Mrs T & Mr P Duchett

Lenore Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 13 and 14 April 2015 and was unannounced. A previous inspection undertaken in December 2013 found there were no breaches of legal requirements.

Lenore Care Home is the only location owned and run by Mr and Mrs Duchett and is based in Whitley Bay. It provides accommodation for up to 23 people with learning disabilities and/or mental health issues, who require assistance with personal care and support. There were 21 people living at the home at the time of our inspection.

The home had a registered manager who had been registered since October 2010. 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 told us they felt safe living at the home and said staff treated them very well. There were effective security measures in place to ensure people were safe at the home. Staff had a good understanding of safeguarding

Summary of findings

issues and said they would report any concerns to the manager or the local authority safeguarding team. The premises were maintained and safety checks undertaken on a regular basis. However, we found two windows where the appropriateness of window restrictors needed reviewing.

The registered manager told us staffing levels were regularly reviewed to support the individual needs of people living at the home. Additional staff were rostered to support activities or individual appointments, such as hospital visits. Proper recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. People living at the home were able to input into the recruitment of new staff. We found some minor issues with medicines records, but saw they were administered safely.

Staff told us they were able to access a range of training and were supported to undertake additional training, if they requested it. Staff employed recently confirmed they had undertaken an induction process and shadowed experienced staff before fully taking on care duties. Staff told us they had access to regular supervision sessions and had an annual appraisal. The registered manager showed us new documentation designed to update and improve the staff development process.

People told us they enjoyed the food provided at the home and were able to request items to be included on the monthly menus. We observed fresh fruit was readily available around the home and people had access to adequate supplies of both hot and cold drinks.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us that no one at the home was subject to any restriction under the DoLS guidelines. Staff had a good understanding of how to support people to make choices. The registered manager told us there had been no recent best interest decision meetings.

Elements of the home had been adapted to promote people's independence, with ground floor rooms for people who could not climb stairs. We noted that the decoration of the home was in need of refreshing in some areas. The registered manager confirmed a programme of refurbishment was in progress and some painting of rooms had already taken place and new carpets had been laid in rooms and on landings and stairs.

People told us they were happy with the care provided. We observed staff treated people with consideration and there were good relationships between staff and people living at the home. Staff had a good understanding of people's individual needs, likes and dislikes. People had access to general practitioners, dentists and a range of other health professionals to help maintain their wellbeing. Specialist advice was sought, where necessary, and acted upon. People said they were treated with dignity and staff respected people's individual preferences and decisions.

People had individualised care plans that were detailed and addressed their identified needs. Staff told us that people preferred to manage their own time rather than participate in organised activities, although people told us about a recent trip to Seahouses which they had enjoyed. Professionals we spoke with thought individual time and pursuits were more important in helping people develop life skills. People told us they would tell the staff or the registered manager if they had a complaint, but were happy with the care at the home. We noted that complaints were not always recorded in detail and that actions taken were not necessarily documented. The registered manager said she would address this.

The registered manager showed us records confirming regular checks and audits were carried out at the home. Questionnaires completed by people living at the home, and by staff, indicated a high level of satisfaction. Staff were positive about the leadership of the registered manager and felt well supported in their roles. Regular staff meetings took place to discuss the running of the service and the care needs of people. People told us they were also involved in meetings and could make suggestions and requests about activities, menus and the running of the service. People and staff all talked about the family atmosphere at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Not all aspects of the service were safe.

People told us they felt safe living at the home. Staff had undertaken training and had knowledge of safeguarding and said they would report any concerns they had to the registered manager. Care plans had associated risk assessments and there were wider risk assessments for the home.

We found some minor issues with the premises. Medicines were stored and handled safely, although we noted some hand written records were not signed to say they were correct and there were no care plans in place for “as required” medicines.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. Staffing levels varied to meet the needs of people living at the home and any activities they were engaged in. We found minor issues with infection control and two mop buckets that were in regular use were rusted.

Is the service effective?

Good

The service was effective.

Staff told us, and records confirmed a range of training had been provided and staff received regular supervision and annual appraisals. Some staff told us that they did not always have up to date knowledge on management approaches to support certain issues, but said they could seek advice from the registered manager.

Staff were aware of the need to promote choice and the concept of best interest decisions in line with the Mental Capacity Act (2005). The registered manager confirmed that no one living at the home was subject to any restriction under the DoLS guidance.

People told us they enjoyed the food provided and we observed they had good access to fresh fruit and hot and cold drinks. The home had been adapted to aid people with limited mobility through the establishment of a downstairs room. The decoration of the home was in need of updating in some places but a programme of refurbishment was underway.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and support they received and enjoyed living at the home. We observed staff supporting people with kindness and consideration and saw that there were good relationships between them.

Summary of findings

People had access to a range of health and social care professionals for assessments and checks to help maintain their health and wellbeing and were encouraged to attend appointments. There was a range of information available to people with displays on healthy eating and leaflets about local services and events.

People told us their dignity and privacy was respected. Staff talked knowledgably about supporting people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed, reflected people's individual needs and were reviewed and updated as needs changed. Care plans demonstrated that the home was flexible in helping people meet their goals, although the action staff were going to take to support people was not always clearly described.

There were some activities for people to participate in, although most people living at the home went out or followed their own interests. People talked positively about a recent trip to Seahouses. Professionals told us that the home's one to one support to people was important in developing their life skills.

People told us they knew how to raise any complaints or concerns, but were happy at the home. Complaints records were not always clear about the action taken as a result of an issue being raised.

Is the service well-led?

Good

The service was well led.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were effectively monitored.

Staff talked positively about the support they received from the registered manager. People and staff talked about the family atmosphere at the home. Questionnaires completed by people living at the home, and by staff, showed a high level of satisfaction with the home and work environment.

There were meetings with staff and regular meetings with people who used the service. Records other than complaints were complete and up to date. Outside professionals told us they had a good relationship with the home and they worked closely together to support people.

Lenore 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 April 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience (ExE) who had experience of this type of care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We spoke with nine people who used the service to obtain their views on the care and support they received. We talked with the registered manager, the registered provider, a team leader, senior care worker, a support worker and two care workers. Additionally, we spoke with a chiropodist who was visiting the home on the day of our inspection and conducted telephone interviews with two care managers and a probation officer.

We observed care and support being delivered in communal areas including lounges and the dining room, looked in the kitchen areas, the laundry, bath/shower rooms, toilet areas and checked people's individual accommodation; this was carried out with people's permission. We reviewed a range of documents and records including; six care records for people who used the service, nine medicine administration records, five records of staff employed at the home, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who used the service and a range of other quality audits and management records.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included, "I think it's very safe here. They have a finger print system to get in and out. It used to be keys and I worried when people lost them but it doesn't happen now. They have 24 hour cameras too"; "I feel safe. I hardly ever go out because it's safe in here" and "I feel safe because the staff are so nice – just like friends really." We found that computers were available for people to use in a communal lounge and that staff were able to support people to stay safe when using the Internet.

Staff told us they had received training in safeguarding adults, and records confirmed this. They were able to describe the main areas of concerns they would look for in relation to people potentially being abused. They told us they would report any concerns to a senior member of staff or the registered manager. All staff were certain any concerns would be taken seriously and acted upon. The registered manager told us about past safeguarding issues and how the matters had been dealt with. We noted the action taken was appropriate and in line with safeguarding procedures. The registered provider had in place a whistle blowing policy and staff were aware of this.

The registered manager also showed us security measures used at the home to help protect people who lived there. This included the use of CCTV on key entrances and exits and the installation of a fingerprint keypad at the front door, instead of people having a door key. This allowed people the freedom to come and go from the home whilst mitigating the risks associated with lost keys. People told us they felt safer since this system had been put in place.

The registered manager told us the provider continued to be the corporate appointee for a small number of people living at the home with regard to their financial oversight. She told us that the local authority were aware of this and changes were planned to transfer this responsibility to the local social care services. She told us the majority of people managed their own finances, although some people were supported with budgeting skills.

We saw that risks associated with individual care and the wider environment were considered. People's care plans contained an analysis of the risks associated with each area of care and how these risks would be managed. For example, where people may refuse or be reluctant to take their medications, the risks associated with this had been considered and information on procedures for staff to follow was included in the care plan. Staff told us that the registered manager and the registered provider could be contacted if there were any concerns or issues that they required advice on. This support was available 24 hours a day.

We noted that a small number of windows did not have restrictors that met with current legislation. The registered manager told us she was aware of this and action was being taken to address the matter.

We examined the homes accidents and incident records. We saw that the majority of issues had been minor in nature, such as trips or falls, and had been dealt with appropriately. Where necessary remedial action had been taken to limit the chances of it reoccurring. The registered manager told us they had agreed with the local authority to carry out 12 monthly reviews of accidents and incidents and would be undertaking their first full overview in June 2015.

People told us they felt there were enough staff at the home to support their needs. One person told us, "Yes there's always someone around if you need them and they all know what they are doing." The registered manager told us that during the day there was a senior care worker and two care workers on duty. She said that the care staff also carried out cleaning duties during the day, when many people were out in the local community or attending appointments. She said that if an activity required additional staff then these would be brought in to provide extra support. She told us night shifts were covered by two sleeping in staff, but people were able to call for assistance if they needed through the use of buzzers in their rooms or by knocking on the staff room door. People told us they had no difficulty getting help at night. Staff we spoke with told us they felt there were enough staff available at the home to support people's needs and deal with any individual issues that people presented. They told us that in addition to the staff on duty the registered manager and outreach team leader were also usually available.

Staff personal files indicated appropriate recruitment procedures had been followed. We saw evidence of an application being made, references being requested, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. Staff confirmed they had been subject to a proper application

Requires improvement

Is the service safe?

and interview process before starting work at the home. The registered manager, staff and people confirmed that as part of the interview process prospective staff spent time with people living at the home and then people's opinions were considered when making the final selection. This verified the registered provider had appropriate recruitment and vetting processes in place.

We examined the Medicine Administration Records (MARs) for people who lived at the home. We found that MARs had photographs attached to ensure that people could be correctly identified and there were no gaps in the recording of medicines being given. We noted that people's allergies to certain medicines and substances were not recorded. The registered manager told us that they had recently worked with the local pharmacy and these would be included on all future MARs. We also noted that some people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. We noted there were no specific care plans or instructions in place to indicate when these medicines should be given, the maximum dose that could be given or action to take if the medicines were not effective, or too much was accidentally given. We also noted a number of handwritten entries on the MARs had not been double signed to ensure the details were correct. The registered manager told us these issues would be addressed. People told us they had no problems in accessing their medicines.

On the first day of the inspection we noted some parts of the home had dust and dirt in places. However, these areas had improved on the second day. Staff told us that cleaning schedules were followed to ensure the home was kept clean, although sometimes they could become messy again soon after cleaning. We noted that although there were separate mop buckets for various areas of the home, these were of metal type and two of the buckets were badly rusted. We also saw that damp mops were kept in the buckets meaning they did not dry effectively between uses. The registered manager arranged for new buckets to be delivered the following day and staff said they changed mop heads on a weekly basis.

Good

Is the service effective?

Our findings

People told us they felt supported by the staff at the home and that they had the right skills to help them. Comments from people included, “They know their jobs very well and are very helpful”; “The staff do more than their jobs. They are friendly and wise” and “You know you are going to get the support you need.” One care manager told us, The staff have a good understanding of people’s needs and how to support them.”

Staff told us they were well supported to improve their skills and could access training. Comments from staff included, “We get training all the time. If I need any training I just have to ask (registered manager)” and “We get loads of training. Sometimes people come here or sometimes we go out.”

We saw copies of the homes training matrix and staff individual training records. We saw people had undertaken a range of training including; food hygiene, moving and handling, first aid and safeguarding adults. The registered manager had a list for the current year which highlighted when staff required refresher training and what areas required completing. The registered manager told us that staff were given information about needs when new people came to the service. However, we found some staff's understanding around specific management approaches to certain aspects of care was not always in line with current advice and thinking. Staff told us that if they were unsure the registered manager was available to offer advice.

Staff told us they had access to regular supervision and annual appraisals and records confirmed this. We saw that supervision and appraisals covered current work, training needs and any personal issues the staff member wished to discuss. The registered manager showed us new documentation she was hoping to introduce to make appraisals more meaningful and effective by having yearly development plans.

A member of staff who had been employed within the last 12 months told us that she had received an appropriate induction to the service and had spent time shadowing senior care workers, before fully taking up her care worker role. We saw that staff files contained an induction checks list, signed by the member of staff to confirm they had received instruction in various aspects of the care delivery.

Staff told us they had received training in relation to the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS), and records confirmed this. They told us people at the home had capacity to make their own decisions and choices and it was their job to help and support people, or advise them if it seemed their choices may be unwise. One staff member told us, “It’s not always easy. We can try and educate people, advise them. But in the end they decide what they want to do.”

The registered manager told us that no one at the home was subject to a DoLS application and everyone was free to leave the home if the wished to. She said there had been no recent best interest decisions meetings.

People living at the home were encouraged to give their personal consent. We saw that staff knocked on people’s bedroom doors before entering and asked people if it was okay to come in and tidy their rooms. Staff told us that they tried to work with people and encourage them to participate in activities or to attend appointments; however in the end they could only support them if they agreed. We saw that consent forms in people care records had been signed to say people agreed to the care described. The registered manager explained to us that one person did not have their photograph displayed on their MAR because they did not wish to have their photograph taken.

People told us they were happy with the range and type of food available at the home. Comments from people included, “The food is good; always two choices on the menu and you choose before 11am”; “The food is good, we choose from a menu. You can have a kettle in your room for hot drinks and there are always jugs of juice” and “Nothing could be better; loads of fruit and veg and I can make my own coffee whenever I want.” The registered manager told us that menu options were discussed at residents’ meetings and then planned for the month ahead, taking into account people’s suggestions. She said that they tried to encourage people to eat healthily, but people had individual choice. We saw there was information on display about healthy eating and fresh fruit was available around the home. We observed a meal time at the home when everyone seemed to enjoy the food on offer and made positive comments about it.

The registered manager told us the home was currently in the middle of a refurbishment. We saw that the walls in some rooms had been repainted and some stair carpets had been replaced. However, other areas of the home still

Good

Is the service effective?

required updating. The registered manager told us that all the gloss paint work still required renewing, some wall areas required touching up and bathrooms and toilet areas were to be retiled. She also confirmed that the remaining stairways would be re-carpeted. People told us they were generally happy with the decoration of the home. One professional with spoke with told us, “The care is good, but I sometimes think the decoration could do with refreshing. It can be dark in places.” The outside of the home was well maintained and in a good state of repair. The registered manager told us that it was sometimes people’s choice to keep items of furniture that were mismatched or overly worn, but that some additional items would be purchased as part of the refurbishment programme.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care provided and that staff were kind to them. Comments from people included, "Some really nice lassies work here; they are canny"; "She's (staff member) a good friend; we have a laugh and joke" and "It's a really good service. They do our cleaning and cooking and we have a washing day each week. They encourage me to play the piano and help me to work outside in the community with my band." Another person told us, "This is the best place I have ever lived. I have lived all over the place and here is good."

We spent time observing people and staff in the communal areas of the home. We saw in all cases that staff spoke to them with respect and demonstrated positive and caring relationships. For example, when people became curious about a visit from inspectors, staff told them what was happening in a way that they could clearly understand. We also saw staff chatting to people in their bedrooms as they went round tidying the home and taking time to enquire how they were and what they were going to do that day. One staff member told us, "It's like a family. Everyone just cares for everyone so much."

We found that staff had planned care in a way that was person-centred and responsive to the needs of the individual. For example, when people wished to maintain intimate relationships with people who did not live in the home, plans were in place to help protect the people from harm. One person often went out to a local establishment to deal with financial issues. They occasionally became confused and staff went out to reassure them and encourage them safely back to the home in a caring manner that did not belittle or undermine them in a public place. One person told us, "I didn't want to go to the doctor's the other day but they didn't push it; they just re-arranged the appointment and I went then."

The registered manager explained there was normally a range of information displayed about the home to keep people up to date on matters, such as the information on display about healthy eating. She explained most of this had temporarily been removed because of decorating taking place. We saw one staff member working on an information display about the new Social Care Act and how it affected the home, so that people living there were aware of the changes. There was also a range of information about local support services displayed on a notice board and leaflets about local places of interest to encourage people to make trips out.

People were supported to maintain their health and wellbeing, through access to a range of health professionals and social care support. We saw from records that people were encouraged to attend review and screening appointments. We saw care records contained copies of appointments letters and reviews from hospital consultants and other health professionals. One person told us, "They help you organise your health appointments and will take you if you like." On the day of our inspection we witnessed one person being supported to attend a dentist's appointment. Two professionals we spoke with told us they were happy with the care provided for their clients. Comments included, "They provide excellent support. They manage and support (person) very well" and "I'm very happy with the care provider. They have a good understanding of people's needs and manage things very well." We spoke with a chiropodist who was visiting the home on the day of our inspection. She told us she felt that the people she had seen had been supported in maintaining good foot care.

The registered manager told us that no one at the home was currently accessing support from an advocate or advocacy service. She said that access to an advocate could be arranged if people wanted to discuss any issues or required support.

People were able to maintain their privacy and dignity in the home because staff understood and supported this. People were able to eat in their bedroom if they wished but staff encouraged them to make mealtimes a social occasion and to eat in the communal dining rooms, if possible. During our observations of people and staff we noticed that there was enough space for people to socialise and talk with friends, as well as find their own space if they wanted it. Staff were able to talk with us confidently about the specific needs of people who lived at the home and what they did to ensure their dignity and privacy was promoted. One person we spoke with told us, "They respect people's dignity – some people need to be reminded about washing and clothes, but staff do it nicely."

Good

Is the service responsive?

Our findings

People told us, and evidence demonstrated that they were involved in their care. For example, we saw one person had participated in writing their care plan to support them moving out into the community and to live independently. A person told us, "I'm a much better man for living here. It's like coming home to your family every day. They go out of their way to support you. The staff have really been there for me. They talk to me; they'll come out for walks with me, whatever I need." The registered manager and team leader both told us that they took the input of people who used the service seriously. The team leader said, "We're busy designing a new annual questionnaire for clients and their visitors. We've involved them and staff by asking what they think are the most important things we should know about the service."

People had individual care records that contained an assessment of their needs and key care plans that they required support with. We found that these care plans were detailed and included a lot of information on the personality, needs, likes and dislikes of each person. For example, each person had an 'All About Me' section that included their family memories and details about what made them happy and sad. We found that plans were sometimes not as specific as they could be and the actions that staff were to take to support people was not always clearly described.

We found evidence that the registered provider was responsive in ensuring people continued to receive a personalised service when their needs changed. For example, staff had worked with a multidisciplinary medical team to identify the early indicators of when a person's behaviour indicated they were experiencing a mental deterioration. This meant that staff could be flexible in their care and change the person's surroundings to help them remain happy and free from anxiety. In another example, a person whose mobility had reduced was proactively moved into a ground floor bedroom by staff to help protect them from the risk of falls. We saw one person had taken on the responsibility of caring for the home's dog. This was in preparation for when they moved into independent accommodation and wanted to care for a pet of their own.

Staff told us that formal activities were offered every Friday, but said that people did not always wish to participate in organised events and preferred to do things on an individual basis. We looked at the social activities records for people that were updated on a daily basis. This document was task-based and most recent comments noted only that people had been given a haircut or a shave. Some social activities, such as a Christmas pantomime visit and an Easter baking activity had been recorded. People had been supported to complete an activities assessment and told us that they were happy with the opportunities to participate in events at the home. A number told us they preferred to go out rather than join in organised events. However, some people talked positively about a recent trip to Seahouses. One person told us, "We are trying to sort Press mornings and the staff encourage people to come. We talk about what's happening in the news. It's hard to get people to commit though." Another person said, "I just do my own thing; nobody bothers us." A care manager we spoke with told us, "I think that supporting people on an individual basis is probably much better than organised events; although they all seemed to enjoy the trip to Seahouses."

From talking with staff and people, looking at care plans and looking at people's bedrooms, it was clear that people were treated with care by staff who understood their individual needs. We found that people were supported to follow alternative religions, dress in a way they found comfortable and to explore and follow their own sexual identity by staff who understood the importance of maintaining individual safety and wellbeing. We noted there were very few male staff employed at the home. We asked the team leader how they would support people if they specifically requested help from a male member of staff. He told us that he was often around at the home but also they had male staff employed as part of an outreach service also run from the home. He said a member of staff would come in and support the person, if necessary.

People told us that they knew how to make a complaint, but had not had cause to do so. Comments from people included, "I have never had to complain. I would just tell the staff and they would sort it"; "There is not really anything better they could do. I have no complaints whatsoever" and "There's not really any more they can do. I don't expect any more."

The registered provider had a complaints procedure in place that was clearly displayed in the entrance hallway and main lounge of the home. We saw that each person also had a copy of this in their bedroom. We spoke with a

Good

Is the service responsive?

member of care staff who told us that they were aware of the policy and that minor day-to-day issues or concerns were always resolved quickly by the team leader or registered manager. We looked at the home's complaints records. We saw previous complaints noted were non-specific in most cases and it was not clear how they were resolved. There was limited evidence of any analysis or learning from complaints received. There were no daily records of minor complaints or concerns. We spoke to the registered manager who told us that individual issues would be recorded in people plans. She said she would review the complaints process to ensure reviews of issues were undertaken.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since October 2010. She was present on both the days we spent at the home and assisted with the inspection.

People told us they considered the home well led and that the registered manager was easily accessible. Comments from people included, "You can always talk to (registered manager) and she will listen. There are some arguments and she is good at sorting it" and "(Registered manager) is always around so you can always find out what is going on."

The registered manager told us that the culture of the home was to support people's independence and, where possible, help them move back into the community. People we spoke with often referred to the home as being like a family unit. One person referred to the registered manager as being like the "mother" of the home.

We saw the registered manager oversaw carrying out a range of checks on the home, including fire safety checks, legionella checks and temperature checks on the water system. She told us that a recent report following an inspection from the local authority had given the home a score of 89%. We spoke to one of the registered providers for the home. She told us that she visited the home each afternoon to check that everything was alright. She said she was well known by people who lived at the home, who would chat to her and raise any issues if they had concerns. She told us, "You have to care about people, they are someone's relative not just a client. I am very proud of the reputation the home has."

Staff told us there were regular staff meetings and that they were able to contribute to the running of the home through these meetings. They said they were well supported by the registered manager and were happy working at the home. Comments from staff included, "(Registered Manager) is absolutely brilliant. She is really approachable and supportive"; "She goes to the far end for her staff. She makes sure her staff are happy. Happy staff make a happy workplace" and "She makes you feel comfortable. She is a really nice person and easy to talk to."

Staff told us they were happy working at the home and that there was a good staff team. One of the professionals we spoke with commented on the stability of the staff team having a positive influence on the care provided. One staff member told us, "It's probably the best home I have worked for. The environment is welcoming. It is like one big family. Everyone get on with everyone and that rubs off on the service users."

People living at the home said there were regular home meetings that they could attend. Comments from people included, "We have weekly meetings and we arrange outings to Seahouses, Beamish and other places and generally talk about how things are going"; "We have monthly meetings. We talk about food and hygiene and keeping the rules" and "We have meetings, but I think we could have more. We can discuss anything. We get reminders about house rules; headphones after 10 pm and things like that."

We saw that the registered provider had carried out surveys with both the staff and the people who lived at the home. Of the ten people who had replied seven had indicated they always liked living at the home and two had indicated they mostly liked living there. Eight people had stated that they felt very involved in decision making and two people had said they were quite involved.

In the staff questionnaire ten out of ten respondents said they liked working at the home and ten also said they were free to speak up if they had any issues.

We found that records, other than those dealing with complaints, were stored appropriately, easily accessible and maintained in good order.

Professionals we spoke with told us they had good relationships with the home. They said that the registered manager or staff attended multidisciplinary meetings and were always able to feedback about the current situation of people living at the home. One professional said, "The manager is very responsive."