Nottinghamshire County Council

Wynhill Lodge Short Breaks Service

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

We carried out an unannounced inspection of the service on 12 May 2016. Wynhill Lodge Short Breaks Services provides a short break service for up to 10 people who live with a learning and/or physical disability.

On the day of our inspection eight people were using the service and there was a registered manager in place.

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.

During our previous inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to a lack of mental capacity assessments being completed for people who were unable to make decisions for themselves. Additionally, there were limited quality assurance processes in place to identify and act on risks to people using the service. During this inspection we saw improvements had been made in both areas.

People's relatives told us they felt their family members were safe when they stayed at the home. People were supported by staff who could identify the different types of abuse and who to report concerns to. Assessments of the risks to people's safety, including how to evacuate them safely in an emergency, were in place and regularly reviewed. There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place. People's medicines were managed safely.

Staff were well trained, received regular supervision and felt supported by the registered manager. Improvements had been made in the way the principles of the Mental Capacity Act 2005 (MCA) were used when supporting people. People received the food and drink they wanted and were supported and encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff.

People's relatives told us they felt the staff were kind and caring and treated their family members with respect and dignity. The views of people and their relatives on the care and support provided were regularly discussed with them. People were supported to live as independently as they were able to.

People's relatives felt their family members were supported to take part in the activities that were important to them. People's care records were person centred and focussed on what was important to each person when they stayed at the home. Adaptations to the environment had been made to support people living with a physical disability. Complaints and concerns were responded to in a timely manner.

Improvements had been made to the way the registered manager monitored the risks to people's safety and the service as whole. Relatives and staff spoke highly of the registered manager. The registered manager welcomed people's views on developing the service and they also understood their roles and responsibilities required of them as a registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who could identify the different types of abuse and who to report concerns to.

Assessments of the risks to people's safety, including how to evacuate them safely in an emergency, were in place and regularly reviewed.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe.

Safe recruitment processes were in place. People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were well trained, received regular supervision and felt supported by the registered manager.

Improvements had been made in the way the principles of the Mental Capacity Act 2005 (MCA) were used when supporting people.

People were supported and encouraged to follow a healthy and balanced diet.

People's day to day health needs were met effectively by the staff.

Is the service caring?

Good

The service was caring.

Relatives felt the staff were kind and caring and treated their family members with respect and dignity.

The views of people and their relatives on the care and support provided were regularly discussed with them.

People were supported to live as independently as they were able to.

Is the service responsive?

Good

The service was responsive.

Relatives felt their family members were supported to take part in the activities that were important to them.

People's care records were person centred and focussed on what was important to them when they stayed at the home.

Adaptations to the environment had been made to support people living with a physical disability.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good

The service was well-led.

Improvements had been made to the way the registered manager monitored the risks to people's health and safety.

Relatives and staff spoke highly of the registered manager.

The registered manager welcomed people's views on developing the service and they also understood their roles and responsibilities required of them as a registered manager.

Wynhill Lodge Short Breaks Service

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 12 May 2016 and was unannounced.

The inspection was conducted by one inspector.

Before the 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. In addition to this, to help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Healthwatch to gain their views of the service provided.

We were unable to verbally communicate with the people using the service at the time of the inspection; however we did observe staff interacting with them. After the inspection we spoke with the relatives of four people to gain their views on the quality of the service provided for their family members. We also spoke with three members of the care staff, a team leader, the cook, and the registered manager.

We looked at the care records for four people who used the service at the time of the inspection, as well as a range of other records relating to the running of the service such as quality audits and policies and procedures.

Good

Is the service safe?

Our findings

During our previous inspection on 30 April 2015 we identified a breach of Regulation 17 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the lack of detailed risk assessments completed for people when risks to their safety had been identified. The registered manager was unaware that these assessments had not been completed. This placed people's safety at risk. After this inspection the registered manager forwarded us an action plan advising how they planned to make the required improvements.

During our inspection on 12 May 2016, we checked the care records for four people using the service to see whether improvements had been made. In each of the care records we saw there were now detailed risk assessments in place that clearly identified each risk to enable staff to support people in a safe way. These assessments included people accessing the community, their ability to mobilise independently of staff and people's ability to self-medicate. Records showed each risk assessment was now reviewed each time the person came to stay at the home, even if just for a few days. The registered manager told us the process they now had in place to review people's care plans and risk assessments at the beginning of each person's stay, ensured the support they gave met their current needs and reduced the risk of them receiving unsafe or inappropriate care.

Records showed the registered manager carried out a detailed analysis of the accidents or incidents that occurred during people's stay. Where needed care plans and risk assessments were updated to ensure the care and support provided reduced, wherever possible, the risk of reoccurrence.

The risk to people's safety had been reduced because regular assessments of the environment they lived in and the equipment used to support them were carried out. A staff member told us they had noticed a person's ability to independently mobilise had started to reduce. They raised this with the registered manager who immediately carried out a review of the person's needs and ensured the appropriate equipment was put in place to ensure staff were able to support them safely. Records also showed that services to gas boilers and fire safety equipment had been completed.

People's care records contained individualised plans to evacuate them safely in an emergency that took into account people's different physical or mental health needs. These types of plans are sometimes referred to as personal emergency evacuation plans (PEEPs).

We reviewed the staff handover records. These records provide staff, who were about to commence their shift, with details of the risks or concerns with each person staying at the home. We saw a system was in place that ensured that actions needed to be taken by staff were documented and followed up to ensure they had been completed.

People's relatives told us they felt their family members were safe when they stayed at the home. One relative said, "Although we don't actually view the care when [family member] is there, we know they are safe as they would not go in each time we took them if they were not happy." Another relative said, "They

[staff] have got to know [family member] and know how to keep [family member] safe."

People were supported by staff who understood how to identify the different types of abuse that people could experience within the home. The staff we spoke with could explain the process for reporting concerns both internally and to external bodies such as the local multi agency safeguarding hub (MASH) or the CQC. A safeguarding adults policy was in place and records showed staff had attended safeguarding of adults training. The provider's PIR stated, 'There is a set agenda item during team meetings to discuss any possible safeguarding or service user issues.' The registered manager told us that since the last inspection they had not needed to report any allegations of abuse however they had a clear understanding of their responsibilities if they needed to do so.

People's relatives told us they felt there were sufficient numbers of staff, with the right mix of skills and experience to support their family members when they stayed at the home. One relative said, "There does seem to be enough staff, although occasionally, when we have asked for things to be done, sometimes they don't get done, so I'm not sure whether that is down to staff numbers." Another relative said, "There seems to be enough staff there, although due to the type of place it is, you don't really get to spend too much time in there to see."

Staff spoken with felt there was an appropriate number of sufficiently skilled staff in place in order to provide people with the support needed to stay safe. One staff member said, "I've never known a manager who works so hard to get the right staff for people."

People were unable to tell us whether they were left alone for long periods of the day or did not have staff to support them when they needed them; however we noted staff were always available when needed. The registered manager told us they carried out a regular review of people's dependency needs to ensure the staff in place were able to support people safely. They told us if a person had a preferred member of staff that they liked to be with at certain times of the day, then they would do everything they could to accommodate their request.

On occasions agency staff were needed to cover a small number of shifts. Records showed each agency staff member completed an induction prior to commencing their role. This included being shown where the fire exits were in case of emergency. The registered manager told us they regularly reviewed the quality of the work of all agency staff and if they were not satisfied then they advised the agency not to send them again. This ensured people were always supported by suitably skilled and competent staff.

Records showed that before staff were employed, criminal record checks along with requests for references and suitable evidence of identification were conducted. Once satisfied that the staff member was suitable, they could then commence their role. These checks assisted the provider in making safer recruitment decisions.

People's relatives told us they felt their family member received their medicines in safe way and at the time when they needed it. One relative said, "I haven't seen them [staff] give the medicines, but if [family member] didn't receive what they needed to, then they would be poorly when they came home." Another relative said, "The medicines are ok. There has been the odd error but they have kept us informed and phoned for professional guidance to make sure [family member] is ok."

The risk to people's safety was reduced because the registered manager had ensured that there were appropriate arrangements in place for the safe storage and management of medicines. We saw there were daily temperature checks of the room and fridge where medicines were stored. This ensured that medicines

were stored at the appropriate temperature in order to reduce the risk of them becoming less effective.

Due to the nature of the service provided at Wynhill Lodge, people's medicines were not routinely ordered as people are normally only stayed at the service for a short period of time; people therefore brought their medicines with them. However, there were processes in place to obtain medicines for people if they were on a longer placement or if they needed additional medicines.

We checked the stock levels of each person's medicines to ensure they tallied with the amount recorded within their medicines administration record (MAR). These records were also used to record whether a person had taken or refused their medicines. We found the correct amounts of medicines were stored for each person.

In each person's MAR there were photographs of them to aid identification, information about their allergies and the way they liked to take their medicine. We did not see staff administer medicines during the inspection as people living there at the time did not require their medicines. The registered manager assured us that only trained team leaders administered people's medicines. Records showed this training was up to date. The registered manager also told us that they carried out regular assessments of staff members' ability to administer medicines safely.

Individualised processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. However we noted an inconsistent approach to the recording of the reasons why these medicines had been administered. The majority of the records we looked at showed the reasons for their administration had been recorded; however a small number of records did not. The registered manager assured us that people received their medicines in a safe way, but told us they would ensure they reminded staff of the need to record the reasons and this would be followed up as part of their monthly medication audit.

Good

Is the service effective?

Our findings

During our previous inspection on 30 April 2015 we identified a breach of Regulation 11 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the lack of mental capacity assessments completed for people who had been identified as being unable to make a specific decision. After this inspection the registered manager forwarded us an action plan advising how they planned to make the required improvements.

During our inspection on 12 May 2016, we checked the care records for four people using the service to see whether improvements had been made.

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. We checked whether the service was working within the principles of the MCA and had made the required improvements in this area.

We found improvements had been made. In each of the care records we saw assessments had now been carried out in a number of areas where people had been identified as being unable to make a specific decision about their care or support needs. Examples included people's ability to manage their own finances or medicines, maintaining their own personal hygiene or whether staff were required to support people with all aspects of personal care. All of the assessments were supported with a best interest checklist which showed what decision had been made for the person, who was involved and how it would be implemented. This meant the registered manager had ensured that effective procedures were now in place to ensure the appropriate legal processes were followed when making decisions for people.

People's relatives told us they felt the staff respected their family member's choices and when decisions were made by the staff for them, they were always done so in their best interest. One relative said, "There does seem to an emphasis on giving choices and respecting what people would like."

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 are called the Deprivation of Liberty Safeguards (DoLS). Records showed that applications to the authorising body had been made for all people that required them.

Records showed that all staff had received MCA and DoLS training. The staff we spoke with had a good knowledge of DoLS and could explain clearly how they implemented these safeguards into their role.

Staff had received an induction before commencing their role to provide them with the skills needed to support people in an effective way. The registered manager told us all new staff to the service would complete the 'Care Certificate' training to ensure they had the most up to date skills required for their role.

The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff were provided with a wide range of training for their role. The courses included moving and handling, infection control and epilepsy awareness. The staff we spoke with told us they felt well trained and were confident they carried out their role effectively. One staff member said, "I have done loads of training. The moving and handling one was particularly good and so important to support the people who stay here."

All of the staff we spoke with told us they felt supported by the registered manager. They told us they received regular supervision of their work and records viewed supported this. The registered manager told us all staff were currently in the process of going through their annual reviews, as well as discussing their personal development plans. These processes assessed staff performance for the previous year and also enabled staff to identify areas of their role which they wanted to develop in order for them to carry out their role more effectively. This development included completing externally recognised qualifications such as diplomas (previously known as NVQs) in adult social care. One member of staff we spoke with told us they were pleased with the way they had been supported to complete their diploma.

People's support records contained individualised communication plans to provide staff with the guidance they needed to communicate effectively with people. Some people required the use of Makaton signs and symbols to communicate and we saw these signs in use throughout the home. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

People's care records contained guidance for staff to follow to support people who presented behaviours that may challenge. This included calm reassurance and specific verbal and non-verbal methods to support people. The registered manager told us that where it had been assessed that a person's health would not be placed at risk from the use of physical restraint, then restraint procedures could be used as an, "absolute last resort." Records showed staff had received management of actual or potential aggression (MAPA) training in order to do so safely. MAPA training delivers comprehensive training that teaches management and intervention techniques to cope with escalating behaviour in a professional and safe manner.

The relatives we spoke with told us they were happy with the way their family members' food and drink was provided for them. One of the relatives said, "They know the type of diet [family member] needs and give encouragement where needed." Another relative said, "[Family member] eats and drinks really well, and staff take [name] out quite often for meals."

People were supported to eat healthily and to maintain a balanced diet. Care plans were in place for eating and drinking, and provided staff with guidance on how to support people effectively with this. This included how to support people effectively that had been identified as at risk of choking on their food.

We spoke with the cook who was aware of people's allergies and ensured people were not provided with food or drink that could cause them harm. Each person was able to choose their own meal and the cook cooked this for them. Pictures and photographs were used to enable people to make informed choices. We observed people eating a range of foods at lunchtime, ranging from sandwiches to jacket potatoes and salad. We asked three of the people whether they were enjoying their food and they all either nodded, smiled, or gave a thumbs up to state they were.

The cook had completed a nationally recognised qualification in food safety and hygiene and had the processes in place within the kitchen that ensured food was handled and prepared safely. The service achieved a rating of 'very good', the highest rating available, during their inspection by the Food Standards Agency (FSA). The FSA has a statutory objective to protect public health and consumers' other interests in relation to food and drink.

Relatives felt the staff supported people effectively with their day to day health needs. One relative said, "[Family member] has [health condition] and the staff know to help them with it." Another relative said, "The staff know what they are doing. There are care plans in place and we have no reason to believe they don't adhere to them."

People's day to day health needs were understood and were met by staff. People's care records contained examples where staff had supported people to attend external health and social care appointments during their stay. The registered manager told us they worked closely with health and social care professionals to ensure people were provided with effective day to day healthcare, if needed during their stay.

Good

Is the service caring?

Our findings

People's relatives told us they thought the staff were kind and caring. One relative said, "The ones [staff] I've met seem very kind." Another said, "They [staff] are very kind and genuine people."

Due to the nature of the service provided, with people staying at the home for a short period of time, the turnover of the number of people the staff support is high. However, the staff we spoke with had a good understanding of the preferences of the people staying at the home at the time of the inspection. We observed staff supporting people throughout the inspection. They knew people's food and drink choices, the television programmes they liked to watch and the activities they liked to take part in. Staff used this information to form positive and meaningful relationships with people. One member of staff said, "We [staff] work hard to liaise with families to understand what people like."

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We saw one person had removed themselves from the group and had gone to sit in a room on their own. A staff member responded quickly, sat with them and offered reassurance. The person responded positively to this.

People's care records showed that their religious and cultural needs had been discussed with them or their relatives before commencing their stay. People's wishes were reviewed regularly to ensure that if their needs changed when they came back to the home, plans could be put in place to accommodate them.

People's relatives told us they were involved with decisions about the care and support their family member's received when they stayed at the home. One relative said, "They [staff] do listen to what we say, although communication could be improved." Another relative said, "They [staff] welcome my input."

The registered manager told us they had introduced a process where people's needs and choices were discussed with them or their relatives each time they stayed at the home. They told us this ensured that if people's needs had changed since their last stay then they would be able to make the required changes to their care. We looked at people's care records and saw these reviews had been completed and changes made to people's care records and the support they received were made where needed. Changes included the food people wanted to eat and the activities they wanted to do.

People had varying levels of ability to communicate with staff. Some were able to respond verbally, whilst others required the use of pictures, signs or symbols. The registered manager ensured the use of 'easy read' information in people's care records and throughout the home to assist people's understanding.

People were provided with the information they would need if they wanted to contact an independent advocate if they did not have relatives to support them with making decisions about their care. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. However the registered manager told us that due to the type of service provided, advocates were not required.

People were supported to be as independent as they wanted and were able to be. People's care records contained assessments of their ability to undertake tasks independently of staff. The staff we spoke with could explain how they supported people's independence, whilst maintaining their safety.

People's relatives told us they felt their family members were treated with respect and dignity. One relative said, "When [family member] comes home they seem really happy, clean and well cared for, so I have no reason to believe the staff don't treat [name] right." Another said, "No issues with this at all."

Staff spoke respectfully about the people they supported. We saw examples where staff supported people in a dignified way. When staff spoke with each other about people's personal care needs, they did so quietly and respectfully, without drawing unnecessary attention to people. This maintained people's dignity.

People's care records showed they were given the option of whether they wanted a male or female member of staff to support them with their personal care. This was discussed with them or their relatives each time they came to stay at the home. The registered manager told us that as a result of the flexible approach to staff rotas, they were able to accommodate people's wishes.

People's right to privacy was respected. The staff we spoke with told us they always knocked on people's doors and waited, if the person was able to respond, to gain permission before entering. There were policies and procedures in place to ensure that people's human rights were respected. Training records showed staff had attended equality and diversity training.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. The relatives we spoke with confirmed this.

Good

Is the service responsive?

Our findings

People's relatives told us they felt their family members led an active life and were supported to follow the hobbies and interests that were important to them. One relative said, "They do go out and lot and seem to do quite a bit at the home as well." Another relative said, "The activities are great, they are so much better than where [family member] was before. The amount of activities is superb."

People's care records contained detailed information about what activities people liked to take part in and the support they would like from staff. Records showed people attended day centres, visited local shops and amenities within their community as well as other activities such as going to the cinema or trips to the seaside. When people had attended an activity, staff recorded what had gone well, what had not, and then this was discussed with the person or their relative to see if changes could be made to improve the person's experience.

We observed staff support people with activities in the home. People were encouraged to take part in arts and crafts and we saw four people enjoy this. Where people did not wish to take part, staff respected their choice.

The provider's PIR included reference to the process followed to support people when they came to stay at the home for the first time. It stated, 'Before a service user starts at Wynhill Lodge they go through an introductory process. This is adapted to the individual and can take as long as they need to feel comfortable and confident about coming to Wynhill Lodge.' We spoke with the registered manager about this. They described the process they followed and we saw people's care records reflected this approach. The relatives we spoke with were happy with this process.

People's care records were written in a person centred way and were reviewed regularly. People's personal history, information about what was important to them and how they would like to be supported throughout their stay were recorded. The information ensured staff were provided with the sufficient information to support people in the way they wanted to be. All of the staff we spoke with were able to describe people's needs and what was important to them.

Although people only stayed for a few days or weeks at the home, efforts had been made to ensure that the bedrooms they stayed in were personalised to them. Family photographs, pictures, posters, music and films were in each of the bedrooms we looked at. This ensured that no matter how short the stay, people were made to feel as welcome and as comfortable as possible.

People were provided with the equipment needed to support people in a way they needed to remain independent. Showers and baths had been adapted to support people living with a physical disability. A sensory room had been provided for people. A sensory room is designed to develop a person's senses, usually through special lighting, music, and objects. It can be used as therapy for children and young adults who have limited communication. We saw people using this room throughout the inspection.

People's relatives told us they were happy with the way concerns or complaints were dealt with. One relative said, "I haven't had any complaints to make about the place." Another said, "When I have made a complaint it is has been acted on, but communication with one member of staff could be improved."

We spoke with staff and asked them what they would do if a person raised a complaint or concern with them. All could explain the process they would follow. A complaints policy was in place and we saw complaints had been responded to in line with this. A complaints procedure was made available for people who used the service in a format they could understand.

Good

Is the service well-led?

Our findings

During our previous inspection on 30 April 2015 we identified a breach of Regulation 17 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the lack of robust quality assurance processes in place to identify and manage the risk to people who use the service. After this inspection the registered manager forwarded us an action plan advising how they planned to make the required improvements. During our inspection on 12 May 2016, we checked to see whether improvements had been made.

The registered manager told us, since the last inspection, they had introduced a number of quality assurance processes that enabled them to identify, monitor and manage the risks faced by people within the service and the service as a whole. We reviewed these processes and saw they had improved the way risk was managed. For example, there were now processes in place where each person's care record was reviewed before they commenced their stay. This meant the registered manager could be assured that people received care and support in a way that met their current health and care needs. We also saw examples of other quality assurance processes that were now in place. These included regular auditing of infection control procedures, the environment, people's finances, staffing levels, health and safety and medicines. The registered manager told us they were confident that these processes now reduced the risk of people receiving inappropriate or unsafe care and support.

People's relatives told us they felt able to contribute to the development of the service and the registered manager welcomed the views. A relative said, "My views seem to be welcomed."

Regular meetings were held with people who used the service and their relatives to ask them how the service could be improved. The minutes of the meetings with people who used the service were provided in an easy read format to aid understanding, and actions were put in place to address the points raised. These ranged from the food and drink provided, to the activities people wanted to take part in. There were also processes in place to gain the feedback of people and their relatives once each stay concluded to aid improvement for the person's next visit.

Staff also felt able to give their views on the development and improvement of the service. One staff member said, "If I raise an issue, or think that something isn't working quite right, I feel confident enough to raise it and know it will be acted on."

Staff understood the aims and values of the service and could explain how they contributed to achieving them. There was a positive and friendly atmosphere throughout the home. Management, staff and people who used the service all appeared to enjoy each other's company. The registered manager told us they had an 'open door' policy and welcomed people, staff and relatives to come and speak with them.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

There were processes in place to develop the skills of the staffing team. One member of staff told us they were pleased they were being supported to complete their Level 5 Leadership for Health & Social Care diploma.

The registered manager told us they ensured staff were aware of their responsibilities and were held accountable for the decisions they made. Team leaders were given specific responsibilities and the registered manager carried out regular checks to ensure they had been completed.

Records showed regular team meetings were held and staff were encouraged to contribute. Staff told us they respected the registered manager and believed they valued and welcomed their opinion. One staff member said, "I like [the registered manager]; you can really talk to her. She listens to you." Another staff member said, "She is great. You know where you stand with her. If she wants something done, like making sure we read updated care plans, it gets done."

People's relatives spoke highly of the registered manager. One relative said, "She is fine, she listens to you." Another relative said, "The manager is fantastic, she is really receptive. We have every confidence that [family member] is well looked after there."