

Ashmere Derbyshire Limited

# Valley Lodge Care Home with Nursing

## 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

We inspected Valley Lodge Care Home with Nursing on 12 February 2018. This was the provider's first inspection of the service since they changed their registration to Ashmere Derbyshire Limited in December 2016. The inspection was unannounced. The service is registered to provide personal and nursing care for up to 64 people. The main part of the service accommodated up to 52 people who were living with a range of medical and age related conditions. The Extra Care Unit provided care for up to 12 people living with dementia. On the day of our inspection there were 43 people living at the service, including two people who were being treated in hospital.

A registered manager was in post and present on the day of the inspection. 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 received care and support from staff that were appropriately trained and competent to meet their individual needs. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. The nursing staff were supported to keep their clinical skills up to date and revalidate their registration with the Nursing and Midwifery Council. Staff received one-to-one supervision meetings with their line manager.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to guide staff on how to keep people safe from harm.

People were supported with patience, consideration and kindness and their privacy and dignity was respected. People were protected from potential discrimination as staff were aware of and responded effectively to their identified needs, choices and preferences. People's individual communication needs were assessed and they were supported to communicate effectively with staff.

Thorough staff recruitment procedures were followed and appropriate pre-employment checks had been made.

Systems were in place to ensure medicines were managed safely in accordance with current regulations and guidance. People received medicines when they needed them and as prescribed.

The registered manager worked in cooperation with health and social care professionals to ensure people received appropriate healthcare and treatment in a timely manner. People were able to access health, social and medical care, as required.

People and their relatives confirmed that staff sought permission before offering personal care. Appropriate arrangements were in place to assess whether people were able to consent to their care. Where people lacked capacity to make decisions for themselves the provider took appropriate steps to ensure decisions about care were in people's best interests and their rights were upheld. The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS).

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staffs were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

## 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.

There was sufficient staff on duty to safely meet people's identified care and support needs.

Medicines were stored and administered safely and accurate records were maintained.

Staff understood how safeguarding procedures helped to protect people.

People were protected by thorough recruitment practices, which helped ensure their safety.

### Is the service effective?

Good 

The service was effective.

Staff were confident and competent in their roles.

They had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS).

The service maintained close links to a number of visiting professionals and people were able to access external health care services.

### Is the service caring?

Good 

The service was caring.

Staff treated people with kindness, dignity and respect.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff.

Staff respected people's privacy and promoted their independence.

### Is the service responsive?

Good 

The service was responsive.

Staff had a good understanding of people's identified care and support needs.

People were involved in making decisions about their care; they were asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

A complaints procedure was in place and people and their relatives felt confident any concerns or issues raised would be addressed.

### **Is the service well-led?**

The service was well led.

Systems were in place to monitor and improve the quality of the service.

Staff felt valued and supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion and respect.

**Good** ●

# Valley Lodge Care Home with Nursing

## **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 was 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.

The inspection took place on 12 February 2018 and was unannounced. This was the first inspection of the service since the change to the provider's registration. The inspection team consisted of one inspector, a nurse specialist advisor 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR 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 spoke with nine people who used the service, four relatives and one health care professional. We also spoke with a visiting hairdresser, the activities co-ordinator, three care workers, a qualified nurse, the deputy manager and the registered manager. Throughout the day we observed care practices, the administration of medicines and general interactions between the people and staff.

We looked at documentation, including five people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

# Is the service safe?

## Our findings

People said they felt comfortable and safe at Valley Lodge. One person told us, "I love being here. I feel safe and there are always people [staff] about; they look after me and they can't do enough for me." Another person said, "I get a good night's sleep, undisturbed. I can lock my room but staff have keys to get in, so I know I'm okay." This view was supported by relatives we spoke with. One relative told us, "My [family member] is safe here; I have no concerns or worries, or anything to complain about."

There were sufficient staff to keep people safe and meet their needs. The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they reflected current and changing dependency levels. A new dependency tool had been implemented within the home and was working well, based on people's needs and establishing appropriate staffing levels. The duty rotas showed that staffing levels had been increased to reflect people's increased care needs when this was necessary. Throughout the day we observed call bells were answered in a timely manner and we saw staff spent time with people they supported and people appeared comfortable and relaxed.

The provider's arrangements for the safe management of medicines were effective and appropriate. Medicines were administered to people by staff that had received the required training. There were policies and procedures in place to support staff at all levels to ensure that people's medicines were stored, administered and disposed of properly. People and their relatives we spoke with were satisfied medicines were well managed and administered in a safe and timely manner. One relative told us, "I know that they [staff] take great care with medication. I've seen it." Another relative said, "They always keep us well informed, as [family member's] medication is changed or altered." We observed the nurse and senior staff administering lunch time medicines and this was done in a professional, sensitive and discreet manner. We saw staff checked against the medicines administration record (MAR) for each person, explained to the person what the medicine was for, offered them a drink and patiently waited until they had taken the dose. We observed the medicines trolley was always locked when unattended.

The nurse told us they were responsible for administering medicines on the nursing floor and senior care workers administered on the residential units. Staff responsible for medicines had received the relevant training and their competency in safe handling of medicines was regularly monitored by the nurse or registered manager.

We asked the nurse what action they would take, following a medication error. They clearly explained the process for managing the incident. They would inform the person's GP and followed any advice given. They informed the person and their relative, where appropriate, as well as other relevant persons including safeguarding and the Care Quality Commission. They were also clear about completing the required documentation and passing information over to others, to ensure the person could be monitored closely. This meant people were protected as staff knew the correct procedure to follow in a medicines error occurred.

We saw prescribed creams had the date of opening on them and ear and eye drops had dates of opening

and dates of expiry clearly displayed on them. Individuals' prescribed creams also had body charts informing staff where to apply the creams. The storage cupboard was clean and in order, internal medicines were stored separately from external medications. We randomly checked the use by dates of several stored medicines and found these were all in date. This meant all medicines were stored safely and securely.

The nurse confirmed they completed a medication audit weekly and the registered manager completed an audit monthly. They said the local pharmacy had also recently completed the latest of their regular medication audits of the service. We saw documentary evidence which indicated all these audits had taken place, with satisfactory outcomes. This demonstrated the provider ensured the proper and safe use of medicines.

The provider had safe and thorough recruitment procedures and policy in place. We found appropriate procedures had been followed before staff were employed. People were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. The provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed to ensure they were appropriately managed. In care plans we looked at, personal and environmental risk assessments were in place and up to date. The records, including fluid and turning charts, were completed appropriately and well maintained. People told us they had been directly involved in the assessment and review process and we saw this was recorded in individual care plans.

Systems were in place to help ensure people were protected from abuse. Staff had received safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff said they would not hesitate to report any concerns they had about care practices and were confident any such concerns would be taken seriously and acted upon. Where safeguarding referrals were required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns. This reduced the likelihood of accidents or incidents reoccurring and demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

People and their relatives told us they were satisfied the premises were kept clean, safe and well maintained. One person told us, "I'm very happy with my room and staff help me keep it clean and tidy." A relative we spoke with said, "The first thing I noticed the first time I came here, there were no nasty smells and it's always very clean. I visit a lot of communal homes so I know what to look for." Another relative said, "I come on different days and the place is spotless and so is my friend. Her hair is always brushed and her clothes are clean. I often remark on it to the staff."

We saw the premises were clean and well maintained. Staff had been trained in infection prevention and control, as well as in food hygiene. We saw staff practised good hand hygiene, for example before they assisted people with their meal or medicines. This demonstrated the provider had taken steps to ensure people were protected by the prevention and control of infection.



## Is the service effective?

### Our findings

Relatives spoke positively about the quality of care staff provided for their family members. People we spoke with felt staff knew them well, were aware of their individual needs and understood the best ways to help and support them. One person told us, "The staff here are marvellous; they all know what they're doing and they know what we need." Another person said, "I'm independent. I have help with showering or bathing and I know they would help me to wash and dress if I wanted it but I prefer to do it myself." A relative we spoke with said they felt well-informed; they told us, "[Family member] likes it here. They [care staff] keep us up to date with any incidents and always let us know the outcome of doctor's visits, such as medication changes. They [staff] would only call in the middle of the night for an emergency – but I feel confident they're on the ball."

A visiting health care professional spoke positively about the care people received at Valley Lodge. They also said they had confidence in the registered manager and staff team and described the constructive working relationships and effective communication with the service.

Before moving to the service, a comprehensive assessment was carried out to establish people's individual care and support needs to help ensure any such needs could be met in a structured and consistent manner. Individual care and support plans we looked at included a section that documented people's medical needs including doctor, dental, podiatry and opticians appointments and outcomes which meant people's health and wellbeing was consistently maintained. This was supported by people and relatives we spoke with. One relative told us, "They [staff] got [family member] up and walking about again and they have come on in leaps and bounds."

People's support plans also incorporated advice, guidance and recommendations from other health and social care professionals involved in people's care and treatment. These included physiotherapists, speech and language therapists (SALT), tissue viability nurses and dieticians. Overall the plans were informative and easy to follow. They were person centred and discussed individuals' likes, dislikes, choices and preferences. This demonstrated people received consistent, coordinated care and support.

People were supported by staff who were trained, experienced and had the necessary skills and knowledge to provide their personal and nursing care. Staff we spoke with had completed all essential training and felt confident and competent to carry out their responsibilities. One member of staff described the effective induction they had received and told us they had the opportunity to shadow more experienced colleagues when they first started work at the service. They said they were well supported in their roles both by colleagues and the registered manager, who they described as, "Very supportive." Staff also confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and gain feedback about their own performances. One member of staff told us, "It's the best place I've worked. I left for a while to try something different but came back because I missed it, which I think says it all." Another member of staff said, "We're a really good team here; communication is good and we all support one another. People genuinely love working here and the morale is very good."

Individual training records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice was followed. This was supported by training records and demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

The nurse on duty was experienced, had worked at the service for a number of years and had current registration with the Nursing and Midwifery Council. Records we looked at confirmed all nurses received regular formal supervision and their training was up to date.

People spoke positively about the quality and choice of the food provided and said there was always an alternative option available. One person told us, "The food's not bad and there's plenty of it. You always get a choice and they [staff] obviously listen, because once they know you don't like something they don't offer it to you again." We observed lunch being served in the dining area. The atmosphere was calm and unhurried; the food looked and smelt appetising and where appropriate, staff discreetly supported people to eat their meal. Staff sat at the table with the person they were supporting and provided gentle encouragement and reassurance. We also observed people being offered hot and cold drinks throughout the day. This was commented on by a relative who told us, "I see [family member] getting plenty of offers of drinks and she certainly isn't losing any weight." This demonstrated people were supported to have sufficient to eat and drink.

People told us they could see a doctor or other health care professional as necessary. One person told us, "They look after us here, I feel safe and if I'm not well they soon get the doctor in." Another person said, "My legs are much better since I came here, they've got them right, and when I need help they will help me." A relative we spoke with told us, "Once [family member] had a nasty cough and they [staff] got the doctor in right on time." In individual care plans we looked at we saw well maintained records of appointments to and visits by health care professionals. This demonstrated people were supported to maintain good health and had appropriate access to health services, as required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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).

Staff had knowledge and understanding of the MCA and had received training in this area. People were consulted regarding how their care and support was provided. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their best interests in line with the MCA. We saw evidence in care plans where best interest meetings had been held and appropriately recorded. When people were being deprived of their liberty in order to maintain their safety, applications to the Local Authority were submitted in line with requirements. We saw appropriate documentation to support this. The service was working within the principles of the MCA and DoLS.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the caring environment at Valley Lodge and the kind and compassionate nature of all staff. One person told us, "The carers here are lovely, although I do only like females to help me shower and that works." A relative we spoke with told us, "The staff are very kind and show a good deal of care and affection to all the residents. I often see them putting their arms around residents and hugging them, it's just what they need." Another relative said, "We've been fully involved in the care plans and we're very happy with the care. The staff are always very welcoming and this place has given [family member] a new lease of life." Another relative said they were "very satisfied" with the level of care their family member received. They told us, "[Staff] take very good care of [family member], they can't do enough for her and she is always clean and well cared for."

This view was shared by other relatives, one of whom had recently sent an email to the registered manager thanking them for providing "such excellent care." They went on to say, "I only ever hear positive things about the home. The staff are incredibly friendly and helpful and it has been a pleasure to come and see how happy and comfortable my [family member] is." Throughout the day we observed caring friendly and good natured interactions between staff and the people they supported. This demonstrated people were treated with kindness and compassion in their day-to-day care and support.

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good natured interaction between staff and the people they supported. Staff spoke with people in a calm, considerate and respectful manner, providing explanation or reassurance as necessary. People were encouraged to communicate in ways which suited them. Although most people at the service were able to communicate verbally, we saw some people, including those living with dementia, needed additional support to express themselves. We saw personalised care plans included staff guidance to help ensure communication was effective and appropriate for each person. These plans included information about how people received and understood information, and throughout the day we observed staff work in accordance with the guidance.

People were supported and treated with kindness and compassion in their day-to-day care and their relationships with staff were both friendly and respectful. Conversations were not just task related and people were relaxed and comfortable with staff. One person was enquiring about a parcel they had been expecting; the member of staff said to them, "I'm not sure, I'll find out for you." Staff we spoke with emphasised the importance of developing close relationships with the people they supported. One member of staff told us, "We know our residents very well and the care here has always been good."

People were encouraged and supported to make decisions and choices about all aspects of their care. Their choices were respected by the staff. Staff involved and supported people in making decisions about their personal care and support.

Relatives confirmed that, where appropriate, they were involved in their family members' care planning.

They also said they were kept well-informed and were made welcome whenever they visited.

The deputy manager emphasised the importance of effective communication. They confirmed people were encouraged to communicate in ways which suited them. We saw individual care plans contained details regarding people's communication needs, their personal history, interests, likes and dislikes. This helped ensure staff were aware of people's individual needs and personal preferences and meant they supported people in a structured and consistent manner, in the way they liked to be cared for.

People had their dignity promoted by staff who demonstrated a strong commitment to providing respectful, compassionate care. For example, staff always knocked on bedroom and bathroom doors to check if they could enter. This was supported by people we spoke with who said staff were professional in their approach and they were treated with dignity and respect. One person told us, "I usually like to keep my door shut, but staff will always knock before they come in." The registered manager told us particular members of staff had been appointed as 'Dignity Champions' with various areas of responsibility, including dementia and end of life care. They also confirmed Valley Lodge had recently received the 'Dignity Campaign Award' from Derbyshire County Council, in recognition of the service's commitment to dementia care and awareness. This demonstrated people were treated with respect and the care and support they received promoted their privacy and dignity.

## Is the service responsive?

### Our findings

People received personalised care from staff who were responsive to their assessed needs. Staff were knowledgeable about people's individual care needs and preferences. They also demonstrated they knew about people's life histories and what was important to them.

People we spoke with said they felt the care staff provided was responsive to their needs and choices available to them. One person told us, "If I want a bath I tell them [staff] in advance the day before for the next morning. They ask me what time; I often say 6.30am and that's when they come." They went on to say, "I choose what I want to wear each day and they [staff] will always help me if I ask or need it." Another person said, "[Staff] are very good. When we first came they asked what we like to be called. That's important as my [family member] likes to be called [a particular] name."

People were happy and comfortable with their rooms and we saw rooms were personalised with people's individual possessions, including small items of furniture, photographs and memorabilia.

We also received positive comments from relatives who considered the service was responsive to their family member's needs, choices and preferences and felt the activities provided reflected their interests, as far as practicable. One relative told us, "[Family member] loves doing painting. There are lots of group activities like memory games. I come one morning a week and on different days and there is always something going on and [family member] loves it all." Another relative said, "[Staff] listen and take account of people's feelings. [Family member] was upset when a particular chair was being moved. They went by what he wanted." This demonstrated the care and support people received reflected their emotional and social needs

Care plans were personalised to reflect people's wishes, preferences and what was important to them. They contained details of their personal histories and interests and guidelines for staff regarding how they wanted their personal care and support provided. We saw people who used the service were included in planning and agreeing to the care they received. Staff were knowledgeable about people's individual care needs and preferences. The registered manager confirmed the service was in the process of implementing new support plans, following a file audit and recommendation from social services.

The support plans included risk assessments. They contained personal details, including relevant background information, and comprehensive assessments and reviews which were up to date and well maintained. We saw people's individual care plans clearly documented they had been directly involved in the development and reviewing process. Personal risk assessments included any specific needs such as moving and handling, communication and mobility. Any specialised equipment required in relation to people's care and support, such as mobility aids hoist and slings, was also recorded in their individual plan and included specific guidance for staff. This helped ensure people's identified care and support needs were met in a structured and consistent manner that reflected their choices and preferences.

We spoke with a relative about their experience of how the service supported people and their family at the

end of life.. They were keen to speak with us about the sensitive care, kindness and compassion they had been shown by the staff. They confirmed they had previously been involved in discussions regarding their family member's wishes, which had made a difficult time as comfortable as possible. They told us, "[Staff] were marvellous and just so kind and supportive; they gave me drinks and always made me feel welcome." They went on to say, "It meant so much to us all to know [family member] was cared for and supported in such a respectful and dignified way."

Staff described how they worked with people to meet their diverse needs, for example relating to disability, gender, ethnicity, and faith. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. This ensured people's support plans met their current needs, and where their needs changed, this was identified with people and their relatives, and their support plans were updated. Staff were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. We also saw evidence of plans being reviewed and updated to reflect an individual's changing needs. Personalised activities were co-ordinated, both in groups and on a one-to-one basis, by an activities co-ordinator who was clearly very popular with people and their relatives.

There was a board displayed in the dining room which informed people of weekly activities, and many photographs of activities were displayed on the walls. We observed people involved in activities who clearly enjoyed doing so. One person told us, "There's always something going on; you can join if you like or do what you want." They went on to say, "I do get to go to the armchair exercises and relaxation downstairs, which I enjoy." Another person said, "I sometimes go to the activities, depending on how I feel. We're making Valentine's cards today." A relative we spoke with told us, "[Name] the activities lady is just amazing; she has so much energy and everybody loves her. I visit for an hour each day and there's always something going on." Another relative said, "[The activities coordinator is] brilliant and the hairdresser who comes here is excellent." They went on to say, "It's also nice to see that once a week they do a lovely foot spa session." This demonstrated the service was responsive to people's individual care and support needs.

The provider had systems in place for handling and managing complaints. People and their relatives we spoke with knew how to make a complaint and who to speak with if they had any concerns. They were confident they would be listened to and their concerns taken seriously and acted upon. One person told us, "If I had any problems I know I could approach any of the staff and they would always listen." A relative told us, "I would be confident in reporting any concerns to [registered manager] but I really don't have any concerns or worries to complain about." The registered manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. Records confirmed that complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary, acted upon.

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the management at Valley Lodge and told us they felt the service was well led. One relative told us, "I think the home is very well run and [registered manager and deputy manager] are both very approachable. There's a good atmosphere in the home and whenever I visit I always see the manager around; she's on the ball and obviously knows what's going on in the home." Another relative said, "We know the deputy manager very well and whenever we come here she is always cheerful and so helpful." We asked someone who was visiting their friend for their views on the service. They told us, "I don't want to have to come into a home, but if I had to I would come here. My friend does well here and I always see lots of smiling faces."

During our inspection we observed the registered manager was visible throughout the day. We saw they would stop and spend time with people, engaging in friendly conversation as they went round. People clearly knew who the registered manager was, they were pleased to see them and felt comfortable speaking with them. One relative commented, "There's a good atmosphere in the home." They felt well informed and said they thought communication with the staff and registered manager was satisfactory. This demonstrated an open and transparent service and good, effective and visible leadership.

There was an effective management structure in place and staff were aware of their roles and responsibilities. Staff spoke positively about the experienced registered manager, who they described as approachable and very supportive. One member of staff told us, "We've got a good team here, the morale is good and we look out for each other." Another member of staff said, "The manager is brilliant, firm but fair and you always know where you stand with her, whom I like."

Staff we spoke with also described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have to the registered manager. They were also confident that any such issues would be listened to and acted upon appropriately. Staff said they felt valued by the registered manager and fully involved in contributing towards the development of the service. One member of staff told us, "Communication is very good here. I would say we're all fairly motivated and we know what we're doing."

The registered manager had appropriately notified the Care Quality Commission of any significant events at the service as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

There were systems in place to formally assess, review and monitor the quality of care. These included satisfaction questionnaires to obtain the views of people who lived in the home, their relatives and other stakeholders. There were also regular audits of the environment, health and safety, medicines management and care records. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following the inspection under their previous registration. For example, the quality of care was being monitored and improved and more detailed person-centred care records had

been implemented, providing staff with concise, readily accessible information regarding the identified care needs of the people they supported. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.