Wolfeton Manor Healthcare Limited

Wolfeton Manor

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Wolfeton Manor provides residential care for up to 31 older people. There were 27 people living in the home at the time of our visit, some of whom were living with dementia.

There was 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe. They were supported by staff with a good understanding of how to safeguard them and how to raise concerns either internally or externally if they suspected harm or abuse. There were enough staff to meet people's needs. A dependency tool was used monthly to ensure that staffing levels continued to match the needs of the people living there. People's individual risks were assessed and reviewed.

At the previous inspection we found people were not always protected from the risks of falling from a height likely to cause harm as not all windows in the home were restricted. At this inspection we saw that this had been resolved. At the previous inspection we found that some hot water taps did not have temperature regulators, which meant the hot water temperature was not always at a safe level for people. The Health and Safety Executive provides guidance on hot water temperatures in care homes and states hot water above 44 degrees can present a scalding risk to vulnerable people. Again, we saw that his had been resolved. These actions meant that risks to people had been reduced.

The home carried out monthly accident and near miss audits. This included a description of what had happened, the result of the investigation, and follow up action taken. This helped reduce the risk of things happening again.

People had their needs assessed to support their move to the home. This included their care needs and how they preferred to live their lives. People were supported by staff who had received an induction. This involved shadow shifts with more experienced staff and regular competency checks. People were supported to eat a balanced and healthy diet. They were given choice of what to eat and drink and could eat as much or as little as they wanted. Where people required extra support at meal times this was provided in line with guidance from health professionals.

People were supported to attend appointments to maintain their health and well-being. Where people's health needs changed there was timely contact with relevant health professionals. People were supported

by staff who understood the importance of offering choice and support in line with what they needed and wanted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people lacked capacity to make particular decisions they were supported by staff who were trained and worked in line with the principles of the Mental Capacity Act 2005.

Staff consistently demonstrated a kind and caring approach towards people. When people were feeling upset staff knew how to support them emotionally. People's privacy and dignity was supported at all times. They were given time and space to spend private and uninterrupted time with friends and relatives. People were encouraged to maintain their independence. One relative said that people at the home were "given space to be themselves."

There was a wide range of activities supported at the home. These supported people to maintain their interests and develop new skills. People were supported to maintain contact with family and friends. Relatives told us they could visit freely and were always made to feel welcome. Staff were aware of people's different communication needs and provided information in a format that was most beneficial for them. The home managed complaints in line with their policy. People and relatives expressed confidence that when issues were raised they were dealt with in a timely way and to their satisfaction.

There was a positive and open culture at the home where everybody's views were seen as important. Staff told us they enjoyed working there and felt supported by the management. Their good work was recognised and opportunities provided for personal development. Regular team meetings were held to share information and learning. Annual surveys were used to find out where people, staff and health professionals thought improvements could be made. The home had developed good working relationships with healthcare professionals. This had resulted in pro-active in-reach services from GPs and district nurses that helped to keep people well for longer and prevent unnecessary hospital admissions.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service has improved to Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Wolfeton Manor

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 comprehensive inspection took place on 5 and 6 July 2018. The first day was unannounced with the second day announced. The inspection team included a lead inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In planning the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we contacted the local authority safeguarding and quality improvement teams for their views on the home.

During the inspection we spoke with 17 people using the service, seven relatives, and four friends. We also spoke with the registered manager, regional manager, deputy manager and six staff.

We looked at three people's care plans. We also looked at records relating to the management of the home including staff rotas, medicine administration records, meeting minutes and the recruitment information for three staff. During the inspection we spoke to two health professionals - a district nurse and a GP. We also spoke to a visiting chaplain.

We pathway tracked three people. Pathway tracking is where we review records and make observations to see if people are supported in line with their assessed needs. We carried out general observations and also 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 with us.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. Two people told us, "I do feel safe here and have no concerns", and "Oh yes I do feel safe." Staff had received training in how to safeguard adults and children and demonstrated a good understanding of what signs and symptoms could indicate that people were experiencing harm or abuse. They knew what to do to raise concerns both internally and externally. One staff member said, "I would flag concerns with the registered manager, regional manager or, if they were not listening, I would go to CQC."

Risks were well managed and supported people to stay safe. The home had general risks assessments to help make the environment as safe as possible for the people and staff that worked there. They had also done individual risk assessments for people living there. These helped reduce the risk of falls, skin breakdown and malnutrition. One person told us, "Yes its very safe in here." A relative expressed, "[Relative] is very safe here." Windows around the home were now fitted with window restrictors which reduced the risk of people falling from a height. In addition, all hot water taps now had temperature regulators fitted which meant that the risk of people being scalded had been minimised. Staff were maintaining up to date records of hot water temperatures. People with increased risks with their food and drink intake were on safe swallow plans. These plans were available to the kitchen staff who were then able to minimise risks for people in line with recommendations from health professionals.

Equipment and the home environment were regularly checked to ensure they were in good working order and did not present a risk to the people living there and staff. One person confirmed that they had seen staff "checking fire appliances." Records confirmed that this had been done. Staff had received fire training and knew what to do in the event of a fire. People confirmed that there were weekly fire alarm tests. Each person, including people on short breaks, had up to date Personal Emergency Evacuation Plans (PEEPS) in place which guided staff on the most appropriate way to support them to get out of the home safely in the event of an emergency such as a fire or flooding.

At the time of the inspection we had extremely warm weather. We noticed that this had made the home environment uncomfortable and raised this with the management. Windows had been opened throughout the home to try and regulate the temperature (with blankets provided for those people who felt the cold). We saw people were frequently offered cold drinks and ice creams, additional mobile fans were ordered and three new air conditioners were being installed. We saw that some people chose to help staff put the mobile fans together when they arrived at the home and said they had enjoyed this. A chilled water machine meant people and staff could help themselves to drinks when they wanted. People who preferred to spend time in their rooms were supplied with jugs of water or juice. NHS advice on 'Staying cool in a heatwave' was available for people to read in a communal lounge.

The home had enough staff to meet people's needs and regularly reviewed this using a dependency tool. This was used to ensure that staffing levels matched people's needs and were amended if this changed. The home had introduced a fifth member of staff on the morning shifts to help meet people's increasing needs at that time of the day. One relative said, "Oh yes, they have time to chat. We have a laugh." Another relative

said, "The staff are brilliant and come very quickly." The home had a policy of not using agency staff and had not done so for eight years. When needed, the home had bank staff available to cover sickness and annual leave. This approach meant that people had continuity of care from staff who knew them well. The visiting chaplain said, "There are so many local staff which gives a sense of belonging."

The home had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support vulnerable people. Pre-employment and criminal records checks were undertaken. Records included photo identification, interview records and references which provided evidence of previous conduct. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said they felt safe because staff responded quickly when they rang their call bells for support. We observed this happening throughout the inspection. The home audited call bell response times to ensure people were supported in a timely way.

Medicines were signed in, stored and administered safely. This included medication that required additional security. People were supported by staff who had the skills, confidence and competence to carry out this task. Management conducted unannounced observations to help ensure staff remained competent in this task. The home had a four-week medication cycle that made it clear to staff when medicines needed ordering, collecting and auditing. People received their medicines on time and as prescribed. We saw that staff asked people if they wanted their medicines and then informed them what the medicines were and why they were being given. There was clear guidance for staff where people had been prescribed 'as and when required' medicines such as pain relief. One person said, "The staff are very quick if I ask them for pain killers." We saw evidence that staff sought advice when people continually declined their prescribed medicines or did not appear to benefit from taking them. There were risk assessments in place for people who had chosen, and were able, to manage their own medicines. We saw this was the case for a person who was given their medicines to take later when out on a community activity.

The home was visibly clean and had no malodours. There were systems in place to reduce the risk of cross contamination and maintain cleanliness. There were automatic hand sanitisers and a supply of personal protective equipment around the home. We saw that staff made appropriate use of these and understood their responsibilities in relation to infection control. Their competency in this area was reviewed each month by an infection control lead. There was an infection control policy and an infection prevention information leaflet had been produced for people and visitors to the home. The home was visibly clean and free from odours. One person said the home was "kept beautifully clean."

The home carried out monthly accident and near miss audits. This included a description of what had happened, the result of the investigation, and follow up action taken. For example, after a person had experienced a fall they had been referred to a nurse specialising in the condition that they lived with. On another occasion a person had become very anxious and had been referred to a community mental health nurse to see what support would help them settle. This auditing meant that the home could identify potential patterns to prevent more serious incidents occurring. Outcomes were shared with staff at team meetings and in the manager's briefings.

Good

Is the service effective?

Our findings

People had their needs assessed to support their move to the home. This included their care needs and how they preferred to live their lives. People were involved in their pre-assessments, care plans and reviews. We observed staff offering people choice throughout our inspection. This approach was also consistently evidenced in people's care records and from what people and staff told us. For example, people told us, "It's my choice about what time I get up and when I have a drink", I please myself when I get up" and, "I have taken part in the music sessions and will again when I feel like it."

People were supported by staff who had received an induction. This included a probationary period involving shadow shifts with more experienced staff and regular competency checks. One person said, "[Staff member] is a quick learner. [Staff member] is wonderful. I haven't had one who didn't know what they were doing." Other people said, "Most of them know what to do. Some have more experience than others", "It's hard to say if they get enough training but there is ongoing training in the background" and "They are skilled." The programme of training included safeguarding vulnerable adults and children, dementia awareness and nutrition. Courses were delivered face to face and online. A staff member said training had made them "more confident and aware of how best to support people." Another staff member said they had joined colleagues on a training session where they had role played having a sensory impairment. They said this had made them more aware of giving clear explanations to people about what was happening and when supporting them to make informed decisions for example at meal times. Staff had regular supervision and told us that were given the opportunity to discuss and reflect on anything including questions about practice and personal development. Records confirmed this.

People were supported to eat a balanced and healthy diet. Menus were up around the home so people had time to consider what they wanted and invite family if they wished. The food was well presented and people could have as much or as little as they wanted. People's comments included, ""The food here is excellent… every meal", "We get plenty to eat and drink, its good food here, I have never eaten so much in all my life!" and "We get nice food, I am looking forward to my lunch." The chef told us, "I always do enough so people can change their mind or if their guests ask to stay for lunch." Relatives told us that they sometimes stayed for meals. One relative said, "They do extremely well with the food."

The chef said, "There is good communication from the care staff so I know what people need." This staff member attended bi-monthly residents' meetings to discuss menu ideas and told us, "We are currently looking at the summer and winter menu. In this weather people might not want beef stew and dumplings!" People were provided with adapted cutlery, plates and cups if needed. This meant that they could be as independent as possible.

People were supported by staff who understood the importance of working effectively with health and social care professionals to meet people's needs. One person told us, "They would call the doctor if necessary and they have taken me to the dentist, a carer comes along as well." One relative said, "[Person] often has urine infections and the home contacts the GP quickly. They also keep us informed." Other relatives shared, "[Person] was poorly over the winter and staff were brilliant the way they engaged with the

surgery", "The staff here are brilliant. When [person] had [health issue] they got the district nurses out. I can't in any way fault them. I'd give them 10 out of 10" and, "[Relative] lost [their] sight temporarily recently and they rang me and the doctor and paramedics straight away."

Health professionals told us that information sharing and communication with the home's staff was good and that their recommendations were followed. One health professional said, "I can rely on them if problems develop with a person's health. I don't need to chase things as they instigate seeking help. If I give advice I know it will be followed through. I would put my parents in here." Another health professional echoed this when telling us, "I have absolute confidence in the staff. They look after people and know them very well. They are pro-active without being over reactive. If the time comes that my parents need to move to a home I would be happy for them to come here."

People were supported by staff who were keen to develop their knowledge to provide effective, person-centred care. At a staff handover it was noted that following contact with an occupational therapist a person now had a wheeled walking frame. This meant they could access the garden independently. Another person provided us with an example of effective working between staff and a health professional when telling us, "My voice has deteriorated rapidly and they are doing a daily programme to help me with an occupational therapist coming every day for 10 mins. The occupational therapist guides the staff who then will help me with it. It's really positive and makes me feel positive." On the staff noticeboard we saw that staff had signed up for an information session with a community mental health nurse. One person told us, "I just tell the staff if I need health professional support." Another person said, "They look after me. They support me to get to health appointments."

People's room were personalised with their own furniture and personal possessions that demonstrated their uniqueness, interests and achievements. Corridors and communal areas contained people's art work and other objects from activities they had undertaken at the home. We saw that people were consulted about the decoration of the home with one residents meeting noting, 'The carpet on the top floor has been quoted and the choice of carpets has gone to the residents who live on that floor.' Some damaged windows in the lounge facing the garden had been replaced after a request at a residents meeting. People said they could enjoy looking out onto the garden over the summer. One person expressed, "This is a well-presented home."

There were areas where people could enjoy the company of other people and places for quiet reflection such as in the home's gardens. One person said, "The gardens are magnificent here." We observed people enjoying sitting out under gazebos and going for walks around the grounds with staff or their relatives. Some relatives told us that the garden was a "big plus for [their family member] as they had had a big garden [in their previous home]." People keen on gardening told us that they drew upon the expertise of the home's gardener when deciding what flowers to have outside their windows. People said their ideas had been included in the garden. This included the introduction of hanging baskets and taller flowers in the border opposite one of the lounges so they could be seen by people sitting there.

"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 told us, and we observed, that staff consistently asked for their consent before looking to support them. Two people said, "They always ask my permission" and, "They always ask [for my] consent." People

were supported by staff who understood the principles of the MCA and what it meant for people. A staff member told us, "I wouldn't do anything without the person agreeing. If they couldn't give their consent I would be thinking 'what is in their best interests?'"

We saw that where people had been assessed as lacking capacity to make more complex or one-off decisions, for example the need for dental work, their plans noted when there was somebody with the legal to make these types of decisions on their behalf through deputyship or power of attorney. Where there was nobody with legal authority to make decisions on the person's behalf the staff still made sure to involve people known as important to the person lacking capacity.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. For the two people that required DoLS we saw that it had been applied for.

Good

Is the service caring?

Our findings

People were supported by staff who were kind, respectful and had taken the time to get to know them well. One person said, "The staff here are kind, caring and compassionate." Other people told us, "[The staff] are always bright, nice people day or night" and, "At Christmas we all get an appropriate present that I noticed was especially chosen. They know what's important to me." When people were feeling upset staff knew how to support them emotionally. For example, when one person was sad about their pet passing away a staff member had brought theirs in which made the person feel better. When a person was feeling low after the passing of a relative the registered manager had offered to take them to lay flowers on the grave and had liaised closely with the person's family.

The home's view was that it was the people's home and any disturbances should be kept to a minimum. One example of this was reflected in a sign on a storeroom door which stated, 'Staff area, noises should not be allowed into the corridors or residents' areas.' Two relatives said, "I love [the home]. We are so pleased [relative moved here]. [Relative] has been very well looked after. I see good care. I've seen nothing that suits us better. [Relative] is happy and comfortable" and "In a week [relative's] mood has really picked up." A card from a relative stated, 'Knowing that [relative] is with such kind and caring staff makes a big difference.' Another card said, 'Thank you for being a very caring home. I do recommend you to any[one] who asks.'

People told us they were encouraged to live their lives how they wanted to. This included support to have intimate relationships when they wanted them. People confirmed this during the inspection. The registered manager said that if a person came to stay that was in a relationship, or decided to start one while there, they would support them and, if required, request a mental capacity assessment to determine what support they may require to maintain the relationship and stay safe. One person's care plan advised staff that '[Person] likes to spend time with [person], holding hands and chatting together. Ensure that they are able to sit with each other when requested.'

People were encouraged to personalise their rooms. One person said, "I brought a lot of my stuff here when I moved in. I've got a lovely apartment and a lovely garden." Some people had their own patio areas and had been supported to put up bird feeders so they could enjoy the wildlife from their window. People were consulted with about the care and support they received. One person's friend said, "They constantly ask [friend] how [friend] would like things."

People's privacy and dignity was supported at all times. We saw staff knocking on people's doors and asking permission before entering their rooms. People were given time and space to spend private and uninterrupted time with their family and friends.

People were supported to maintain contact with family and friends. We observed people enjoying visits from people important to them. Relatives and friends told us that they were always made to feel welcome and could visit anytime if it fitted in with the wishes of the people living there. One person said, "It's amazing the amount of visitors we have here." A relative told us, "I don't feel like a number in here and I don't feel my [relative] is. [My relative] is being treated as a person. All the staff know my [relative] as an individual."

People were supported to maintain their independence. People told us, "I shave every morning at 7.30am because that's what I choose to do", "I like to do as much as I can do", "I have most meals in the dining room but choose to have my supper in my room so I can watch TV", "They support anything I want to do" and, "I have noticed that the staff work hard to enable people to do things for themselves." A relative expressed, "People are given space to be themselves."

People's personal information was kept confidential. Care plans were held securely in locked cabinets and information held on staff members' electronic devices was password protected. Staff had received training on the new General Data Protection Regulation (GDPR) and were reminded about what it means for people living at the home within the manager's briefing. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. This meant that people at the home would have more say over the information that the home held about them.

Good

Is the service responsive?

Our findings

People had pre-assessments which had supported their move to the home. These included people's needs, preferences, social background and their abilities. One person said, "They support my choices. They know my likes and dislikes." This person's relative told us, "They support [relative] the way [relative] wants and they include me." Staff had a good knowledge of the people there. One person's friend told us, "There is a genuine difference in [friend] since [friend] has been here. It may be difficult to find a place as good as this." People were involved in their care plans and reviews. A relative who had brought their family member for another short break told us that when they realised it would be spent at Wolfeton Manor the family member had expressed, "Oh I love it here."

There was a wide range of activities supported at the home. These supported people to maintain their interests and develop new skills. Activities included painting, a boat trip and drumming workshops. One person said, "They have art this afternoon, it's good to do water colours if you haven't done it before." Another person said, "I can do the activities I choose to do." People could decide if they wanted to join in or not. One relative said, "They always offer even though [relative] usually declines." Another relative said that their family member had enjoyed a drumming session in their bedroom. One person explained how much they had enjoyed watching satellite TV in another home and how, when they moved to Wolfeton Manor, the staff arranged for it to be installed promptly so they could continue watching it. The home had hatched ducks from eggs since the last inspection and had built a house and pond for them. People had named this 'Duckingham Palace.' People spoke fondly of this addition to the home and said how much they had enjoyed a recent visit from a local pre-school keen to meet the ducks. One person said their visit "made my day." People and staff had also sold their handmade cards at a local fete which helped raise money for the church and village hall.

This sense of community was supported by a regular monthly newsletter. This included previous and upcoming activities, a person's poem, and people's and staff member's birthdays.

Staff used electronic devices to access and update information on people's care plans. We saw staff doing this immediately after providing people with support or following phone calls with health professionals. The home met with people and relatives to talk to them about the electronic care recording system so that they would understand what staff were doing and the benefits it could bring. People's electronic care plans were detailed and personalised. For example, one person we spoke with told us about their interests and background. This information was recorded in their plan and was known by staff that we spoke with.

The home had a complaints process that people and relatives told us they were aware of and had confidence in. The complaints log showed that issues were resolved in good time with people satisfied with the outcome. One person said, "You won't find any problems here." Another person said, "The management look into things for you. They are open and receptive. I am confident if I had a complaint it would be sorted." We saw that one person who had mentioned to staff that they felt cold was immediately given a blanket. This person looked very content with how the staff had responded. Relatives expressed, "I'd give the home 10/10. If I was in the same situation I'd move here", "I would know who to go to if I had a complaint. I feel

they would be receptive" and, "We would complain to the manager if we needed to but have never had to." There was evidence of people putting forward ideas and suggestions at residents' meetings and these being followed up to people's satisfaction.

The home logged and shared compliments with staff so they knew what people and their relatives felt about the care. Comments included: '[Relative] was pretty down and lonely a month ago but now she is very settled and extremely happy', 'There are too many excellent staff to single out' and, 'You did [relative] proud. [Relative] would have been looking down on us and nodding [their] approval at the [wake] you put on for us…the house has been a part of our lives for the last [number] years.'

The home met the requirements of the Accessible Information Standard (AIS). This is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. This documented the person's preferred methods of communication and guided staff on the best ways to communicate with them. For example, we saw staff advising a person what was on the day's menu so they could decide what they wanted. With consent the staff read this person's letters from family to them so they could stay connected. Staff had supported a person to have the instructions to the lift placed on a red background to make it easier to read, and the registered manager told us she would send out electronic copies of the home's newsletter to anybody who preferred it in that format. One person's plan reminded staff that a person 'requires time to express [themselves] as has [particular health condition].'

Staff had been trained to support people with end of life care needs. The home had achieved accreditation from a national framework for end of life care. This was valid until March 2019. If a person had an illness that was not curable staff made that person as comfortable as possible, by managing their pain and other symptoms. End of life care also involved psychological, social and spiritual support for people and their relatives. A local pastor told us they worked closely with the staff on these occasions to help provide timely and sensitive support to people and those important to them. One relative told us, "[The deputy manager] went through the end of life care [support] with me and it's a huge plus that they can accommodate that if it's needed." Staff told us that they showed respect for people that had been part of the home and were supportive to the person's family.

People were not forgotten after they had passed away. Their photos and short life history were included in folders going back to 2010 in an area of the lounge referred to as 'butterflies.' People said this gave them the opportunity to remember people. It also gave them comfort that they would not be forgotten.

Good

Is the service well-led?

Our findings

The home had an open, friendly and homely feel. It was rated as a Best Care Home finalist in a 2017 annual award from a well-known county newspaper. People's comments included: "I think it is particularly happy and relaxed here", "There are definitely happy staff here, they choose very good staff!" and, There is a very nice atmosphere here." One staff member said, "This is one of the best homes I've worked in." A relative had expressed in a card, 'Everyone is always smiling. They must catch their outlook from the boss.' We saw that the registered manager had a visible presence around the home and an easy rapport with people who lived there. We heard one person saying to them, "It's lovely to see you. Come back soon."

The home had clear lines of responsibility. The management demonstrated a good understanding of when they were required to notify CQC of particular events or incidents, for example a police incident or allegation of abuse. Two relatives said, "The manager runs [the home] well" and, "The manager is brilliant…very interactive…and the [staff] are very, very good."

A staff member said that colleagues were receptive and that communication at team meetings, manager's briefings, and shift handovers "support us." Another staff member said, "I feel very supported by management. I feel I can talk to them about anything." A person's friend said they felt "the management are very approachable." Other relatives also commented on how approachable the manager was. On occasions when the registered manager felt that staff needed to be reminded of their responsibilities, for example the use of personal mobile phones on shift, meetings had been held promptly so that issues could be resolved and not impact on the quality of care and attention that people expected to receive.

Staff told us that the management recognised when they had worked well with one stating, "They tell me if I do a good job. I feel valued here." Staff records also showed this. Two we looked at noted, '[Staff member] is a truly fantastic member of staff and puts a lot of effort and consideration into [their] job role' and, '[Staff member] has worked very hard over the last year particularly to complete [their qualification].'

People told us they attended regular resident meetings and could raise issues freely. Relatives could also attend these meetings. Notes from a recent residents meeting noted they had been asked about portion sizes, had met with the home's shareholders to express their views, and a word search had been added to the home's newsletter after a request from a person living at the home. One person said, "They absolutely listen to us and get things resolved." Another person said, "[The newsletter] tells us everything about what's happening." The newsletter also gave information on the home's recent purchases so people could check on progress of things they had previously raised. The management had recognised the skills of one of the staff who had been asked to take photographs included in the home's brochure, newsletter, website and social media page. This work was not missed by the management who fedback in a supervision, 'we appreciate all the time and effort you put in…thank you for all your hard work.'

People, relatives and staff had the opportunity to feedback through annual surveys. The peoples' survey had asked questions about staff friendliness, meals and social activities. Feedback on these was that they were either excellent or good. One person had stated, 'I am mainly a [short break] client and really enjoy my stays.

The staff and residents are now my friends.' Auditing of the feedback had led to follow up actions. For example, comments about the central heating and puddings had resulted in an engineer coming out to fix the heaters and the purchase of low fat desserts for people looking to eat more healthily. In the staff survey one member of the team noted, 'If I'm struggling with something or under pressure the management have always helped including the regional manager.'

The home carried out a range of audits to help maintain the quality of the service. This included audits following spot checks of care practice (these were unannounced and done during day and night shifts), infection control and support with people's privacy and dignity. These had identified when staff required more training and when people had needed a review of their needs. The registered manager had a level five diploma in health and social care and kept their skills and knowledge up to date by attending conferences and learning hubs where they had opportunity to network with other managers. They said this allowed them to share ideas and gather new information. The registered manager used their staff briefing to remind staff of the principles that demonstrate good practice. In one example we saw staff were asked to consider what dignity in care looked like. They were then asked to think about how the principles affected the people they supported at the home. Staff were also encouraged to submit requests to work towards qualifications that could support their practice and further their careers.