Hollyman Care Homes Limited

Martham Lodge Residential Care Home

Inspection report

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Date of inspection visit:
12 August 2016
16 August 2016

Date of publication:
26 October 2016

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

Martham Lodge is a residential home that provides care, support and accommodation for up to 20 older people, some of whom may be living with dementia. At the time of our inspection there were 20 people living in the home.

The service had a registered manager in post. 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.

People lived in a safe environment. Staff knew how to recognise signs of possible abuse and knew the correct procedures for reporting concerns. In addition, there were enough well trained staff to support people. Appropriate recruitment checks were carried out before staff began working in the home. The premises were well maintained and any safety issues were rectified promptly.

Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Medicines were managed and administered safely in the home and people received their medicines as prescribed.

People were supported effectively by staff who were skilled and knowledgeable in their work and all new members of staff completed an induction. Staff were supported well by the manager and the provider.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The manager and staff understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance.

People had enough to eat and drink and enjoyed their meals. When needed, people's intake of food and drinks was monitored and recorded. Prompt action and timely referrals were made to relevant healthcare professionals, when any needs or concerns were identified.

Staff in the home were caring and attentive. People were treated with respect and staff preserved people's dignity. Visitors were welcomed and people who lived in the home were encouraged and supported to be as independent as possible. People were also supported to follow pastimes or hobbies of their choice.

Assessments were completed prior to admission, to ensure people's needs could be met. People were involved in planning their care and received care and support that was individual to their needs. Risk assessments detailed what action was required or needed to be carried out to remove or minimise any

identified risks.

People and their families and friends were able to voice their concerns or make a complaint if they felt they needed to. People were listened to and appropriate responses and action were taken.

The service was well run and people's needs were being met appropriately. Communication between the management team, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place to monitor the quality of the service. Regular audits were also carried out by the provider, in order to identify any areas that needed improvement.

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.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

The premises were well maintained and any safety issues were rectified promptly.

Risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Staffing levels were sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People were supported to safely take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home.

Is the service caring?

Good

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

Visitors were welcomed and people were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do, how and where they wanted to spend their time.

People and their families and friends were able to voice their concerns or make a complaint.

Is the service well-led?

Good

The service was well led.

The service was well run and people's needs were being met appropriately. Communication between the management team, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to monitor the quality of the service provided.

Martham Lodge Residential 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 was carried out by one inspector on 12 and 16 August and was unannounced.

Before our 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.

Other information we looked at about the service included statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Some of the people who used the service were not able to tell us in detail about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk directly with us.

During this inspection we met, chatted with and observed 10 people who were living in the home. We also spoke with the provider, the manager, the cook and five members of care staff, including seniors. In addition we spoke with two people's visitors, a community mental health nurse and a GP. We also observed care interactions between people using the service and members of staff.

We looked in detail at the care records for three people and a selection of medical and health related records that included all 20 people currently living in the home. We also looked at the records for two members of staff in respect of training and recruitment and a selection of records that related to the

management and day to day running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in Martham Lodge. One person said, "They keep a good look out for us here and make sure that nobody comes to any harm. It's all very good." A person's relative told us, "We've got total peace of mind here. We feel [relative] is totally safe."

The manager demonstrated that they understood what constituted abuse and told us they followed the correct reporting procedure as and when necessary. Staff also told us that they were confident with regard to recognising signs of possible abuse and said they reported anything they were concerned about straight away. We saw that safeguarding information was available around the service for people living in the home, visitors and staff. This information included details of who to contact in the local authority's safeguarding team. The staff records we looked at showed that staff had received training in protecting vulnerable adults, which also helped ensure they knew how to keep people safe.

People living in the home had individual risk assessments, regarding various aspects of their everyday lives. We saw these covered areas such as the use of bed rails, nutrition and hydration, protection from pressure ulcers, mobility, falls, personal care and people's wellbeing. Where risks to people's safety had been identified, we saw that these were recorded clearly, with guidance for staff that showed how to support people safely and effectively. Staff had easy access to these documents and we saw that they were reviewed and updated on a regular basis.

For example, we noted that risk assessments and clear protocols and care plans were in place for one person, in respect of behavioural strategies. These explained how staff needed to be straight talking with the person, rather than attempt gentle persuasion. Information also explained how a walk in the garden with staff could also help distract the person from agitation and de-escalate behaviour that may become challenging to others.

In another person's record we saw that some trigger factors, which could cause distress, included crowds and loud noises. We noted that certain signs that the person may be becoming distressed had been identified. There was a subsequent action plan to guide staff to help reduce this person's anxiety.

There was a lead member of staff in respect of protecting people from acquiring pressure ulcers and staff received regular training and updates in this area. The manager told us that the ethos in the home, as much as possible, was to focus on the prevention of pressure ulcers rather than the cure. We saw that staff worked in accordance with the guidance provided, where risks had been identified.

Maintenance and health and safety checks were carried out regularly by a designated member of staff. These checks included fire alarm tests, fire drills, safe management of water systems and Legionella. Legionella is a bacterium which can grow in water supplies and can cause people to become ill. We also noted that the service had clear evacuation plans for day time and night time. In addition, there was a business continuity plan, to ensure the service could continue to operate in the event of an emergency. All these measures helped ensure that people were kept safe and able to live in a safe environment.

During this inspection we saw that there were enough staff on duty to support people and safely meet their needs. The rotas we looked at also showed that staffing levels were consistent. One person's relative told us, "There's always someone on hand if you need them. I don't think anyone ever has to wait very long for staff to come."

The manager explained that people's dependency was continually assessed, to ensure that staffing levels remained sufficient and appropriate. We saw that audits were completed regularly to review each person's needs. These audits showed how many people required more than one member of staff for support. The audits also took into account people's mobility, their emotional needs and who required assistance at mealtimes. It was evident from our observations, that people were able to safely carry out their daily routines, activities, attend appointments or receive staff support, as and when they required.

The staff files and other records we looked at, as well as a discussion with the manager, confirmed that appropriate recruitment procedures were followed. This helped ensure that all new staff were safe to work with people who lived in the home. All staff were checked for suitability with the Disclosure and Barring Service (DBS) and appropriate references were obtained before they started working in the home.

Medicines were managed and administered safely in the home and people received their medicines as prescribed. We looked at the medicines storage and recording systems and saw that people's medicines were appropriately and securely stored. People also had lockable cupboards in their rooms, for storing items such as topical creams or if they wished to self-medicate. All the records we looked at, including the medicines administration records (MAR), were clear, up to date and completed appropriately.

Medicines that needed to be given covertly all had clear details of best interests meetings and decisions. We also saw details of what medicine could be given covertly to a person, when, why and how it should be administered.

Each person had clear protocols in place for any 'as required' (PRN) medicines, which included 'homely remedies' and we noted that the GP's approval for these had been received. Safety measures were also seen to be in place to ensure the times any PRN medicines had been given could be monitored easily. For example, if a person had been given paracetamol, staff were able to see when the previous dose had been given and know when the next dose could safely be administered. This helped ensure people did not take too many tablets in any given timeframe. We saw that separate records were maintained for the administration of antipsychotic PRN medicines. These included protocols to ensure staff explained their rationale for giving people these medicines, after following alternative de-escalation strategies for people's behaviour which may challenge others, such as distraction and interaction.

We observed that people were given their medicines in a person centred way. Staff took a small tray to each person individually. This included a card with the person's details on it, a drink and the relevant medicines the person needed to take. We noted that people's preferred method of taking their medicines had also been recorded and we saw that staff adhered to this accordingly. For example, one person liked to take their tablets on a spoon, another person liked to take them from a medicine pot and a third person preferred to have their tablets put in their hand. Some people also took their medicines via an oral syringe, which we noted were personalised, with colour coding. We observed that staff spoke with people and were respectful of people's dignity, with every method of administration, when giving people their medicines.

The senior member of staff responsible for the management of medicines in the home explained how they completed weekly audits of medicines, including stock levels. Two other members of senior staff carried out monthly audits of medicines.

We saw records of action that was taken in the event of any medicines errors, including calling the GP or 111 advice line. In the cases of small oversights, we noted that immediate action was taken to rectify the situation. In the event of more significant errors, we saw that staff underwent three supervisions to ensure competency. In addition, guidance and support was provided for staff to help identify the cause of the error and reduce the chances of it happening again. For example, if a member of staff had been distracted or felt rushed.

Good

Is the service effective?

Our findings

People were supported effectively by staff who were skilled and knowledgeable in their work. One person told us, "They [staff] all know exactly what I need; they know me very well indeed." Both the visiting GP and mental health nurse told us that they had every confidence in all the staff. They both said that staff were very competent in their work and had a very good knowledge and understanding of people's needs. The GP said, "I have total confidence in all the staff here. They are amazing in their professionalism and approach."

Many of the staff had worked in the home for a number of years, which meant that people were continually supported by staff whom they were familiar with and had a good knowledge of each person's individual needs.

The manager explained how all new members of staff completed a full induction process, which included completing essential training courses that would be relevant to their roles. In addition, new staff completed the 'Care Certificate'. Some of the training we noted that staff had undertaken included fire safety, medicines administration, safeguarding, moving and handling, pressure care and dementia awareness. We also noted that some staff had completed training for specific health conditions that some people living in the home had been diagnosed with.

Staff and the manager told us that supervisions and appraisals took place on a regular basis. We saw that staff underwent regular competency assessments, which covered all aspects of their work, such as administering medicines, supporting people to eat and drink, providing effective care and support and promoting dignity and respect. Staff's knowledge was frequently tested to ensure training had been effective and was embedded into their day to day practice.

All the staff we spoke with said they were happy in their work and felt supported by the manager and senior staff. We noted that communication between the staff team was frequent and effective and information was handed over appropriately at the end of each shift. We also saw that staff meetings were held on a regular basis. We observed a hand over meeting between staff and noted it covered all relevant aspects of people's physical and emotional wellbeing. For example, information was handed over regarding people who were receiving full bed care. We heard confirmation of repositioning, food and fluid intake, personal care provided, interactions and people's behaviour and moods.

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 the 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 the liberty were being met.

The manager and staff told us that they understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance. They also demonstrated that they followed the principles of the MCA when they needed to make decisions on behalf of people lacking capacity. The manager told us that capacity assessments had been completed for a number of people who lived in the home and applications for DoLS had been submitted for some people. These were mostly because people were unable to leave the home without staff support when they wanted to, or because some people required close supervision and one-to-one staffing at times.

We saw that a best interests decision had been made for one particular person, who lacked capacity regarding taking their medicines, so they needed to have them disguised (covertly). We noted that the best interests meeting and decision had been made with the person's power of attorney, relevant care staff and the GP. Consent was also seen to be confirmed for another person who lacked capacity, with their power of attorney, in respect of having their weight measured and the use of bed rails. Where some people had advanced care plans and end-of-life considerations in place, such as do not attempt cardiopulmonary resuscitation (DNACPR), we saw that these had been completed appropriately.

During the course of this inspection we saw people having their breakfasts in the morning and also observed the lunch time meal. People told us they had enough to eat and drink and said that they enjoyed their meals. One person's relative said, "The food is lovely, it always is." One person who lived in the home also told us how they enjoyed going to the local take-away to collect the Friday meal choice of fish and chips for people.

We saw that the lunch time was interactive and jovial. Extra staff were on duty during this time because the rotas were designed to have a cross over period between the early and late shifts. This enabled people to be supported appropriately with their meals. We saw that people were encouraged to do things for themselves as much as possible but that staff assisted people to eat and drink when people needed this support. We saw that staff were attentive to people's individual needs and people were not rushed with their meals.

Staff also consistently checked that people were comfortable during the meal time. For example, we heard one person telling staff that they were a bit hot and observed staff offer to assist this person to take their meal to eat in the lounge. The person accepted the offer with a smile, which told us they were happy with the response.

The cook told us how they ensured people were offered good quality, wholesome and nutritious meals and demonstrated sound knowledge of people's individual dietary needs. They showed us a 'traffic light' system that was in place, which helped to ensure that people received the correct food and drink. For example, red identified people who were deemed as very high risk of weight loss and so required all food and drinks to be of a higher calorific value. The cook also showed us an overview that showed each person's likes, dislikes as well as their dietary needs such as pureed, low fat, diabetic and any allergies. We saw that a list of allergens, such as gluten, fish, nuts and milk, was also clearly displayed, to help everyone understand what food and drink items could contain them.

Staff and the manager explained that if people were not eating or drinking sufficient amounts, their intake of food and drink was monitored and recorded. This enabled appropriate action to be taken promptly, to help ensure people stayed healthy and well.

People's overall health and wellbeing was reviewed by staff on a daily basis and care records were kept up to date regarding people's healthcare needs. We saw that people had regular access to relevant healthcare professionals when this was needed. The manager and staff told us that they regularly sought and followed guidance from external professionals. This helped ensure people continued to be supported and cared for effectively.

The GP we spoke with during this inspection told us, "I come here every week and they are always very well prepared and provide us [medical professionals] with all the information we need as soon as we need it." The GP also confirmed that staff never delayed calling them out at other times. They said, "But they [staff] also don't call us out unnecessarily. They are good judges of people's health and wellbeing. I have to say, if we get a call asking us to visit, we never question it and always visit as soon as possible." A mental health nurse we spoke to during this inspection was also very complimentary about all the staff and the way in which they supported the people living in Martham Lodge.

The GP also told us how staff at the home had recently needed to deal with a very difficult discharge from hospital for one particular person. The GP explained how the manager and staff had instigated all the necessary paperwork and enquiries in order that the person could be fully supported in the home by care staff as well as the GP and other medical professionals. We noted that this person's medical condition was complex but that information on how to manage it safely was clear and accessible for all the relevant people. The GP also told us how an emergency medical supply had been signed off by themselves, in order that it could be stored in the home for administration by emergency services if needed. All these factors meant that the person could safely continue to live a full and meaningful life.

Good

Is the service caring?

Our findings

People told us that the staff in the service were caring. One person said, "They [staff] are all lovely." A person's relative said, "[Name] loves it here; it's very homely. It's not just a house, it actually is a home." This person's relative also told us, "The care given to people here is absolutely brilliant." They told us how their family member had been unhappy in a previous home because they felt isolated and lonely. They explained that their family member was a very sociable person and didn't like being on their own. They added, "It's just brilliant to see [Name] looking so happy again,"

We saw that staff interacted well with people in a warm and friendly manner and observed mutual joviality and light hearted conversations throughout our inspection. People were comfortable in the presence of all the staff who were supporting them. We saw that staff gave their full attention when people spoke to them and noted that people were listened to properly.

All the staff had a good knowledge and understanding of each person. Discussions with the manager and senior members of staff, plus our observations of staff interactions, confirmed this. People who lived in the home and their families had been fully involved in planning their care. This was evident from the information we looked at in people's care records and a conversation we had with a person's relative. All the care records we looked at reflected people's personal histories and preferences, which meant that staff could support them with their preferred lifestyles. For example, we saw it recorded that one person liked to get up before 7am and enjoyed knitting and listening to music. Our observations during this inspection confirmed the person was supported to follow the lifestyle of their choice.

One person had been parted from their much loved cat upon moving into the home. However, the manager told us how they had recognised a photograph and the cat's name in an animal rehoming advert. As a result the manager and staff spoke with the person living in the home and made arrangements for the cat to be reunited with them by adopting it into the home. We saw that this person had been delighted with the reunion and also noted other people interacting happily with the cat during its time in the home.

Visitors were welcome without restrictions and, where possible, people had regular contact with family members or friends. If people did not have any family, we noted that they would be supported to access an independent advocate if they wished.

One visitor we spoke with told us how the manager had approached them after a new person had moved into the home but was very withdrawn and unresponsive. The manager identified that the person who lived in the home had previously followed a particular religion, which had been very important to them. The manager felt that this person may possibly benefit from a visitor of the same faith. The visitor told us they initially kept their visits brief and, to begin with, there was little to no acknowledgement of their presence from the person. However, after a few visits, during which they read passages from the bible to the person, the visitor told us that the person had suddenly looked up with recognition and smiled at them. Both the visitor and the manager told us that the transformation in the person was "Incredible!" We saw this person interacting happily with their visitor during our inspection and the person also smiled and acknowledged us.

We saw that people were treated with respect and that staff preserved people's dignity. For example, bedroom doors were knocked upon before staff entered. People were also discreetly prompted or assisted, when they required any support with their personal care needs.

People were encouraged and supported to be as independent as possible. For example, by being provided with assistive equipment for mobilising, such as a walking stick or a frame. We also saw that people were able to choose how and where they wished to spend their time and joined in any activities they wanted to.

Good

Is the service responsive?

Our findings

We saw that people had been fully involved in planning their care and received care and support that was individual to their needs. We heard staff engaging naturally in conversations with people, as well as checking whether any assistance was required. We also saw that when anybody did request assistance, staff were quick to respond.

One person's relative told us, "I've never seen anyone being kept waiting, they [staff] always seem to respond to people really quickly." This person also told us how they had been fully involved with their family member with regard to planning their care and completing information for the care records. This relative also added, "[Name] even designed her own room as she wanted it, with the furniture and everything."

A discussion with the manager and information in people's care records showed that each person completed an assessment, prior to their admission to the home, to help ensure their needs could be met. We saw that these pre-admission assessments were used to form the basis of people's care plans and risk assessments.

The contents of people's care plans were personalised and gave a full description of need, relevant for each person. For example, we saw that each person's care records included a person centred profile. The information held in these profiles was totally specific to each person as a unique individual. The information we saw included people's preferred morning routine, things that were important to or for the person, pastimes and activities. In addition we saw information that explained what made a good day for the person and what could result in a bad day. This information helped staff to support people in ways that were important to them and help them to have the best quality of life possible.

For example, one person's information showed that they liked to brush their teeth in the large bathroom as they could sit in their wheelchair and get close to the sink. We also noted that this person had expressed that they would like to go to bed between 9pm and 9.30pm and have their television on, with a small cup of coffee and a biscuit. It was recorded that this was important to the person because it was the routine they had when they lived in their own home. Records confirmed that this was happening.

People's care records also included 'care plan overviews' and risk assessments. We saw that these were reviewed and amended on a regular basis. We noted an occasion where one person had been receiving full time bed care, due to illness. However, we noted that this person's condition had improved and no longer needed to stay in bed all the time. We also noted changes in people's support requirements with regard to mobilising. For example, one person had previously been able to stand and transfer independently but now required the use of a stand aid to move from sitting to standing. (A stand aid helps promote mobility and enables people to participate more actively in their movements and transfers.)

We saw that people living in the home made decisions for themselves in respect of what they wanted to do and how or where they wished to spend their time. During this inspection we saw some people walking around the house and garden, whilst others sat in various communal areas within the home. Most of the

people we saw were smiling and interacting with each other or staff. One person told us they were very interested in the garden and liked to help keep it maintained as much as possible.

We saw that various activities, books and memorabilia were available throughout the home, for people to engage in if they wished. Throughout the inspection we observed people painting, knitting, reading, doing puzzles, listening to music, singing, engaging with relatives, visitors and staff. We also saw some people playing a game of skittles with staff in the garden.

People also had access to the local community. We noted how one person went to the local shop on a regular basis to collect their daily paper and people also frequented the local pub if they wished.

People who lived in the home also clearly enjoyed the mobile sweet shop that staff regularly took around the home. We saw how one person in particular took great pleasure in choosing various old fashioned sweets and having them weighed into small paper bags. They said with a smile, "Oh, I remember these [sweets]; I do like these little bags."

Our observations and discussions during this inspection confirmed that what we had read in people's care records was an accurate reflection of each person as an individual.

People told us that they could make a complaint if they needed to. One person said, "Oh I'd soon say if I wasn't happy about something but I've got no complaints thank you." One person's relative and a visitor both confirmed that they could raise any concerns at any time with the manager or staff and felt they would be listened to properly.

We saw that 'coffee, chat and support' sessions were held every two months in the home. We were told these gave people living in the home and visitors an opportunity to air their views about the service or just get together for coffee, cake and a chat. The manager told us these were usually well attended and enjoyed by all.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us that Martham Lodge was a very well run service. All the staff we spoke with said they thoroughly enjoyed their work and they were passionate about their responsibilities.

There was a registered manager in post, who fully understood their responsibilities and reported notifiable incidents to CQC as required.

We noted that people living in the home, their family and friends, visitors and staff were considered to be an important factor in the way the home ran. The manager said they constantly sought feedback from people regarding the quality of the service provided, by way of daily discussions, quality assurance surveys and the coffee, chat and support sessions. The manager also told us that any suggestions for improvements were listened to and action taken appropriately, with the involvement and inclusion of all the relevant people. People we spoke with also confirmed this to be the case.

We saw that the results of the quality assurance survey from 2015 were 100% positive. We noted that people had made additional comments such as, "It's a lovely home to go to." "Keep up the good work." And, "As people change, you meet those changes, thank you."

Communication between the manager and the whole staff team was noted to be frequent and effective, with regular staff meetings and daily discussions. The staff meetings covered aspects such as training, housekeeping and other service specific topics. In addition, staff held handover meetings at the end of each shift, during which each person's health and wellbeing was discussed in detail. Any concerns, issues or requirements were highlighted at this point, to ensure people had continuity of care.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. We also noted that the staff team as a whole regularly took note of people's comments, thoughts and feelings to help ensure they continually maintained a good quality of life.

The manager and designated staff also carried out regular audits covering areas such as health and safety, medicines, falls, accidents and incidents. These helped identify and reduce any negative trends by taking appropriate action where necessary.

We saw that the manager had an open door policy and was clearly visible within the home. The service also had clearly defined roles for staff, with a number of staff having specific responsibilities in certain areas. For example, one member of staff was a lead on medicines, medical issues and care plans and another was a lead in pressure care and infection control. Two staff shared the lead role in respect of nutrition; another was a dementia coach and a number of staff were designated as heads of shift and mentors for new staff.

We saw that the manager and staff had strong connections with the local community. For example, the manager told us how the home worked with local colleges to offer students work placements. Volunteers

were also invited to visit people who lived in the home, to help further enrich people's social contacts and experience.

When we asked the manager about the ethos and values of the home, they told us that overall it was about always being open, honest and accountable. We looked at a poster that stated the ethos and values. This stated that all staff aimed to treat everyone with dignity and respect, do the right thing for each individual and ensure the quality of care provided was always to the best of their ability. In addition, it stated that staff would work together as a team to achieve the best outcome for the people they were caring for. We noted from the staff handbook that staff were clearly reminded of some important points for providing a quality service for people. These included, 'Always use the person's preferred name when addressing them. Keep people informed of what you are doing at all times. Speak clearly and calmly. Always be polite and respectful.' And, "Smile, this is a happy home!"

Our observations throughout the duration of this inspection showed that staff consistently worked in accordance with these guidelines and values. This confirmed to us that the service was being well run and that people's needs were being met appropriately.