Meadow Lodge Care Limited

Meadow Lodge Care Home

Inspection report

Meadow Lodge
Broach Lane
Kellington, Nr Goole
North Yorkshire
DN14 0ND

Tel: 01977662899
Website: www.meadowlodge.co.uk

Date of inspection visit:
14 June 2016
16 June 2016

Date of publication:
13 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspection took place on 14 and 16 June 2016. The last inspection took place on 7 May 2014 when the service was meeting all of the regulations we assessed.

Meadow Lodge Care Home provides personal care and accommodation for up to 25 older people, some of whom are living with dementia. The service has a communal lounge and dining area. There is one shared bedroom. Some bedrooms have en-suite facilities. The service has a secure garden and is situated on the outskirts of the village of Kellington.

At the time of our inspection there were 23 people living at Meadow Lodge Care Home.

The service has a registered manager. 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 and care staff understood how to safeguard people from harm. The registered manager had made some safeguarding referrals to the local authority. However, we saw other incidents which had not been referred. Although the registered manager had a clear rationale for this we could not see this decision making had been recorded. We have made a recommendation about the reporting of safeguarding concerns.

Risks to individuals were identified and steps were taken to reduce the risk of avoidable harm to people. Risk management plans contained step by step guidance for staff and health and social care professionals had been involved in the development of these as needed.

The service had sufficient staff available to meet people's needs and staff were recruited safely. The service also benefitted from support of volunteers whose main role was to provide social stimulation. Volunteers were subject to the same recruitment checks and received the same support and training as employed care staff. The service had a stable staff team. Some staff had worked there for over twenty years.

Medicines were safely managed. There were robust systems in place for the ordering, storing and return of

medicines. Staff were provided with medicines training and one person was provided with the support they needed to manage their own medicines.

Staff told us they were well supported and we saw evidence staff had undertaken essential training to ensure they provided safe care. The registered manager ensured staff were up to date with training and had regular supervision.

The service worked within the principles of the Mental Capacity Act and sought consent from people before they provided support. For people unable to consent to their care the service had completed mental capacity assessments and the relevant people had been consulted as part of the decision making process.

People told us the food was good. The menu offered people a variety of meals and the company who supplied the food had held tasting sessions so that people could make choices about the options they wanted on the menu.

Some communal areas of the service had recently been renovated and people's bedrooms were personalised and had a homely feel. The service had a secure landscaped garden which people enjoyed spending time in. This had been designed with the needs of the people who used the service in mind and people told us how much they enjoyed spending time in it.

The service liaised with various health and social care professionals to ensure people's changing needs were assessed and met.

People told us they received a good standard of care. Care staff knew people well. The service had a friendly, family atmosphere. Care staff treated people with dignity and respected people's privacy.

Care was provided in line with people's individual preferences. The service responded to people's changing needs and sought advice from relevant health and social care professionals.

People were provided with meaningful activity both within the service and through links with local community groups.

The service had received a number of compliments. People were aware of how to make complaints and we were told the registered manager was responsive to feedback provided by people and their relatives.

The registered manager, along with two team leaders had worked at the service for twenty years. They were keen to ensure people received a high standard of care. Staff told us they felt well supported and morale within the staff team was high.

The provider sought the views of people who used the service and their relatives and took action in relation to suggested improvements.

A new computer system was in use to record care plans and daily records. The records were robust and a traffic light system was used to ensure tasks were prioritised. Systems were in place to monitor the quality and effectiveness of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe, but improvements were needed.

The staff team and the registered manager demonstrated a good understanding of the safeguarding processes. However, we could not be assured that safeguarding referrals were being appropriately made to the local authority for further investigation. We have made a recommendation about this.

Individual risks were identified and risk management plans were in place to prevent avoidable harm. Medicines were safely managed.

There were sufficient staff available to meet people's needs. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

Staff were provided with an effective induction programme and had access to ongoing training. Formal supervision and staff observation took place.

The service was working in line with the principles of the Mental Capacity Act (2005). Staff sought consent from people appropriately. Where people were unable to make their own decisions we saw assessments in relation to this and best interest decisions were recorded.

All of the comments we received about the food were good and people were offered choice.

Is the service caring?

Good

The service was caring.

All of the comments we received from people and relatives were positive about people's experience of care. We were told the

consistency of the staff team meant care staff knew people well.

People were treated with dignity and respect and care staff ensured people's individual preferences were met. The service had a homely and family feel.

The service worked with the community nursing team to ensure people were provided with good end of life care.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred. They were up to date, reviews took place on a regular basis and the service responded to people's changing needs.

A range of meaningful activity was on offer. People were supported to take part in the day to day running of the service as they would have done in their own home.

People and relatives knew how to make complaints. People and their relatives were confident the registered manager would respond effectively to the feedback they provided.

Is the service well-led?

Good

The service was well-led.

People spoke positively about the registered manager. They worked with other home managers to develop their knowledge and practice.

Records were detailed and had been transferred from paper to a computerised system.

Systems were in place to audit the effectiveness of the care people received and the views of people who used the service were sought and acted upon.

Meadow Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 June 2016 and was unannounced. We returned for a second day on 16 June 2016. The service was aware we were visiting on the second day.

The inspection was carried out by one inspector.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. A notification is information about important events which the service is required to send to the Commission by law.

We contacted the commissioning and contracts officer for the service, they told us they had visited the service in February 2016 and had no concerns about the standard of care people received. We contacted the local authority social work team for their feedback. The social work team manager provided us with positive feedback about the service.

During the inspection we spoke with eleven members of staff this included the registered manager and team leaders, care staff, volunteers and ancillary staff.

We spoke with seven people who used the service and because not everyone could tell us their views we spent time observing interaction between people and care staff. We spoke with four visiting relatives. Following the inspection we spoke, on the telephone, with two relatives and a social worker.

We carried out a tour of the premises which included communal areas and people's bedrooms. We reviewed

five people's care plans and associated records. We looked at medicine administration records.

Requires Improvement

Our findings

People told us they felt safe. One person said, "I'm safe and well looked after. I can come and go when I want and I lock my bedroom door." A relative said, "[Name] is safe and well looked after here, I can go home without worrying."

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff had received up to date safeguarding training. They told us they would always share any concerns with the registered manager. They were confident the registered manager would take their concerns seriously and take the action required to keep people safe.

The registered manager had a clear understanding of how to keep people safe and had made a number of safeguarding referrals to the local authority for investigation. For example, they had referred situations related to people's distress which had resulted in injuries to another person. In addition to this they had made a safeguarding referral in respect of the delay in treatment by a health professional. This demonstrated a good awareness of how to safeguard people who used the service.

Despite this when we reviewed some of the accidents and incident reports we were concerned that safeguarding referrals had not always been made. For example there were references to people becoming agitated and 'slapping' other people. The registered manager explained they had reviewed these incidents and determined that people were safe, and physical injury had not occurred as a result of the incidents. They told us they used their professional judgement when making safeguarding referrals and would only do this if they thought injury or other harm had occurred. However, they did not record this decision making or the consideration they had given to each individual incident within the incident report. Where people have been threatened by the behaviour of others or actually assaulted by them it is important to demonstrate how they are to be protected from further such incidents. While there may not be physical injury people may be distressed or anxious following such events and may require emotional support and reassurance. It is also important to ensure that there are clear records of increasingly challenging behaviour to ensure that those people are appropriately supported. If this is to be done outside the local authority's safeguarding procedures then the registered provider must ensure that there are clear records of the reasons for this and the action that has been taken to address the concerns.

We recommend that the provider reviews the systems in place for referring to the local authority safeguarding team and the systems in place for recording incidents to ensure that appropriate action is taken and recorded.

Risks were identified and risk management plans were in place to ensure people were protected from avoidable harm. For example one person had some behaviour which could pose a risk to themselves or others. The service had worked with the community mental health team and there was a detailed risk management plan in place to ensure staff knew how to support the person to reduce the risk of harm.

Accidents and incidents were reviewed by the registered manager. They looked at trends or patterns of incidents and learnt from these to enable the right support for people. For example, they had identified a key period of time during the day when a person was having falls. They had liaised with health and social care professionals supporting this person to ensure one to one support was available during these times. This support had recently started and the number of falls had reduced.

The service had sufficient staff available to meet people's needs. People said, "There's always plenty of staff around. I don't have to wait if I need anything." We observed staff had time to sit and interact with people and did not appear to be rushed. All of the staff we spoke with said there were enough staff to meet people's needs.

During the day there were four members of care staff on duty, this was the minimum cover and we saw more care staff, along with volunteers were available to meet people's needs. Overnight the service had two members of care staff on duty, the registered manager told us, and we confirmed this on the rota, a senior member of the team was on call and could be contacted should additional support be required. For example the registered manager said if someone needed hospital admission during the night they would expect the on call manager to come and provide additional support at the service. We reviewed the rota for the last four weeks which reflected what the registered manager had told us.

There were a number of volunteers who supported the service, these were people whose family members had been cared for at Meadow Lodge and they continued to visit and offer support and companionship to people. They were involved in supporting people to attend activities which took place within the community or to visit the hairdresser. Volunteers were subject to the same recruitment checks and training as employed staff, which meant the service recognised the need to ensure people were suitable to volunteer and that they received the support they needed to provide safe care.

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and interview records. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. People who used the service were involved in the recruitment and selection of staff which showed the registered manager valued and respected people's opinions and used these to inform their decision making regarding recruitment.

Medicines were safely managed. The service used a monitored dosage system (MDS) which was prefilled by the local pharmacy. Medication administration records (MAR) were completed accurately by staff and contained no gaps. This meant people's medicines were administered in line with prescribing instructions. Senior care staff carried out a monthly audit of medicines this meant medicine errors could be picked up and learnt from.

We reviewed the storage and administration of controlled drugs. Controlled drugs are drugs which are liable to misuse and as such have stricter guidelines for storage, administration and disposal. These were managed appropriately and in line with good practice guidance

We observed a member of staff gave people their medicines in a patient and kind manner. They offered explanations and reassurance to people. One person was supported to manage their own medicines. The service had appropriate assessments in place to support the person to be independent with this.

Essential safety checks such as gas and electrical safety had been completed, by an external organisation, on a regular basis. This meant people, staff and visitors could be assured the environment was safe.

Good

Our findings

People were provided with effective care. One person said, "The carers [care staff] know how to look after me." A relative told us, "I am confident in the staff and the [registered] manager and the support provided."

Staff were provided with a comprehensive induction programme before they started caring for people. This involved three days of classroom based learning, which covered areas such as safe moving and handling, dementia care, safeguarding and first aid. Following this staff completed a two week period of shadowing more experienced care staff within the service. The registered manager explained staff on their induction were additional to the core staffing hours, which meant they had the opportunity to learn and get to know people. Staff told us how much they benefitted from this. One staff member said, "I've had a lot of support. I'm getting to know people and what's important to them and staff are showing me what to do, if I am unsure I know I can just ask someone."

The registered manager had a training matrix which enabled them to keep a track of when refresher training was due. All of the staff files we checked contained up to date training records and certificates. Staff had completed mandatory training and additional training. Staff told us they could go on a variety of training. Staff we spoke with had attended training on how to support people living with dementia. Team leaders at the service were due to enrol on the NVQ level 5 in health and social care. This demonstrated the service supported staff to continue to develop their knowledge and skills to ensure people were provided with effective care.

Staff told us they were well supported by the registered manager. One person said, "[Name] is very hands on and is approachable, any problems and I'm confident [name] would address them." All of the staff we spoke with described a positive relationship with the registered manager. One member of staff said, "[Registered manager] is great, really supportive both inside and outside of work, but she's not afraid to pull you up if something isn't right." This meant that staff were supported by the registered manager, but that they had clear boundaries with staff and could offer challenge when it was needed to ensure people received a good standard of care.

Staff told us they had access to regular supervision with their manager. Team leaders and the registered manager carried out supervision. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they have about the people they support, and for their manager to give feedback on their practice. In addition to formal supervision the registered manager explained they completed staff observations on a regular basis to ensure their team were delivering effective care. This

demonstrated a commitment to ongoing monitoring to ensure people were provided with effective care.

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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were seven people at the service who had a DoLS authorisation in place.

We observed staff routinely sought consent from people and staff supported people to make their own decisions throughout the inspection. For example, people were encouraged to make their own choices; people were shown lunch options to assist them to make their own choice.

People had mental capacity assessments completed as required and these were decision specific. Best interest decisions were recorded within people's care plans. A best interest decision is taken on behalf of people unable to make a specific decision themselves. We saw people, their families and relevant health and social care professionals were involved in the decision making process. This meant the registered manager was adhering to the principles of the MCA.

The service had a varied menu and people had the choice of hot food at breakfast, lunch and dinner time. The service used a company who provide food which was frozen and needed to be heated up. However, the chef cooked a hot breakfast for people. The company who provided the food had arranged tasting days so people could be involved in making choices about the menu. Relatives told us they had been invited along as well.

People had the choice of fish in cheese sauce or Lancashire hot pot with vegetables and potatoes for lunch and for desert there was summer fruit crumble and custard or tapioca. We heard staff offering people a choice of what they would prefer. Because some people were living with dementia staff plated food up and showed them what was on offer to assist them to make a choice. We saw people had adapted cutlery and plates to enable them to be able to eat independently. Some people required assistance to eat their lunch and staff sat beside them and supported them. Staff went at the person's pace and did not rush.

All of the people we spoke with said the food was good. One person said, "We get a good choice of food. Some days there is home baking." Another person told us, "We always get a choice of what we eat and if you don't like what is on offer they'll make you something else. Plus there's always plenty of drinks and snacks." A relative said, "I've had my lunch here a few times. It's nice. Staff help [relative] to eat."
People's nutritional needs were assessed and care plans were in place to ensure they were met. The dietician had been requested when the service had identified people were losing weight. This meant people were protected from the risks associated with losing weight.

The registered manager explained that the service had undergone some redecoration recently. New flooring had been laid in the entrance way and along the corridors, and in the main lounge new arm chairs had been purchased. The service had made some adjustments to support people living with dementia, for example toilet seats were red to help people identify the toilet.

People had been supported to personalise their bedrooms. One relative explained they had used the same wallpaper the person had at home and furniture to help them to feel comfortable in their surroundings. The service had a secure garden which people could safely access, with planters which were at hip height. This meant people could enjoy gardening without having to bend down too low.

However, in the dining room the wall paper was peeling off in parts and some of the dining room chairs were stained. The service did not have a shower for people to use and the registered manager explained they were looking to convert one of the bathrooms to a wet floor shower room. The registered provider told us the renovation work within the service was an on going piece of work.

People were supported to access routine health care appointments such as doctors, community nurses and chiropody. In addition to this people were referred for support based on their individual needs. For example some people had been referred to the community mental health team. Care plan records contained detailed information about visits from health care professionals. People could be assured the service would arrange the support they required to meet their healthcare needs. A visiting health professional told us, "The service refer people to us appropriately and follow the advice we provide to ensure people receive the treatment they need."

Good

Our findings

People told us the care staff were kind and compassionate. One person said, "We're well looked after." Another person said, "It's very good here, the staff are excellent, they're all very helpful." All of the comments we received from relatives about the care provided and care staff were positive. Comments included, "The carers [care staff] are brilliant with him. He's well looked after. They sing and dance with him," "They [care staff] are all caring and loving with people. They know [name] really well," and, "The care staff are marvellous. How they look after [Name] is spot on."

All of the interaction we saw between staff and people was warm and kind. One person wanted staff to hold their hand and we saw staff sat beside them and reassured them. The person enjoyed the physical contact provided by the member of staff.

The service had a stable staff team. The majority of staff had worked at the service for some time and had cared for different family members. One relative said, "My [relative] was cared for here so when we needed care for [relative] this was the right place, because we knew the staff and that the care provided was good." Another relative said, "Consistency and continuity of care is essential for my [relative]. Some of the staff have worked here for such a long time and there is a bond between staff and residents which means the care is based on genuine affection."

The service had a homely feel and there was a sense of people, relatives and staff being part of a community. A lot of staff lived in the village or nearby, as had the people who lived in the home. Discussions took place with people about events in the local community and people were involved in a variety of community resources. A volunteer said, "It's lovely here, the staff are very friendly we are like one big family."

Relatives told us they were welcome to visit at any time. One relative we spoke with explained they remained actively involved in the care of their loved one. Staff we spoke with respected this. A relative said, "It [the home] might be a bit tired and worn in parts, but it has soul and warmth which is far more important."

Care staff respected people's privacy and dignity. They discreetly encouraged one person to leave the lounge in order to see the visiting community nurse. Staff knocked on people's bedroom doors before they entered. Where appropriate people had keys to their bedroom doors and could lock their room. This meant people were supported to be as independent as possible and their privacy was respected.

The community nurses supported the service to provide effective care to people at the end of their life. The registered manager told us they sought people's view about the care they wanted at the end of their life and following their death, and staff worked hard to ensure these requests were met.
They told us support was provided by the palliative care team who offered advice and guidance about how to ensure people were pain free and comfortable. We saw a compliment from a relative which read, 'We were particularly grateful you could care for [Name] at the end of their life. You should be very proud of the loving ethos at Meadow Lodge, all the staff going that extra mile to get to know residents personally and to treat them with such dignity and respect.'

All of the staff we spoke with told us they would be happy for their relatives to use the service if they required 24 hour care.

Good

Our findings

People received care which was responsive to their needs. All of the people we spoke with told us care staff knew them well and provided support as they wanted it. One relative said, "[Name] is well looked after, staff know [Name] and they care. They make sure the care they provide is what he would have wanted."

The registered manager completed a detailed pre admission assessment with the individual, their family and relevant health and social care professionals. This meant the service considered whether they could support the person before they agreed they could move in.

Care plans contained information about people's life history and their preferences for their care. This was useful information for staff to ensure they understood what was important to the person.
Some people who used the service were living with dementia and were unable to tell staff what was important to them. Relatives told us they had been involved in developing people's care plans to ensure they were provided with care which was personalised to them.

The registered manager sought support and guidance from relevant health professionals in response to people's changing needs. This guidance was used to formulate people's care plans and risk assessments. For example, one person's mobility had increased since admission and the risks of using the hoist to transfer them had increased. The registered manager had sought advice from both the community occupational therapist and physiotherapist. They had developed a step by step care plan to ensure staff knew how best to support the person to move around safely. They had included pictures of the equipment which should be used to assist staff to carry out the transfers with the person as safely as possible.

Reviews took place on a regular basis. These involved the person, their family and relevant health and social care professionals. The registered manager explained they liaised with the local authority in situations where they felt they could no longer meet people's needs. We reviewed the care plan for one person who was waiting to move on and we could see the registered manager had worked hard, with a range of supporting professionals, to try everything to meet the person's needs. The registered manager said, "We have worked hard to look after [name], but we have to consider their needs and the needs of other people who live at the home."

The registered manager told us, "It is important we offer good care and support to people who live here and their families." One person was due to move to a more specialist service and the registered manager had supported their relative to understand the need for this move and was taking them to look at the new

service which had been suggested. This demonstrated a compassionate approach to supporting people and their relatives.

A social worker we spoke with said, "[Registered manager] is proactive and on the ball, they are person centred and will work with professionals to support people to live a good life."

Care plans contained guidance for staff about the best way to communicate with people. For one person who was deaf we saw staff writing things down and the person replied with gestures and wrote their answers down. Their relative told us this was the preferred method of communication. They said, "Because some of the staff have been there so long [Name] can lip read. But staff always check by writing things down. This continuity of care is invaluable."

The registered manager told us they had an open door approach and liked people to be able to discuss any worries they might have before they developed into complaints. Two of the relatives we spoke with said they had spoken to the registered manager about concerns they had and since they had done this they felt the situation had improved. One relative said, "The [registered] manager is lovely, they said any problems just let me know."

The service had an up to date complaints policy which was displayed on a noticeboard. This meant it was accessible to people and their visitors should they have any concerns. Since our last inspection the service had received two formal complaints. These had been responded to in line with the organisations complaints policy.

The service had received 10 written compliments since we last inspected. One of the comments read, 'We were always 100 per cent confident that [Name] was in the best of hands.'

We spoke with the activities co-ordinator who was employed for nine hours per week. They had previously worked as a volunteer at the service, which they had started whilst their relative lived at the service. They told us they tried to offer a variety of activities for people which included; dominoes, card making and quizzes. In addition to this they supported people to attend local community based activities, such as signing for the brain, a local bingo group and a community café. They said, "I love working here, it has a family atmosphere and the [registered] manager comes in on their days off and takes people out on trips."

In addition to leisure based activity we also saw people involved in the day to day running of the service, much like people would in their own homes. For example one person enjoyed folding up laundry and setting the table. The registered manager explained to us one person had painted the summer house in the garden and the fence. This demonstrated people were involved in the running of the home. A member of staff told us, "This is people's home and it's important that they are supported to take part in activities they would have done in their own home."

The service supported people to bring their animals with them when they moved in. The service had a dog which people spoke fondly of and they had a chicken in the garden and two people took it in turns to feed her. People we spoke with told us how much they enjoyed the garden and one person told us they spent the majority of their time outside growing vegetables.

People's religious needs were met. The local vicar visited each month and performed a church of England service for people who wished to participate.

Good

Our findings

The registered manager was supported by two team leaders, senior care staff, care and ancillary staff along with volunteers. The registered manager and the team leaders had each worked at the service for 20 years or more. We received overwhelmingly positive feedback about the registered manager from people, relatives and staff. Comments included, "It's well run," "It's very good, you can talk to the [registered] manager and she will sort anything out for you," and, "The [registered] manager is hands on, approachable and runs a good home." A social worker we spoke with said, "The [registered] manager really tries hard to support people well. They have a good team of staff and will ask for support if needed."

The registered manager knew the service well, they demonstrated a commitment to ensuring people and their families were well supported. The service had a family feel and the registered manager explained the strong links they had developed with the community to ensure people remained involved in village life.

We asked people if they could think of anything which could improve the service. Everyone we asked said there were was nothing they could think of which could make it better. People's views were sought about the service provided. Some people were able to complete questionnaires which were sent annually to people and relatives. In October 2015 34 questionnaires were issued and 20 were returned. These had been analysed by the registered provider and although the majority of feedback was very positive there had been some feedback about the décor within the service. We could see action had been taken to address the issues raised, which meant people could be confident the feedback they provided was valued and acted upon.

In addition to this the registered manager held a 'residents and relatives' meeting to gather people's views. In the dining room a whiteboard contained information about the lunch time meals options. We saw this had been requested at a residents meeting. This demonstrated the service sought and acted on people's views.

The registered manager told us they felt well supported by the provider. They said the provider visited monthly, but that they had regular telephone contact to discuss how things were going.
The registered manager met regularly with other registered managers within the organisation to share good practice and ideas for service development. They told us this was a forum to discuss good practice and to get advice or support from other registered managers about specific issues.

Staff morale was good. Staff were enthusiastic about their roles. One member of staff said, "I love working

here, it's like a second home. People receive top quality care. It's about them and what they want. We involve people and I'm really happy working here." Staff told us they received clear direction from the registered manager and they were clear about their role and responsibilities.
Staff meetings took place on a regular basis. This meant the staff team had an opportunity to contribute to the running of the service.

The service had recently transferred from paper to electronic record keeping. This included care plans and associated documentation which was now on the computer. Daily records were detailed and contained key information about people's wellbeing. Alongside this we found records which provided staff with a detailed overview of health professional's involvement in people's care. This meant staff understood people's care needs and what action had taken place as a result of changing needs. The computer system enabled care staff to use a traffic light system, for example red, amber green to highlight the priority of the record. They were able to send information to the registered manager or the team via the computer system. This meant there was a record of key information including who this had been shared with and what action had been taken as a result.

Effective systems were in place to monitor the quality of the service delivered. We saw clear evidence of audits completed by the registered. These included audits of medicines, care plans and accidents and incidents.