

HC-One Limited

Clarendon Hall Care Home

Inspection report

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19 May 2016

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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

This unannounced inspection took place on 18 and 19 May 2016. The service was last inspected on 10 July 2013 when the service was found to be compliant with the regulations inspected.

Clarendon Hall is a purpose built home and is registered to provide accommodation for nursing and personal care for up to 52 people, some of whom may be living with dementia. Accommodation is provided on two floors with lift and stair access. All rooms are for single occupancy and some of these have en-suite facilities. The service is located on the outskirts of Grimsby, with public transport facilities close by. There is ample car parking available. At the time of our inspection there were 40 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and trusted the staff. Training had been provided for staff about how to keep people safe from harm. Staff were employed following a robust recruitment and selection process, to ensure they were safe to work with vulnerable people and did not pose a risk to them.

Staff demonstrated a positive understanding for the promotion of people's personal dignity and privacy, whilst involving them in making choices about their lives. Staffing levels were assessed according to the individual needs and dependencies of the people who used the service. People's private records and information was maintained in a confidential manner.

The registered manager and staff were following the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); they ensured people were not being deprived of their liberty in an unlawful way.

People told us they enjoyed their food and their nutritional status was monitored to ensure risks from malnourishment and dehydration were acted on with involvement of specialist health care professionals when required.

People told us that staff were caring and kind and they were happy with the support that was delivered to them. People were provided with a good variety of opportunities for social stimulation and interaction to enable their wellbeing to be promoted. People and their relatives were involved in the planning of their support which was reviewed on a regular and on-going basis. A complaints policy was in place to ensure people could raise any concerns about the service when required.

People told us the leadership at the service was approachable and supportive and they were encouraged to give their views and opinions about the service to enable it to continually improve. The registered provider

promoted an open and transparent organisation and staff were supported through regular training, supervision, team meetings and annual appraisals to help them to develop their careers. The service had an effective auditing system to assess and monitor the quality of the service provided.

The registered manager was aware of their responsibilities and submitted notifications about incidents affecting the health and welfare of people who used the service to the CQC as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected from harm by staff who had been recruited safely and had been trained to ensure they knew how to recognise and report potential abuse.

Staffing levels were assessed according to the individual needs and dependencies of the people who used the service.

People's care plans contained information and risk assessments to help staff support them safely. People's medicines were handled safely.

Is the service effective?

Good 

The service was effective.

Staff received training to help them support people who used the service; training was updated on regular basis.

People were supported to make informed choices and decisions about their lives. Assessments were completed and where people lacked capacity to make decisions about their care, these were completed in their best interest. The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were met.

People were provided with a variety of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk from malnutrition or dehydration.

Is the service caring?

Good 

The service was caring.

A personalised approach for meeting people's needs was delivered and people were encouraged to maintain their independence.

People's right to make choices about their lives was respected by staff.

Detailed information about people's needs was available to help staff support and promote their health and wellbeing.

Staff demonstrated compassion and consideration for people's needs and engaged sensitively with them to ensure their privacy and personal dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

A good variety of opportunities were provided to enable people to engage in meaningful social activities to enable their health and wellbeing to be promoted.

People's care plans contained information about their personal likes and preferences which staff respected.

Health care professionals were involved in people's care and treatment and staff made appropriate referrals when this was required.

People knew how to make a complaint and have these investigated and resolved wherever this was possible.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were consulted about the service to enable them to influence how it was run and be involved in decisions about this.

A range of management checks were carried out to enable the quality of the service people received to be assessed and to identify where any changes were needed.

Care staff told us they were happy in their work and received good support from management.

Clarendon Hall 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 registered 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 unannounced inspection took place over two days on 18 and 19 May 2016 and was carried out by an adult social care inspector.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. The local authority safeguarding and quality performance teams were contacted as part of the inspection process, in order to obtain their views about the service.

During our inspection, we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with six people who used the service, five visiting relatives, three members of care staff, a member of senior care staff, an activity coordinator, a nursing assistant, two nurses, the deputy manager, the registered manager and a regional manager from the registered provider's parent company.

We looked at three care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and trusted the staff. One person told us, "There's always someone going past and I can ring the bell and they quickly come. They never leave me alone; I don't want to go home." Visiting relatives told us they felt very reassured by the service. One relative told us, "It's such a relief to have [name] here and know they are safe, I couldn't wish for more." People told us they received their medicines as prescribed from staff that provided these regularly and on time. One person told us, I can't fault them, they are on with it and on the ball, a damn sight more accurately than in hospital."

We found that safeguarding training had been completed and refreshed and updated on a regular basis to ensure staff were familiar with their professional roles and responsibilities to protect people from harm or potential abuse. Policies and procedures were available for staff to follow which were aligned with the local authority's guidance for reporting safeguarding concerns. Care staff we spoke with demonstrated a positive understanding about the different types of abuse and confirmed they were aware of their duty to report potential concerns and 'blow the whistle' about issues of poor care when this was needed. Care staff confirmed they were confident that management would appropriately follow up any safeguarding concerns. The registered manager told us about occasions where disciplinary measures had been implemented and subsequently followed up with professional regulators such as the Nursing and Midwifery Council to ensure action could be taken in these respects.

Staff files contained evidence that potential job applicants were screened and checked before they were allowed to start work, as part of the service's recruitment procedures. This enabled the registered provider to minimise risks and ensure they did not pose a risk to people who used the service. We looked at the three files of the most recently recruited staff and saw these contained clearances and checks from the Disclosure and Barring Service (DBS) to ensure they were not included on an official list that barred them from working with vulnerable adults. There was evidence employment and character references of staff were appropriately followed up by the registered provider before offers of employment were made. We saw checks had been made of job applicant's personal identity and previous employment experience, to enable gaps in their work history to be explored.

People's personal care files contained assessments about a variety of known risks, such as falls, skin integrity, moving and handling and nutrition, together with information about how these were safely managed by staff whilst enabling people to be as independent as possible. There was evidence people's risk assessments were routinely updated to ensure information they contained was accurate and up to date. The registered manager showed us how incidents and accidents were monitored on an on-going basis to ensure people who used the service were kept safe from harm and that action was taken to enable these to be minimised in the future. We saw electronic recordings for incidents were maintained on a centralised computer system, to enable them to be actioned and analysed by both the registered manager and relevant staff in the registered provider's parent company when required.

People who used the service told us they received their medicines as and when they were prescribed. We

found staff responsible for providing medicines to people had completed training on this element of their work. We observed staff carrying out medication rounds and saw them talking patiently with people whilst providing them with explanations about what their medicines were for. We saw that people's medicines were securely stored and that records were maintained of medicines that had been received, and administered, together with good practice information in relation to people's medical needs. We were told that medication competency assessments were carried out of staff responsible for this element of practice to ensure they were safe to carry out this role. Audits of people's medication were carried out on a daily and monthly basis, to enable potential errors to be promptly recognised and acted on to minimise future mistakes.

We observed care staff were enthusiastic about their work and worked well together as a team. Care staff told us staffing levels were sufficient to carry out their roles. We found staffing levels were assessed according to the individual needs and dependencies of people who used the service and to identify how many staff were needed. People who used the service told us staff were overall quick to answer their call bells and a new system was in place to monitor staff response times. The registered manager told us this was not fully operational at the time of our inspection.

We spoke with a member of maintenance staff who worked in the service. They showed us a variety of checks and tests of equipment and areas of the building they carried out to ensure people who used the service were kept safe. We saw that items of equipment were regularly serviced and that contracts were in place with the suppliers of equipment together with evidence of up to date certificates for utilities such as gas and electricity. We were told a refurbishment plan was in place for the service, which included a variety of improvements to be made to the bathrooms, communal areas and with new carpeting to be laid in the home. A business continuity plan was available for use in emergency situations, such as flooding, outbreaks of fire or an infectious disease, together with fire training that was provided to staff. We were told this identified arrangements to access alternative health or social care services when this was required to ensure people were kept safe from harm and their care and support needs were appropriately met. On the first day of our inspection, a relative accidentally opened a fire door which set the fire alarm off. We observed that staff acted quickly to this incident in a professional and calm manner.

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the care and support they received. They told us staff involved them in making decisions about their support and were invited to reviews of their care and treatment to ensure they were happy with the way this was delivered. One person told us, "Staff always talk to me and listen to me about how I want to be treated. They come and turn me on a regular basis to stop me getting pressure sores." A visiting relative told us how their father had experienced mobility issues prior to them moving in to the service and that staff had supported them effectively to get them walking again. The relative told us, "Staff encourage them to eat and drink properly, it's made such a difference."

People told us they enjoyed the food that was served and they were able to make choices about what they ate. One person told us, "It's a lovely restaurant, I couldn't make up my mind today about what I wanted, so they brought me both salad and lasagne, it's very good."

We saw a variety of nourishing, home cooked meals were provided, with the day's choices in a menu that was on display in the dining room. We observed there was a light-hearted and positive atmosphere during the lunchtime meal with people chatting happily together and enjoying the opportunity to socialise and enjoy their food. We saw tables were laid out with placemats and cutlery, together with condiments, serviettes and glasses for drinks. We saw staff were available to provide assistance to people requiring support with eating their meals and observed this was carried out with gentle encouragement and at people's own pace to ensure their dignity was maintained. We observed staff asking people about personal preferences such as where they wanted to sit and offering support and reassurance using touch and getting down to people's eye level in order to help ensure they were understood. There was evidence in people's personal care files of nutritional assessments about their dietary needs and regular monitoring and recording of their weight, together with involvement from community professionals, such as speech and language therapists and dieticians when required. We spoke with a speech and language therapist who was visiting to assess someone's need for assistive technology. They told us they had no issues with the service and staff cooperated and followed their recommendations and instructions well. We found the service had been awarded a five star rating by the local environment health department for the cleanliness of the kitchen facilities on their last inspection, which is the highest score that can be achieved. We observed the cook spending time with people, asking them about their choices and preferences, to ensure they were happy with the meal that was served.

People's care files contained details about their individual medical needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs, district nurses and other specialists to ensure their wellbeing was promoted. A meeting was held with a social worker and member of the local authority housing department during our inspection, for a person who had been recently admitted for a period of treatment. This was to ensure an appropriate plan could be developed for when they were ready to be discharged from the service. We saw evidence of regular evaluations of people's support with details and updates where their health care status had changed. People's care files were

organised clearly to enable information to be easily found. There was evidence about the promotion of people's human rights and support with making anticipatory decisions about the end of their lives in people's files, together with documentation about consent to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) where this had been agreed.

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

People can only be deprived of their liberty 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 on authorisations to deprive a person of their liberty were being met. We found the registered manager understood their responsibilities in relation to DoLS and had made applications to ensure people were only deprived of their liberty lawfully and in line with current legislation.

Throughout our inspection, we observed staff discretely communicating and engaging with people to ensure they were in agreement and consented to care interventions that were carried out. We saw evidence that capacity assessments for people had been completed as part of their care planning process before decisions were made on their behalf. This ensured their legal rights were protected and promoted. Where it was clear people lacked capacity to make informed decisions, best interest meetings were held involving relevant healthcare professionals and people with an interest in their care.

There was evidence a range of training was provided to ensure staff were able to carry out their roles and were equipped with the skills needed to perform their work. A training and development plan was in place that was monitored by the registered manager and included courses on a variety of topics. These included; moving and handling, first aid, infection control, safeguarding vulnerable adults from harm, food and fire safety and issues relating to the specialist needs of people who used the service, such as dementia and end of life care. We found this training comprised of a combination of electronic on line courses staff completed on the computer, together with practice-based sessions that were carried out to enable staff to develop their skills and have their competencies assessed. During our inspection, we observed a group of staff undertaking a moving and handling refresher course carried out by a trained assessor who was in turn having their own competences and expertise assessed by an external provider. We saw that staff engaged in this training and provided appropriate responses in relation to requests that were made. Staff told us they were encouraged to undertake additional accredited external qualifications such as, the Qualifications and Credit Framework (QCF). On the first day of our inspection, the deputy manager was undertaking a specialist course on palliative and end of life care and they subsequently told us they were also completing a level 5 QCF course in leadership and management. We saw evidence in staff files of meetings with senior staff, to help them develop their careers and enable their skills to be appraised. An activity worker told us their most recent appraisal had led to them being offered an updated course on the provision of activities for people living with dementia. They told us they were looking forward to this and stated, "You've got to keep learning and make sure things work".

We saw environmental tools and aids were in place, such as signage and pictures to help people living with dementia to orientate themselves around the building and maximise their independence. We found the

registered provider had a refurbishment plan for the building to ensure the equipment and fittings were replaced when needed.

Is the service caring?

Our findings

People who used the service and their relatives told us they were involved in making choices about their care and support by staff who were friendly, kind and treated them with respect. People told us that staff respected their wishes for privacy but they were also encouraged to be as independent as possible and join in the life of the home. We were told how a member of staff had taken a married couple who used the service to the opening of a café run by one of their relatives. We saw comments in a thank you card from the relative which stated, "Just a little note to say what an amazing surprise you gave me. I will never be able to thank you enough for your kindness and caring for my mum and dad. It's such a relief to know that they are being looked after by people that care."

People's care files contained details about their personal preferences and likes, together with information about their past histories to help staff understand and promote their individual needs. There was evidence that people were invited to contribute and be involved in reviews and decisions about their support to ensure they were happy with the way this was provided. We found staff had responsibilities for meeting people's needs and spent individual time with them to enable their wishes and feelings to be promoted. Relatives we spoke with were very appreciative of the support that was provided to them. We found the deputy manager had been previously nominated for an internal 'kindness in care' award for demonstrating excellence in caring and their contribution in providing practical and emotional support to people at the end of their lives. We saw that the manager had commented on the certificate for this stating, "[Name] has supported colleagues and the team to develop themselves and is an excellent role model and is willing to help out where needed. When it comes to end of life care, she is the nurse that residents, relatives and staff want with them. She quietly supports and enables the kindest, considerate and loving end."

We observed interactions between staff and people who used the service were open, positive and friendly. We saw staff treated people with kindness and compassion and demonstrated a positive regard for people's feelings and what mattered to them. We saw care staff were attentive to meeting the differing needs of people who used the service and observed them providing sensitive support to ensure their dignity was promoted. We observed use of signs on display clearly outside people's rooms when staff were delivering personal care to people to ensure their privacy was respected. We observed care staff engaging with people in a courteous manner and providing reassurance and encouragement when this was required to help maximise people's independence. We saw assessments had been carried out to enable people to be as independent as possible whilst enabling their safety to be promoted. We saw kettles were available in some people's rooms to enable them to make hot drinks when they wished. We did observe a used commode in one person's room and asked staff to empty this. We spoke to the registered manager about this and gained their assurance this issue would be looked at and investigated.

We were told individual staff had been appointed to act as 'champions' for the promotion of key aspects of their role. There was evidence of consultation and involvement of people who used the service in an exercise about the promotion of their dignity. We saw people had been asked to contribute their views on the individual 'leaves' of a dignity tree that had been made and about what this meant for them. We saw comments on this that included, "Dignity is respect, caring and sharing. It is about being treated as an

individual with compassion, kindness and love"

People told us their wishes for privacy were upheld and were able to spend time in their own rooms when required. People told us they were able to bring items of personal belongings and furniture with them to help them to personalise their rooms and feel at home. We saw information about the service was on display together with details about the use advocacy services to enable people to have access to independent sources of advice and support.

People and their relatives told us they were involved and encouraged in making decisions and choices about their lives, such as what time to get up and go to bed and what clothes they wanted to wear. There was evidence of monthly meetings with people who used the service to enable their involvement in decisions about the home. Relatives told us they were encouraged and able to freely visit and participate in the life of the home.

Throughout our inspection, we observed staff were patient and kind. We observed staff respected the need to maintain people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. We saw information that needed to be communicated about people's needs was passed on in private and information about their needs was securely stored in the office.

Is the service responsive?

Our findings

People told us staff provided support that was personalised and focussed on their individual needs. People said that medical attention was promptly sought and that referrals were made to involve specialist professionals when this was required. People told us they were able to participate in a range of activities to ensure they had meaningful opportunities for social interaction. One person told us, "I'm not really one for joining in social events, but they bring things up for me to do in my room and I do sometimes go down to take part in groups such as painting and gardening."

People told us they were very happy with the service, they knew how to raise a complaint if this was required and were confident these would be appropriately resolved. One person told us "Oh Yes, I know what to do and feel certain [registered manager] would do their best to sort it."

There was evidence people were consulted and provided with choices to ensure their daily lives were supported. We observed staff had positive relationships with people to enable their personal wellbeing to be enhanced. Staff demonstrated a good understanding of working with people's personal strengths and needs to help maximise their confidence and self-esteem.

We found people were provided with a good range of activities to enable them to have opportunities for social interaction and participation in community events. We observed people actively taking part in a game of 'play your cards right', using giant pieces to make them easier for people with visual impairments to see. The activity co-ordinator told us they liked to get everyone involved and spoke to people's relatives to enable their individual preferences, likes and aspirations to be obtained and understood. The activity co-ordinator showed us evidence of 1:1 sessions they carried out with people and we saw artwork on display with one that been chosen by the provider for use as their corporate Christmas card.

We saw visiting relatives were very much included in the activity provision and on the first day of our inspection, we observed a meeting taking place to inform them of forthcoming plans for the service. We were told these included trips out to see a choir at a church, reminiscence sessions, gardening and cookery groups and visits from volunteers from a local school, as part of their Duke of Edinburgh award. The activity co-ordinator leading the meeting told people about a care home open day which was due to take place to raise money for the Marie Curie organisation and a fund-raising event for the local Macmillan cancer support charity; this involved staff having their hair and chests shaved. We saw the activity co-ordinator asked people for suggestions and ideas, including a trip to visit the Deep (entertainment facility), husky dogs pulling a cart, a social event to meet up with old friends in the community and a BBQ on the local armed forces day, to enable people to see the Red Arrows. People who used the service and their relatives were very approving of the activities that were provided and told us the activity co-ordinator "Worked their socks off" and had a very, "Give it a go attitude."

We found staff were vigilant and monitored people's needs to ensure effective action was taken in response to changes that had been identified. On the day of one of our inspection visits a multi-disciplinary review was taking place, involving a person who used the service, a social worker and representatives from the care

service. People's personal care files contained details of their participation and involvement in decisions about their support to ensure their wishes and feelings were met. We saw these included assessments about known risks to people on various issues such as risk of infections, skin integrity, falls, and nutrition. There was evidence people's risk assessments were regularly updated, together with liaison with a range of community health professionals when required to ensure their involvement and input with changes in people's needs. People's personal care files contained details about their personal life histories, individual preferences and interests to enable staff to deliver support in a personalised way which enabled people to have as much choice and control over their lives as was possible.

People who used the service told us staff consulted them about their views and whether improvements could be made to different aspects of the service. We saw for example, evidence of feedback from surveys on display in the form of graphs and information

There was a complaints policy in place to ensure the concerns of people were listened to and followed up. We observed details of this were displayed in the reception area of the service, together with an electronic device that enabled people to share their feelings about the service, which was fed back to both the registered manager and the registered provider. People who used the service and their relatives told us they knew how to raise a complaint and were confident any concerns would be addressed and resolved wherever this was possible. There was evidence in the complaints book that concerns had been followed up by the registered provider and people had been kept informed of the outcome of issues which had been raised. The registered manager told us they maintained an open door policy and welcomed feedback as an opportunity for learning and improving the service delivered.

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they had confidence in the service and were satisfied with the level of service provision that was delivered. People told us the registered manager was approachable and accessible and confirmed they were consulted and kept informed about developments in the service. One person told us, "I attend meetings and complete forms about what I think."

We found the registered manager had a wealth of knowledge and experience in health and social care services to manage the service and took their role seriously. The registered manager was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events which occurred during the delivery of the service. People who used the service, their relatives and staff told us the registered manager maintained an open door policy and welcomed feedback about the service. We found evidence the registered manager had a 'hands on' style of approach and completed daily walk rounds of the service and held weekly surgeries with people to ensure it was able to meet their needs. We were told about daily 'flash' meetings which involved various departmental heads to ensure communication about essential issues could be delivered.

There was evidence the service placed an importance on delivering a personalised approach and that the registered manager understood the need for involving people, their relatives and staff to help the service to learn and develop. People who used the service and staff told us about regular consultation meetings to ensure they were happy with the support they received. The registered manager told us this included a 'resident of the day' programme, which enabled people's individual care and support needs to be reviewed by staff and department heads and ensure the service was effectively promoting a customer focussed approach.

We found the service maintained close links with the local community and welcomed the involvement of relatives. The registered manager told us staff contributed to various local 'care home improvement networks' and a local authority scheme the home was due to take part in concerning the prevention of hospital admissions.

Administrative systems were in place and well organised to support the effective running of the service. A range of governance systems were used to enable the registered manager to monitor the service and take action to resolve issues when this was required. We saw this included a range of audits, such as reviews of people's care plans, medicines management, accident and incidents, infection control, dignity and respect and the environment; action plans were produced to address issues that were identified. We found use of surveys that focussed on different elements of the service, such as meal provision, entertainments and the environment; the surveys enabled people to participate and influence the way the service was run. Minutes from resident and relatives meetings contained evidence of further consultation with people to ensure they were able to share their views. An annual maintenance programme was in place for the service including regular checks of the building and equipment, to ensure people's health and safety was effectively maintained.

We saw the registered manager was readily available throughout our inspection visits, providing guidance and support to people when this was needed. Care staff told us the registered manager was very supportive and fair. They told us they had confidence in the registered manager and were able to approach them with suggestions, issues or concerns about the service. A member of staff told us, "I can't fault it, things get actioned when needed. I have learnt a lot from [registered manager's name]."

There was evidence of regular staff meetings to enable direction and clear leadership to be provided. This ensured staff understood what was expected of them and were clear about their professional roles and responsibilities. Minutes of staff meetings contained evidence of issues discussed to make sure people who used the service received appropriate support and treatment.

Staff files contained evidence of individual meetings with senior staff to enable their attitudes and behaviours to be monitored and their skills to be appraised. Care staff told us they received feedback about their work in a constructive way and the registered manager listened to their ideas to help the service develop. They told us they were encouraged to develop their skills and question practice and said communication was open. Care staff told us they felt valued and their skills were respected. We found members of staff were put forward for various awards that recognised their skills. A member of staff showed us how they completed their e-learning and supervision notes on a computer and saw this included self-assessments and manager assessments of key value-based behaviours and competencies of the provider organisation. We saw these included kindness, integrity, essential, simplest and best value. Care staff told us they had confidence in the registered manager and could talk to them about any concerns they might have. One told us, "If it wasn't for the manager, I might not be here."