."

The environment supported people's privacy and independence. Some people told us they held keys to their bedrooms. We noted confidentiality was a key feature in staff contractual arrangements. They gave examples of how they promoted people's independence and choices Staff induction covered the principles of care such as independence, privacy and dignity, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The service also had robust policies and procedures to support the delivery of care around these key aspects. People using the service told us they were able to express their views about the service on an on-going basis by having conversations with the staff the homes manager and the registered manager and completing satisfaction questionnaires.

We saw people were encouraged to take pride in their appearance to help promote independence and boost self-esteem. People we spoke with told us they were able to choose daily clothing and enjoyed a visit from the hairdresser. One visiting health professional told us how people were always clean and presentable when they visited, which was on a regular basis.

We noted a range of information was displayed in the home for people to refer to. This included a staff

board with pictures of each member of staff, meal choices, activities and notices offering information to people using the service and visitors about who to approach with any issues or requests. Further information was displayed in the entrance hall covering areas around complaint processes and advocacy/ Independent mental health advocate (IMCA) services.

We saw the service had a policy around advocacy. We saw that on admission to the service people were given detailed information covering access to advocacy services. We saw that self-advocacy was promoted and where necessary some people received support from Independent Mental Health Advocates (IMHA). Access to an IMHA is a statutory right for people detained under most sections of the Mental Health Act. An IMHA provides an additional safeguard for people and are specialist advocates who are trained to work within the framework of the Act.

Is the service responsive?

Our findings

People we spoke with indicated they were happy with the care and support they received at the service. People told us they felt listened to and were always given time by staff to express their opinions, wishes and feelings. One person told us, "Staff always listen to me and give me time to speak my mind. I have never felt rushed with a decision or that I am not being taken seriously." Another person told us, "I feel valued. There are times when I think I could just go home, but that soon passes and I think that is because I feel like I am part of a family here. They are all very nice people."

People referred to the service as, "Their home." People's body language appeared relaxed and settled around care staff. People told us they felt comfortable raising any concerns and were assured they would be dealt with suitably. Visitors also expressed their satisfaction with how the home's manager and registered manager dealt with any concerns and questions. One visitor said, "I have every faith in [the registered manager's name] he is a lovely person who will do anything for you. [The home's manager's name] is also very good. They make a good team. I have never raised any complaints but if I needed to I know they would both make sure things were sorted."

We looked at the way the service assessed and planned for people's needs, choices and abilities. The homes manager told us there were processes in place to assess people's needs before they used the service. We noted the service had a clear process for new admissions and used a range of detailed assessment formats to ensure they could meet the person's needs. This included consultation with the person, their family and health and social care professionals where required. We saw evidence in people's care files of additional assessments done by social and health care professionals to support this. The registered manager also told us the service considered the emotional transition that a person's spouse may go through and gave examples of when the service had gone above and beyond its duty of care to support those through the transition. For example, by offering free taxis and meals at the service, so the person could spend as much time with their spouse as possible. The registered manager told us, "I feel it is really important to try and look outwards and work with families who are going through the transition and may be finding it hard to adapt."

We looked at three people's individual care plans and other related records. We found adequate documentation to support the development of the care planning process and support the delivery of care. We saw that each of the plans detailed, "Goals of support." These plans captured essential information required for the person to maintain their independence and provide a detailed breakdown on how this was to be achieved. The plans had been agreed with people wherever possible. The home's manager told us the plans were reviewed on a monthly basis and more often when required. This helped ensure a true reflection of the person's need and aided assessment of any on-going progress or issues.

People told us they were always busy with daily activities and felt they contributed to the home environment and the local community. The home's manager spoke very proudly of the work the activities co-ordinator planned and described her as 'innovative'. We observed handmade table decorations, wall hangings, and signs throughout the building all of which had been had made/knitted by the people using

the service. The activities coordinator told us of other projects such as, knitting blankets for the local homeless shelter and animal protection unit and a cake and tea forum which people were currently involved in by tasting and providing feedback on tea from all over the world. People we spoke with told us how they had enjoyed a recent train outing where they were able to take a picnic and enjoy the train ride. The activities coordinator told us, "I try and raise funding through all different sources. We have recently been involved in the memory box project with the local Clinical Commissioning Group (CCG). This was designed to bring music and reminiscence to the home. From this every person now has a handmade memory box to store things that are important to them." It was clear to see over the two days of inspection that activities were designed around people's needs and abilities and a great deal of thought had been put into this. One visiting health professional said, "No one is sat around looking bored and miserable as the activities coordinator always finds an interest from people and works very hard with the person to nurture it. The home is also full of community spirit and involvement and this cheers me to see."

We saw evidence of detailed information recorded when the staff had liaised effectively with other agencies such as the community mental health and local authority. We also saw evidence of liaison with health care professionals such as speech and language, dietitian and district nurses. Visiting health professionals told us how, "The management really know the people living here, they have always been very proactive with referrals, they are easy to work with and transparent."

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. All people we spoke with including relatives, staff and health professionals felt confident about how to raise a complaint and who to raise the complaint to. The home's manager told us she had never received a formal complaint in the two years she had been a manager.

Compliments letters and cards were kept and shared with staff at meetings. One comment said, "I want to say a big thank you to you all for looking after [my relative]. As a family we cannot thank you enough." We looked at the recent resident and family surveys. All 12 respondents indicated their satisfaction and happiness with the service delivery, the management and the environment.

Is the service well-led?

Our findings

People we spoke with told us they were happy with the service which was provided and how the service was managed. People using the service told us how the registered manager would be present most days and would sit with them and spend time with them. People also spoke highly of the home's manager, referring to her as a, "Lovely person." During the inspection we witnessed the registered manager arrive at the service with newspapers, magazines and chocolate for people. People confirmed that this was a regular occurrence. One person said, "Oh [the registered manager's name] usually brings allsorts, we only need to ask and he will go out and buy it for us. He is very good." Another person told us that both the home's manager and registered manager were "Always interested in what we all have to say and that we are all happy." Visiting health professionals also spoke very highly of the management team. One commented, "[The registered manager's name] is a very caring and infusive person and the service definitely has a warm family feel to it."

There was a registered manager in post at the time of the inspection. The registered manager had overall responsibility of the service. However, was supported in his role by the home's manager whose role was to oversee the day to day running of the service. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care, as well as issues pertaining to the staff team.

Staff spoken with indicated the service was well run. They felt they could approach the management team at any time of day and night and felt well supported to carry out their caring roles effectively. Staff told us they felt assured that any concerns raised would be dealt with appropriately. Comments included, "I am really happy to work here, it is a really nice friendly home. The registered manager is really caring. I think he runs the service out of care and not financial, he will help anyone" and "I always feel I can approach any of the management team. They will do their best to sort things whether it be day or night."

Evidence of staff meetings was seen. We looked at the previous meeting minutes which were held several months prior to the inspection date. We noted meetings were used to seek new ideas, talk about practice issues both good and bad and new training. The home's manager told us that meetings covering specific areas may also be held for any urgent matters which may have arisen.

The service had a comprehensive range of policies and procedures. These provided staff with clear and relevant information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the home's manager had effective governance audit systems in place covering areas such as infection control, people's finance, healthcare, accidents and incidents. These were designed to ensure different aspects of the service were meeting the required standards. The homes manager told us the service used a range of systems to monitor the effectiveness and quality of the service provided to people. This

included feedback through quality assurance questionnaires, residents meetings and ensuring time was allocated to speak with people on a daily basis.

People's care records were clear and up to date. They were stored securely and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

Staff we spoke with showed a good insight into what was expected of them and displayed broad working knowledge of how to care and support a person safely and effectively. Staff felt they had received relevant training to enable them to effectively care and support the people using the service. This was corroborated with the comments we received from people using the service, visitors and health professionals throughout the inspection process.

We found the registered manager and home's manager approachable during the inspection process. The home's manager told us she felt well supported by the registered manager and felt they worked well together. The registered manager told us he felt the home's manager was, "Very adaptable and had sought new information and worked with new regulations and legislation very responsively to ensure the service is run to a high standard." Both managers commented that they felt it was not just a service but more of an, "Extended family." We found this was reflected throughout the comments people had made to us over the two days of inspection.

We noted the service had a 'statement of purpose', which set out the beliefs, behaviours, experience and the outcomes that underpinned the care provided and how these were being achieved. We also found the service had, 'Investors in People' status 2014. Confirmation of this was displayed in the entrance hall. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework. The Investors in People accreditation is known as the sign of a good employer and a high performing place to work.