

## Meridian Healthcare Limited

# Holme Lea

### 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

### About the service:

Holme Lea is a purpose built, two-storey building in its own grounds. It offers accommodation for up to 48 older people in single bedrooms, many of which have en-suite facilities. At the time of the inspection 44 people were living at the service.

The building is situated in a residential area of Stalybridge and is close to a main road offering public transport links and views across the foothills of the Pennines. Car parking is shared with the adjacent home, Stamford Court. The home is run by Meridian Healthcare Limited which operates several other care homes mainly in the North West of England.

### People's experience of using this service:

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and annual appraisals were planned.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

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. Staff supported people to access other healthcare professionals when required. Staff supported people to manage their medicines safely.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

We observed positive interactions between staff and people. Staff had good relationships with people and were seen to be caring and respectful towards people and their wishes.

People were supported to express their views. People we spoke with told us they had choices and were involved in making day to day decisions.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home.

The service met the characteristics of Good in all areas.

Rating at last inspection:

At the last inspection of the service (published 04 April 2018) the home was rated Requires Improvement overall and there was one breach of regulations in relation to good governance. At this inspection the overall rating has improved to Good.

Why we inspected:

This was a planned inspection based on previous the rating. Prior to the inspection we were notified about a serious incident in which a person using the service died. We looked at risks associated with this. Further information is in the full report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Holme Lea

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we were notified about a serious incident in which a person using the service died. This incident is not subject to a criminal investigation. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls from beds. This inspection examined those risks.

Risk List (non-exhaustive)

- Falls from beds □□□□□

Inspection team:

The inspection was undertaken by one adult social care inspector on both days and an expert-by experience on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience in dementia care in residential and community-based health and social care settings.

Service and service type:

Holme Lea is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and was carried out on 27 and 28 March 2019.

What we did:

We reviewed information we had received about the service since the last inspection in April 2018. This included details about incidents the provider must notify us about, such as abuse. We contacted the local authority commissioning team to gather information about the service and feedback we received from them was positive. We had requested the service to complete a provider information return (PIR) which we received; this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people who used the service and four relatives to ask about their experiences of the care provided. We also spoke with the registered manager, the area director and three staff members. In addition, we spoke with three healthcare professionals who were visiting the home at the time of the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records including four people's care records, risk assessments and medication administration records (MARs). We also looked at four staff personnel files including staff recruitment, training and supervision records. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm.
- There was a safeguarding and whistleblowing policy in place.
- Staff we spoke with had a good understanding of their responsibilities and how to safeguard people. One staff member said, "Safeguarding is about protecting people against abuse such as financial, physical or psychological abuse. The procedure would be to tell the registered manager who would report it to the local authority, or if the manager was not available I would ring local authority myself or my service provider."
- Staff received appropriate safeguarding training and refresher courses.
- The service followed safeguarding procedures, made referrals to the local authority and notified CQC as required.
- People told us they felt safe living at Holme Lea. One person said, "We get taken care of. I go to bed at 9pm and that's my choice." A second person told us, "It's ideal being here, when you hear noises you don't worry like you would at home."

Assessing risk, safety monitoring and management

- People had pre-admission assessments completed before they moved into the home which meant the service knew that they could cater for the person's care needs and the environment was suitable.
- Care plans included risk assessments in relation to people's specific care needs. The risk assessments were person centred and covered areas such as, moving and handling, falls, nutrition and hydration.
- People had ongoing risk assessments that were reviewed as part of their care plan reviews, or when needs changed.
- A fire risk assessment was in place and fire drills were undertaken each month and recorded. People also had personal emergency evacuation plans (PEEPs) in place to ensure people were supported in the event of an unexpected need to evacuate the premises, which were specific to people and their needs.
- There was a PEEPS grab file in place which contained each person's evacuation plan along with useful items such as torches and bibs for staff to use.
- Premises risk assessments and health and safety assessments were in place and reviewed on a regular basis, including gas, electrical safety and fire equipment.

Staffing and recruitment

- There was evidence of robust recruitment procedures being followed; all potential staff were required to

complete an application form, and attend an interview so that their knowledge, skills and values could be assessed. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

- A dependency tool was used to organise staff rotas. Staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly.
- Staff rotas we saw confirmed staffing levels remained consistent, so that people continued to receive continuity in their support.
- There were enough staff on duty; one staff member said, "Staffing levels are good and there's not much use of agency staffing these days." A second staff member told us, "Staffing levels are fine, and I have enough time to read care plans and ensure I get to know people."
- People's comments were varied regarding staffing levels, one person said, "The staff are so busy you have to wait for them." A second person said, "There seems to be enough staff." A relative told us, "[My relative] is definitely safe and well looked after; there's always plenty of staff for [my relative], but perhaps not enough for the others."

### Using medicines safely

- Medicines were stored, administered and disposed of safely.
- We saw that all staff who administered medicines had the relevant training; records showed staff were up to date with medicines training and staff received regular competency checks.
- No-one we spoke with expressed any concerns about their medicines.
- There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines, including the minimum time interval between doses.
- Regular weekly audits of medicines took place.
- We observed staff wore a red tabard when administering people's medicines to reduce the potential for interruption. Staff checked people's medicines before administering them and signed people's medication administration records (MAR) when given, as is required. The medicines trolley was clean and not overstocked.

### Preventing and controlling infection

- The service was clean and free from malodour.
- The local authority had conducted an infection control audit in February 2019 and issued a rating of 90% with some minor recommendations, which had been actioned immediately.
- Records showed environmental audits took place weekly.
- We saw personal protective equipment (PPE) was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.
- Staff received training in the management of infection control and food hygiene. The service retained a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who are regulators for food safety and food hygiene.

### Learning lessons when things go wrong

- The service had an up to date accidents and incidents policy.
- Accidents and incidents were recorded and monitored by the registered manager and provider for patterns and trends.



- Risk assessments were reviewed following incidents.
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately. For example, following an incident where one person had died, the service had refurbished 28 bedrooms at Holme Lea to ensure there was enough gap between people's beds and their bedside furniture. The service had also updated everyone's falls risk assessments and care plans and had introduced new falls monitoring technology, which was less intrusive; this was done in partnership with the local authority a part of a 'pilot' project.
- The provider had immediately informed and shared learning from this incident with all their other homes within the country as a preventative measure.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed and regularly reviewed.
- Care records identified people and their relatives were involved in care planning. One relative said, "I'm not concerned about [my relative] being here. If [my relative] phones me, I phone the staff and they check on [my relative] and ring me back."
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices, for example regarding what to eat or what activities to take part in.
- People's past life histories and background information were also recorded in the care documentation.

Staff support: induction, training, skills and experience

- Staff received induction, training, observations and ongoing supervision to support them in their different roles.
- New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs. A staff member told us, "I had an induction period that included an introduction to residents, one by one, and this helped to get to know people. I read care plans and policies and training included moving and handling and medication. I had a shadowing period for three days and I felt okay at the end of this period."
- Staff we spoke with felt supported. One staff member told us, "I have a supervision every three months or so and I get the dates in advance. I think [registered manager name] is supportive and gives positive feedback all the time." A second staff member said, "I speak to the managers on a one-to-one basis all the time and [registered manager name's] door is always open. He is here for the residents and will do anything to support staff."
- People and their relatives felt staff were competent. One relative said, "Staff seem lovely and know what they are doing; there's a lot of the same faces who have been here a long time."

Supporting people to eat and drink enough to maintain a balanced diet

- At our last inspection we found nutritional records in respect of each person were not always being maintained and this was a breach of regulations, as people's food and fluid intake was not always being recorded. At this inspection we found the service had taken remedial action and the home was now meeting the requirements of this regulation.
- People's dietary needs and preferences were met, and people were involved in choosing their meals each day.

- During the inspection we observed the lunchtime meals. There was a calm and unrushed atmosphere, people took as much time as they liked to eat their meal and staff were available to provide any assistance to people.
- Dining tables were nicely set with table cloths, napkins, condiments, cutlery, crockery and plants, which created a pleasant environment.
- We found specialist diet types were provided for people to meet their dietary requirements, such as diets with food fortification. We saw 'hydration stations' which had drinks for people to access themselves and extra drinks and snacks were served to people mid-morning and mid-afternoon.
- There were appropriate risk assessments and care plans in place for nutrition and hydration which were reviewed each month and people's daily nutritional intake was recorded.
- Malnutrition Universal Screening Tool (MUST) assessments were completed and updated each month. This enabled staff to closely monitor people's nutritional status and respond accordingly such as if they needed to be referred to agencies for advice. We saw people were weighed either weekly or monthly so that staff could determine if any further action was required.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with other agencies to provide consistent, effective and timely care and we saw evidence that staff and management worked with relevant health and social care professionals.
- Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and general practitioners (GPs). A healthcare professional who visited the home each week told us, "This place is one of my favourites; the registered manager is great, and he is doing a great job. They refer to our service appropriately and follow our advice; records are all up to date and I have no concerns."
- Where necessary, the service supported people with arranging healthcare appointments. One relative told us, "They [staff] got the doctor straight away when they were concerned about [my relative]; they had to insist and [my relative] got his tablets and improved."
- Information was available to other agencies if people needed to access other services such as GPs, health services and social services.
- Professionals spoke positively about the service. A second visiting professional we spoke with told us, "We visit each Monday and Thursday every week for some people and visit daily for administering insulin to others; this is managed well with people. We work together in a no blame culture, where staff are prepared to develop and learn new things and following our advice."

Adapting service, design, decoration to meet people's needs

- The premises were homely and well maintained. There was enough space inside and outside for people to get around freely without restriction, including when using a wheelchair and there was a passenger lift access to the upper floors of the home.
- We observed a relaxed atmosphere throughout the home during the two days of inspection and people moved from one area to another as they wished so they could take part in activities or enjoy a more 'quiet space.'
- People could choose to sit in different lounges or in their own rooms and there was easy access to the communal landscaped gardens.
- People's rooms were personalised and individually decorated to their preferences; we found people's rooms reflected their personal interests.

- The home was 'dementia friendly,' and there was clear signage to identify different rooms in addition to themed areas of interest for people utilise; for example, one area was called 'the department of missing socks' and we were told one person had a particular interest in using this area to sort out any odd socks. We saw another person enjoyed using a small quiet reading room that contained lots of books and reading materials.
- Some bedroom doors had additional pictures or items of meaning to the person to help them find their room.
- Equipment such as bath aids and hoists were in place to enable people to have a bath or shower safely.

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff received training in MCA and DoLS. We observed staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care. One staff member said, "MCA and DoLS is about ensuring people get an input into their lives, if capacity is missing. A DOLS could be in place if a person could not go out safely, or for the use of a bed rail. Assessments are needed to ensure people's rights are protected."
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS were being adhered to and a tracker sheet was maintained by the registered manager, so they knew the status of each DoLS application.
- Records showed people signed to consent for their care and treatment.
- The service had involved independent mental capacity advocates where the need for this was identified, for example one person had been supported to make the decision to stay at the home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection we observed positive interactions between people and the staff who supported them; it was clear staff had developed good relationships with people and were seen to be caring and respectful towards people and their wishes. One staff member told us, "I like working here and love the residents because they are like family to me and I like to interact with them."
- People were observed to be treated with kindness and were positive about the staff's caring attitude. One person said, "The staff are pleasant; they try to do their best and they always knock on my door." A relative told us, "Staff are kind and they are always pleasant when speaking to [my relative.] They are always lovely to [my relative.]"
- The service supported people to meet their religious needs and worked in partnership with visiting clergy.
- Equality and diversity were promoted. For example, we saw an equality and diversity statement clearly displayed in the home which stated people should be treated based on individual merit and without bias. The service also employed staff with protected characteristics.
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. One staff member told us, "Everyone is treated equally."
- We found no evidence to suggest anyone using the service was discriminated against.

Supporting people to express their views and be involved in making decisions about their care

- We saw staff supported people in a way that allowed them to have control over their lives and enabled them to make day to day decisions. For example, we observed people having choice in where they ate their lunch or where they wished to sit. One staff member told us, "We always ask people before doing anything as people must be able to choose what support they get."
- People we spoke with told us they had choices and were involved in making day to day decisions. One person said, "I go to bed when I want to, I'm one of the last ones to go [to bed], because I like to sit and talk."
- There was an electronic feedback system in place in the entrance area of the home where people could 'log' their feedback comments. We looked at comments recently received and saw these were all complimentary. Comments included, 'Was only a quick visit but staff were really friendly and [my relative] was extremely happy with where he was,' and, 'Residents looked very happy, clean, and a good atmosphere within the home,' and 'Staff and residents having fun, was lovely to see people relaxed.'
- Feedback from people was clearly posted on a large notice board so people could see what had been said and what action the home had taken in response. The home also encouraged people to use

'carehome.co.uk' (which is an on-line care home review site) to provide additional feedback. We saw the overall rating on this site was nine-point-four out of 10.

- ☐ Regular reviews were held with people and their relatives had opportunities to attend; care records recorded when relatives had been involved, or when telephone conversations had been held with them. Care records were reviewed each month to ensure they were up to date.
- ☐ Meetings with people and their relatives took place each month and a schedule of meetings was posted for the year for people to see. The registered manager also held a weekly 'managers surgery' each week in the evening so that relatives who could not attend the home during normal office hours had an opportunity to speak with them. This demonstrated the home was consulting with people about their concerns and involving them in day to day decisions.

#### Respecting and promoting people's privacy, dignity and independence

- ☐ Staff were committed to providing the best possible care for people. They respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed if supporting people with personal care.
- ☐ Staff valued the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could such as selecting their own clothes or choosing what activities they wished to take part in or what food they wanted each day.
- ☐ Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.
- ☐ People told us staff promoted their dignity, one person said "I think the staff are kind. I am happy with what they do." A second person told us, "There's nothing wrong with the staff."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People's care was regularly reviewed each month to ensure people received appropriate support.
- People were involved in decisions about their care and supported to engage in care planning.
- People's communication needs were assessed, recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the Accessible Information Standard and provided adapted information for people; for example, information about the service was available in different formats such as easy read, on request.
- We saw the provider's 'mission statement,' 'philosophy of care' and 'our commitment' statements were posted around the home; these were based on principles of involvement, accountability and partnership, where people's life experiences and individual knowledge were valued. During the inspection we saw staff speaking to people about their past life experiences and celebrating this with them.
- A range of activities were available to people and pictorial information was posted about these to help people to make a choice. During the inspection we saw people accessing the hairdressing salon and taking part in singalong activity which they enjoyed. A range of videos, board games and reading materials were available and some people enjoyed the quieter space in the library area.
- We found one person had been supported to gain their veterans medal in relation to their previous military service. A special day was held to celebrate this which was attended by other veterans and local dignitaries. One dignitary had feedback, 'Thank you for inviting me to present [person name's] veterans medal yesterday, it was such a privilege and a marvellous occasion.'

Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints and there was an up to date complaints policy.
- People also had access to a 'service user guide' which detailed how they could make a complaint.
- People told us they knew how to make a complaint.
- We saw complaints and concerns were very minimal. We looked any historical complaints and found the registered manager had acted on these appropriately and fully communicated with the complainant during the process of investigation.

- The service had received a high number of compliments since the last inspection; one compliment stated, 'I wish to express my appreciation for the care I received during my stay. The staff were professional, caring and supportive.'

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care and their wishes were respected if they did not feel ready to discuss this.
- The registered manager said they would liaise with relevant professionals such as GPs and district nurses to ensure people got the care they needed.
- A visiting healthcare professional told us, "We support the home with end of life care and the carers are great with managing agitation and pain and they call us immediately for advice and support."
- The service followed the principles of the Six Steps to Success programme when supporting end of life care. The programme aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. The registered manager was also a Six Steps champion and kept a tracker sheet in relation to this which identified different stages people underwent, from 'advancing disease' to 'post bereavement support.'
- People's relatives had provided positive feedback regarding end of life care, one comment stated, 'I would like to thank you all for the kindness and wonderful care [my relative] received during her final year at Holme Lea.' A second comment read, 'Thank you all so much for the love, care and attention you all gave to [my relative] over the years she lived at Holme Lea. You will never know how much it was appreciated.'



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had an up to date statement of purpose which set out the aims, objectives and ethos of the service. The statement of purpose was also issued to all people using the service with their 'service user guide' and was also posted around the home.
- Holme Lea had submitted all relevant statutory notifications to us promptly which ensured we could effectively monitor the service between our inspections.
- A wide range of audits were undertaken by the registered manager and provider; these were used by the service to measure health, safety, welfare and people's needs; records confirmed this.
- It was clear from our discussions and observations that the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent.
- Staff told us they felt listened to and that the registered manager was approachable and supportive. One staff member said, "[Manger name] is very supportive; what you see is what you get." A second staff member told us, "It feels like a team here and we are supportive of each other all the time. I was welcomed when I came here and it's the best move I have made for me personally."
- The registered manager received regular support from the wider management team and had access to a support network which was flexible and responsive. The area director commented, "[Manager name] is a wonderful manager who lives and breathes the service and is very dedicated."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The registered manager completed a range of audits and checks on a regular basis; action plans were completed to address any shortfalls.
- The registered manager was aware of their regulatory requirements, for example, the knew their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.
- People at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles.
- The provider and registered manager operated efficient governance systems which provided effective oversight and monitoring of the service, for example, the registered manager followed a regular programme

of audits each day, week or month; the regional director also conducted monthly quality compliance checks and was known to people by name.

- It was clear from our observations that the registered manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance and instruction where appropriate.
- Regular awards were presented to staff which recognised good practice. These could be nominated by people supported by the service as well as the staff and management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- We observed a positive workplace culture at Home Lea; it was evident staff worked well together, and there was a shared spirit of providing a good quality service to people. One staff member told us, "There's good teamwork here and everyone mucks in to help out." A second staff member said, "[Manager name] listens to me when I suggest changes for people. I love being here and don't want to go anywhere else."
- The service involved people in their day to day care and promoted their independence to make their own decisions. Our observations confirmed this.
- Regular staff meetings were held which discussed people and their needs. One staff member told us, "I've never had a better boss and [manager name] is lovely all the time. He has made a lot of changes and all the staff love him."
- Daily handover meetings were undertaken at the start and end of each shift and a daily 'huddle' meeting was also held each day to ensure staff had all the latest information about people. We attended a huddle meeting and saw discussions included an update on each person who lived at the home, housekeeping, laundry, fluids for people needing additional fortification, baking, recent and upcoming admissions
- Monthly meetings with people and their relatives were undertaken to discuss people, their needs and any concerns.
- People and their relatives' views had been sought through regular contact, surveys and quality monitoring and feedback from surveys was clearly posted around the home for all to see.

Working in partnership with others

- The service worked in partnership with the local community, other services and organisations.
- Records showed multi-disciplinary teams were involved in people's care.
- A visiting healthcare professional told us, "I enjoy coming in to this home. Carers are knowledgeable about people and they attend training where necessary. Staff know about people and work well with us and alongside our service on a daily basis."
- Another visiting healthcare professional said, "They [the service] make referrals to us appropriately; they follow advice and keep good records and I have no concerns."