

Thornton Lodge Care Limited

Thornton Lodge Residential Care Home

Inspection report

43-47 Thornton Road
Morecambe
Lancashire
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Tel: 01524410430

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09 January 2018

19 January 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Thornton Lodge Residential Care Home supports people with mental health needs. It is registered to provide care and accommodation for up to 36 people. The home has an accessible garden area, a range of communal rooms and a dining area. Bedrooms are available over two floors which are accessible via stairs or a lift. At the time of the inspection visit there were 35 people residing at the home.

At the last inspection, the service was rated as Good. At this inspection visit carried out in January 2018 we found the service remained Good. We found the registered provider continued to provide a very good standard of care to people who lived at the home.

Relatives and professionals we spoke with told us the service provided exceptional care. They told us people's health needs were met and people experienced positive health outcomes. We saw evidence of holistic care being delivered. Holistic care promotes people's physical and mental health. A registered mental health nurse was employed at the home to ensure good practice guidelines were implemented and suitable standards of care were sustained.

The registered provider had introduced health initiatives at the home to support people to have healthier lives. This included projects around diet and nutrition. People told us this had made a difference to their quality of life.

Since the last inspection, the registered provider had commenced a refurbishment programme at the home to make the home more inviting for people who lived there. This had including working with people who lived at the home to re-design the garden space to make it welcoming and interesting for people to use. We spoke with the gardener employed to make the changes. They told us the garden had made a difference to the quality of life of people who lived at the home.

We saw evidence of multi-agency working to promote effective care. Professionals praised the skills and knowledge of staff who worked at the home. They told us the home was good at meeting the needs of people with complex needs. Staff told us they were very well supported in their job and were encouraged to progress with self-development.

People, relatives and professionals spoke highly about the positive characteristics of staff. They told us that staff who worked at the home were kind and caring. We observed people being offered emotional support in a sensitive and timely manner. Privacy and dignity was routinely considered by staff. Visitors told us they were welcomed at the home at all times.

We received consistent positive feedback about the quality of food provided at the home. People were offered choices to meet their preferences and dietary needs. Drinks and snacks were accessible at all times.

People we spoke with told us they felt safe living at the home. Professionals told us staff had the appropriate

skills to keep people safe. Systems were in place to safeguard people from abuse. Risks were assessed and safety of people was monitored by staff on an ongoing basis.

We reviewed accidents and incidents that had occurred at the home. We saw the registered provider was proactive and transparent when things went wrong and reflected upon the incidents so improvements could be made and lessons could be learned.

People who lived at the home, relatives and professionals praised the staffing levels at the home. They told us there were enough staff on duty to meet individual needs. Staffing levels allowed people who lived at the home to feel safe and pursue activities of their choosing.

There was an emphasis upon encouraging people who lived at the home to have active lives. Friendships and relationships were developed and nurtured both within the home and in the community. In 2017, the service had won awards for their efforts in a Community Initiative.

People were happy with processes for managing their medicines. We reviewed medicines administration and documentation and found this to be safe.

The home was clean, tidy and maintained. People who lived at the home told us they were happy with the standard of cleanliness. We saw the housekeeper had good oversight of all infection, prevention and control processes at the home.

Staff retention was good. Staff had a good understanding of people's needs. This allowed person centred care to be provided to people.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Consent to care and treatment was routinely sought.

The service had a complaints procedure which was made available to people and their relatives. The people we spoke with told us they were happy with the service and had no complaints. People were encouraged to discuss and raise any concerns through the resident's meetings or on an individual basis.

People who lived at the home, relatives and staff told us the service was well led. Staff were aware of their roles and responsibilities and were supported by a proactive management team.

Staff told us Thornton Lodge Residential Care Home was a good place to work. They told us communication was good and described the managers as caring and approachable.

Staff had a clear vision and demonstrated commitment towards delivering high quality care. Staff spoke proudly of the services achievements and the morale within the home. People who lived at the home were encouraged to have a say in how the home was managed.

The management team had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. We saw audits were routinely carried out and action was taken when concerns were identified. The registered manager was proactive in ensuring continuous development at the home. This was achieved through multi-agency working, self-development and referring to good practice guidelines which were embedded into practice.

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?

Good ●

The service remains Good.

Is the service effective?

Outstanding ☆

The service remains Outstanding.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Thornton 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.

Thornton Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing care as single under one contractual agreement. CQC regulates both the premises and care provided. We looked at both during this inspection.

Thornton Lodge Residential Care Home supports people with mental health needs. It is registered to provide care and accommodation for up to 36 people. The four storey home has a number of lounges, a dining room and a secure private garden for people to enjoy. The home is situated close to shops, buses, the beach and the local facilities of Morecambe.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. We spoke with the Local Authority contracts teams, the Clinical Commissioning Groups responsible for commissioning care and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

We reviewed information held upon our database in regards to the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We looked at 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. We used this information to help us plan our

inspection visit.

This inspection visit took place on 08, 09 and 19 January 2018. The first day of the inspection visit was unannounced.

On the first day of the inspection visit, the inspection team consisted of an adult social care inspector, a specialist advisor with knowledge of mental health nursing 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.

Throughout the inspection process we gathered information from a number of sources. We spoke with thirteen people who lived at the home and four relatives to seek their views on how the service was managed.

We also spoke with the registered manager, the care manager, the registered mental health nurse, the administrator, five members of staff responsible for providing direct care, the cook and the senior housekeeper. In addition we also spoke with a massage therapist and a gardener who were commissioned to provide a service to people who lived at the home on a weekly basis. We also spoke with eight health and social care professionals and a professional advocate to gain feedback on their experience of the service.

As part of the inspection process we observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us. In addition we carried out a visual check of the building to ensure it was clean, hygienic and a safe place for people to live.

To gather information, we looked at a variety of records. This included care plan files related to seven people who lived at the home. We also looked at other information which was relative to the service. This included health and safety certification, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance schedules.

We viewed recruitment files relating to four staff members and other documentation which was relevant to recruitment including Disclosure and Barring Service (DBS) certificates.

We looked around the home in both communal and private areas to assess the environment and check the suitability of the premises.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. Feedback included, "I feel safe, very safe" And, "I feel safe and reassured living here." Relatives also agreed people were safe at the home. One relative said, "[Family member] is safe, looked after and happy."

We found procedures were in place to minimise the potential risk of abuse, unsafe care and harassment. Since the last inspection visit the registered provider had identified a safeguarding champion who had started to develop and maintain new safeguarding processes at the home which reflected good practice guidelines. Staff had received safeguarding training and were able to describe how they protected people from potential abuse or poor practice. One staff member said, "I would speak with the person to establish facts, then I would certainly report any concerns to a manager or report it direct to the safeguarding team. I wouldn't be afraid to use the whistle-blowing policy if I had to."

We found suitable checks were in place to ensure staff employed were of suitable character to work with people who lived at the home. The care manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to support individual's needs. Staff praised the staffing levels and told us this allowed people's needs to be met in a timely manner. During the inspection visit we saw staff were suitably deployed to ensure people were safe and had their preferences met. People had their needs attended to in a timely manner. One staff member said, "We have an alarm system where staff can call for help. I feel reassured knowing another staff will be on hand in seconds."

Risk assessments were in place to address and manage risk. Risk assessments viewed were person centred and individualised for each person who lived at the home. The manager told us they balanced people's choices with risk so people were able to take positive risk. We observed staff practice and saw that staff routinely monitored risk within the environment. This was done in a subtle and discreet manner. Professionals we spoke with commended how risk was managed and addressed by the registered provider. This showed the registered provider had systems to make sure people's safety was monitored and managed.

We looked at how the service managed people's medicines. We found the service had suitable systems for ordering, receiving, storing and disposing of medicines. Professionals spoken with said they were consulted with on a regular basis about people's medicines and the possible effects upon people's well-being. We saw the registered provider reviewed policy and referred to good practice guidelines, 'NICE, Managing Medicines in Care Homes' when developing their policy.

We looked at how accidents and incidents were being managed at the home. Documents we looked at were detailed and had information related to lessons learnt. For example, on one occasion a review of the environment was carried out following a breach of security at the home.

We looked around the home and found it was clean, tidy and maintained. People who lived at the home told us they were happy with the standard of cleanliness. One person said, "It's lovely and clean here,

everywhere you go is nice. If something needs doing, you don't usually have to wait long." The senior housekeeper carried out regular cleaning audits of the premises to ensure the environment was appropriately cleaned. We spoke with the management team about infection control processes at the home and the importance of having adequate hand hygiene facilities throughout the home. The administrator said they were hoping to review infection prevention control processes at the home. Following the inspection visit we received confirmation from the registered manager they had identified an infection prevention and control champion to start reviewing processes at the home.

Is the service effective?

Our findings

The service remained outstanding in this key question. This was because they had maintained the high standards and continued to strive to ensure outcomes for people who lived at the home are consistently better than expected when compared with other similar services.

Professionals described the service as outstanding saying it was the best in the area for managing people with complex mental health conditions. They told us staff worked effectively to develop positive outcomes for people who lived at the home.

All health and social care professionals we spoke with commended the service provided. They told us the service worked effectively both within and across organisations to deliver effective care, support and treatment.

Prior to a person receiving a service rigorous pre-assessment checks took place with members of the senior management team. In addition, people were invited to visit the home before accepting a service from Thornton Lodge Residential Care Home Limited. The registered provider said this was important as it helped people get a feel for the home and reduced any anxieties people may have.

Relatives told us people who lived at the home received effective care and experienced positive outcomes whilst living at the home. One relative said, "My [family member] used to be challenging. They are so much better now physically and mentally. Compared to where they were before they are much more stable." Another relative said, "Thornton Lodge is a hidden gem and a quality example of how good mental health care can be achieved."

People who lived at the home told us there was a strong emphasis on encouraging people to develop healthy lifestyles. One person who lived at the home said, "[Staff member] set out a healthy eating plan for me. I have lost three stone in weight. I am fitter, sleeping better and my breathing has improved. I have got the girls [staff] to thank for that."

Since the last inspection visit the registered provider had identified a staff member to be a nutrition and hydration champion. They had worked with people who lived at the home to develop healthy meal alternatives for people who wanted to adopt a healthier lifestyle. The staff member told us they had introduced salads at the home and had encouraged people to grow their own vegetables and herbs. The staff member said, "People are encouraged to grow them and bring them to their plates." This showed us the registered provider was creative at encouraging healthy eating.

Menus were flexible and accommodated for people with specific health conditions. One person told us they had a specific health condition which meant they were sometimes unable to eat certain foods. They told us the registered provider would offer alternative meals to ensure their condition was not affected. We saw evidence of good practice guidelines being referred to when dietary needs had to be considered and planned for.

People who lived at the home praised the food on offer and the quality of the food provided. Feedback included, "The food is excellent there is variety, we get it all, it's freshly cooked I see it brought in each morning. I wouldn't worry about asking for something different if I didn't want what was on the menu." And, "I tell you what the meals are beautiful here, there are two or three choices and you can change your mind." We saw flasks of hot water, tea, coffee, cold drinks and snacks were left in communal living areas for people to help themselves to. People told us meals could be flexible and they could eat when they wished. We observed people going for breakfast late morning having chosen to have a lie in.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Needs and choices were assessed in line with good practice guidance. For example, we saw the registered provider had considered NICE guidelines when supporting a person who had experienced a specific mental illness. People told us they could speak to staff to review and discuss their care and treatment whenever they felt the need to. The registered provider employed a qualified registered mental health nurse to work with other staff members to ensure care needs were appropriately identified and treatment and support was delivered in line with good practice guidelines.

Care records seen confirmed visits to and from healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

There was an emphasis on providing holistic support to people who lived at the home. Holistic support addresses how the mind and body works to improve physical and mental health. The registered provider employed a qualified massage therapist to attend the home on a weekly basis. They offered massages and treatments to people as a means to reduce stress, anxiety and associated aches and pains. In addition, a gardener was employed to support people to be active and carry out activity and exercise outdoors. Exercise is known to be an effective way of promoting good health both physically and mentally.

From records viewed we saw consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The staff working in this service made sure people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice. We saw evidence of cross agency working to ensure restrictions on people's lives were regularly reviewed to ensure they were appropriate, the least restrictive and necessary.

Relatives told us they considered staff working at Thornton Lodge Residential Care Home to be exceptionally well trained and said staff had a good understanding of people who lived at the home. One relative said, "I have faith and confidence in the staff to do their job." We observed staff engaging with

people and noted they were confident when providing care to people.

Professionals repeatedly told us staff were highly trained and knowledgeable. We saw written feedback from a professional who was employed at the hospital. They had written to the home to compliment them on the skills of a staff member and said they had been exceptional in the way they had presented themselves when supporting an individual who was experiencing ill health. They said in their experience of working with paid carers this was unique and was to be rewarded.

Staff praised the training and support provided. They told us they were able to reflect on their own needs and request any additional training they required. They praised the registered manager and said they would always promote self-development of staff. One staff member said, "[Registered Manager] is more than willing to fund any developments to allow us to progress and move on." Staff told us they received regular supervisions and appraisals. They said they were openly encouraged to reflect on their personal development and were motivated to learn. One staff member said, "The training here is brilliant."

We reviewed the design and adaptation of the home. The care manager told us people were encouraged to personalise their own private spaces. Bedrooms were individually decorated according to people's tastes. The home was currently undergoing a period of refurbishment. We saw evidence of people being involved on choosing the decoration of rooms throughout the building. This showed us people were consulted with and included. Within the home there was a telephone box and a post box. The registered manager said these could be accessed by people at all times and were of benefit to people who had restrictions placed upon their independence. The garden area of the home had been redeveloped since the last inspection visit. People had been encouraged to work with the gardener to develop the outside space. The gardener told us there had been an emphasis on developing an area of the home that created a space to improve well-being and reduce people's anxieties. They told us, "The garden has made such a difference to people's lives."

Is the service caring?

Our findings

People who lived at the home and relatives told us they were happy with the support they received from staff at Thornton Lodge Residential Care Home. Feedback included, "I feel that staff are my friends, they would do anything for me." Also, "Staff are very supportive of [family member]." And "The staff are always very welcoming, they love my [family member] and look after him very well, they are all marvellous."

During the inspection visit we observed positive interactions between people who lived at the home and staff. We observed staff routinely enquiring about people's welfare and spending time to chat with people.

People told us they were consulted with and listened to. Feedback included, "Staff are very helpful. Some people don't speak a lot but they (the staff) try to listen to them." And, "I can tell staff things. They are good at listening." During the inspection visit we observed people visiting the office to speak to managers. This was often for reassurance and clarity about their own well-being. We saw people were welcomed at all times and noted people looked comfortable in the presence of managers.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual whilst promoting dignity and respect. Staff told us core positive values were promoted throughout the home and discussed within team meetings, supervisions and appraisals. One staff member said posters were on display around the home to remind them of the organisations values. In addition, the registered provider had a policy to promote equality and diversity.

People told us staff were caring. One person who lived at the home told us they had been admitted to a hospital which was not near the home. They said they had become anxious and the hospital had contacted the home to see if staff would visit. Staff responded straight away and travelled to visit them at the hospital. The person said, "I panicked a bit. Staff came to see me. It was nice to see them. It reassured me and put my mind at rest." This showed us staff were compassionate and cared about people who lived at the home.

People told us the registered provider often went above and beyond what was expected of them. One person said, "The staff are very good they arranged for me to go to my relative's funeral, all the way to [place of funeral] in a car there and back with a staff member, I got to see all the family. They went above and beyond. I have never come across people who would put themselves out like that." Another person who lived at the home told us they had followed their local football club for fifty seven years. They said they started to attend matches with their family member when they were five years of age and had continued this into their adult life. They said the registered manager provided them with a season ticket so they could continue attending to watch the matches. The registered manager confirmed they provided this at no extra cost to the person. In addition, they gave them extra monies so they could buy refreshments at the game. This showed us the registered provider understood the importance of valuing peoples' history and life experiences.

Professionals we spoke with spoke highly of the caring nature of staff who worked at the home and the

registered manager. They described them as passionate about making a difference to people's lives and said they were compassionate about people who lived at the home. One professional praised the way in which staff had persevered to work with one person to understand the importance of taking their medicines. They said staff had worked hard to reduce tension and conflicts and as a consequence the person was now taking their medicines which had contributed to improved health for the person.

Staff respected people's dignity and privacy. One person said, "I think people treat me with respect. It's great here." We saw staff knocking on people's doors and waiting before entering. Relatives told us when people requested privacy this was respected. The home had a designated room for people to have privacy with visitors if they wanted space to be alone. People and relatives told us visitors were welcomed at any time.

People were well presented and staff sought to maintain people's dignity throughout the day. One staff member told us the registered provider had paid for people who lived at the home to go to a Christmas party. The staff member said they spent time styling people's hair. They said, "It is important we make people feel good about themselves." This showed us staff demonstrated a real empathy for people who lived at the home.

People were encouraged to share their opinion through residents meetings. The manager told us keyworkers met weekly with the people they were keyworkers for. This allowed them to spend time with the person to ensure they were happy with the service and to discuss any required changes to their care and support or the way the service was managed. Feedback included, "I have a keyworker, and we talk regularly." And, "I confide in [staff name] my key worker "I feel if I wanted I can make suggestions and am listened to."

We spoke with the care manager about access to advocacy services should people require their guidance and support. The service had written information details for people and their families if this was required. We spoke with an advocate who worked with people who lived at the home. They told us advocates were identified and encouraged for people who lacked capacity when necessary. Advocates were consulted with when choices had to be made and the person themselves did not have capacity to make their own decisions about their care and support. Advocates are independent people who provide support for those who may require some assistance to express their views.

Is the service responsive?

Our findings

People who lived at the home spoke highly of activities on offer. Feedback included, "The singer is great and I won at bingo". Also, "I like to spend most of my day with the others there is a lot going on." In addition, "We get the papers every day there's always lots going on "

We spoke with the staff member who was responsible for organising activities. They told us some activities were planned others just naturally occurred during the day. Activities would be discussed with people and planned on a daily basis. Activities included external entertainers, massage therapists, trips to the cinema, trips to the theatre and games within the home. For people who did not wish to partake in activities, Sky TV with additional sports channels was available at the home.

On the first day of the inspection Morecambe Football Club players were visiting the home as part of their community initiative. We observed the visitors socialising with people and playing games. The registered manager said people were encouraged and supported to follow their own preferred hobbies and interests. They said the staff team supported one person to go to the pub on a weekly basis.

The registered manager confirmed the service had started to attend an activities forum. The forum was organised so staff from other homes could meet to share ideas and good practice so activities within homes could be developed. We spoke to a social care professional responsible for organising the events. They told us a staff member from the home attended alongside a person who lived at the home to participate in the event. No other providers had considered supporting a person who lived at the home to attend. This showed us the registered provider included people who lived at the home in service improvements.

We spoke with the gardener. They told us they visited the home on a regular basis to support people to carryout activities in the garden. In the past year people who lived at the home had worked with the gardener to develop floral baskets for a community initiative. The gardener said as a result the home won five independent awards for their work. They told us it was very emotional when they won and said the garden area had made such a difference to the home as it had encouraged people to engage and be involved. The registered provider organised an awards ceremony for people who lived at the home to celebrate their success.

We asked staff and the management team about supporting people with outside events or activities. They informed us staff regularly supported people to maintain contact with friends and outside activities that maintained people's independence. This included coordinating visits to the providers other homes were friendships had been encouraged and developed. During the inspection visits we saw people taking advantage of the homes vehicles and going for trips out. People said they had the opportunity to go out on a regular basis. The minibus was fully accessible for people with restricted mobility.

The registered provider also had pets at the home including rabbits, hamsters and birds. People who lived at the home were encouraged to be involved in looking after the pets. One staff told us they thought looking after pets gave people a sense of achievement. This showed us that staff were empathetic and understood

the need of people having positive relationships within their lives.

People who lived at the home told us they received personalised support which met their needs and wishes. Feedback included, "If I want a lie in that's alright and they will bring me a cup of tea" And, "I come up to my room around 10 the staff bring us tea whilst we watch a bit of telly sat on the settee" Professionals also commended the way in which person centred care was delivered and how this enabled people to have positive outcomes at the home.

We looked at care records related to seven people who lived at the home. We found care records were clear and detailed the support required for each person. Care records were reviewed on a monthly basis or sooner if a person's needs changed.

We observed interactions between staff and people who lived at the home. Staff displayed a good understanding of each person's needs. For example, one person had a sensory loss. Their care plan stated the person must have a call bell at their side at all times. We observed staff ensuring this was in place before staff left the person unsupervised. The staff member gave the person reassurance the call bell was in position before they left the person.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw the registered provider had some documents in an easy read version for people who may sometimes lack understanding. In addition, one person with a sensory impairment received a weekly newsletter in audio so they could listen to the news. Processes were in place to ensure other people had access to information on an as and when basis. For example, one person preferred their family member to visit the home and read their correspondence to them.

We spoke with the management team about provision of end of life care for people who lived at the home. The manager said whilst this was a difficult subject to discuss with people, they did try to have conversations with people about this. The registered manager said sixteen people who lived at the home had funeral plans. We reviewed one person's plan and found this was person centred. It detailed where the person wished to be buried and the clothes they wished to be buried in. The care manager told us they would liaise with other health agencies that were directly involved in the situation to provide appropriate support and end of life care such as the doctors and district nursing team. The care manager said they were going to liaise with the local hospice to improve upon end of life provisions at the home. They hoped this would support staff to have difficult but necessary conversations with people. This showed the agency guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.

We spoke with people who lived at the home and their relatives about the complaints procedure at the home. People told us they had no need to complain but felt confident they would be treated seriously if they raised any complaints. We saw one family member had fed back to the management team they were happy with the complaints process and praised the way identified concerns were always actioned in an objective manner. We noted posters were on display around the home encouraging people to raise complaints. In addition, there was a secure post box near the front door where concerns and complaints could be submitted if required. People were reminded of their right to complain within the annual quality survey. Staff were aware of the process to follow should someone raise a complaint. The manager told us they ensured any comments were acted upon immediately to be resolved before they became a complaint.

Is the service well-led?

Our findings

People who lived at the home and relatives told us they considered the home was well-led. Feedback included, "I think the home is well managed." And, "The home is absolutely well-led. I have faith and confidence they can do the job well."

All professionals we spoke with praised the way in which the home was managed. All agreed the home was organised and well-led. They described an organisation with clear vision and values and said this led to positive outcomes for people who lived at the home.

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

The registered manager was aware of their role, responsibilities and regulatory requirements. The registered manager was supported by a care manager who worked at the home on a full time basis. All staff praised the skills of the care manager and the improvements they had made at the home since the last inspection visit. They told us there was an improvement in morale which contributed to a positive home environment and staff. Staff described the care manager as supportive and encouraging. They said this contributed to a continuous learning environment. The registered manager said that staff turnover at the home was low. They said this was due to staff being paid above the national living wage. Low staff turnover can contribute to improved outcomes for people as continuity of care is achieved.

Staff spoke highly of the positive work environment and the morale at the home. They described teamwork as excellent and said staff often went above and beyond to provide good care to people who lived at the home. One staff member said, "I have never worked in such a good place."

Staff were aware of their roles and responsibilities and lines of accountability. They praised the support available from the management team and said they were accessible at all times. One staff member said, "[Registered provider] is the best employer I have worked for."

The management team focussed on continuous learning and driving up standards. This was achieved through multi-agency working, self-development and referring to good practice guidelines which were embedded into practice.

The management team had procedures to monitor the quality of the service provided. Regular internal audits had been undertaken and any discrepancies were acted upon. Audits completed included, care records of people who lived at the home, cleanliness of the home, medication and safeguarding audits. This helped to ensure people were living in a safe environment. In addition, the registered provider had commissioned independent external assessors to review the quality of service provision. This demonstrated the registered provider sought independent advice to improve standards at the home.

The registered provider had three homes within the local community all of which worked to the same policies, processes and values. The registered manager told us they held quarterly senior management meetings which allowed managers from each home come together to provide assistance and support to develop a consistent and joint workforce. In addition the registered provider had regular communication with staff through team meetings and daily handovers.

Residents meetings took place on a regular basis. There was an open agenda and people who lived at the home were encouraged to take part and be involved in the meeting. This included choosing which staff they wanted to attend at the meeting. For example, if they wished for changes to a menu they would invite the cook to discuss suggestions. This showed us people were encouraged to have a voice. In addition to residents meetings, people who lived at the home, relatives and professionals were encouraged to provide feedback through questionnaires. We noted feedback was consistently positive. Feedback included, "Carry on interacting in the special way you all do."

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.