

Mr & Mrs L Difford

Penmount Grange

Inspection report

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Date of inspection visit:
31 January 2017
02 February 2017

Date of publication:
04 April 2017

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

The inspection took place on 31 January and 2 February 2017 and was unannounced. Penmount Grange provides care for up to 27 people who are predominantly elderly. The service is registered to provide support for people who require accommodation and personal care, but do not require nursing care. On the day of the inspection 26 people lived in the home.

At the last inspection, in January 2016, we found people did not always have risk assessments in place. People's risk assessments were not effectively reviewed to ensure they were reflective of people's needs and provided guidance and direction to staff to follow. We also found people's care plans did not always provide direction and guidance for staff about how to meet people's individual needs; and that people's care plans were not effectively reviewed.

At this inspection, we found improvements had been made. Risk assessments were in place to help reduce any risks related to people's care and support needs. These were reflective of people's needs and were regularly reviewed. Detailed care plans were in place which guided staff how people wanted their needs met. These were reviewed regularly with people and those important to them.

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

The atmosphere in the home was upbeat and vibrant and we observed people taking part in different activities. One person told us, "I love playing the games with the girls, and sometimes I'm a winner!" The registered manager had clear values which focused on enabling people to feel 'at home'. These values were shared by the whole staff team and were evident in the way staff talked to and treated people. A staff member confirmed, "Residents first. Their welfare, comfort and safety. They're the top priorities."

People received support from staff who knew them well. People and their relatives spoke highly of the staff and the support provided. Comments included, "There's no problem with the staff, they're a good bunch." Staff had received training relevant to their role and were supported by an ongoing programme of supervision, appraisal and competency checks.

People told us they enjoyed the food. Mealtimes were a positive experience, which people told us they looked forward to. People told us meals were of sufficient quality and quantity and there were always alternatives on offer for them to choose from. People were involved in planning the menus and their feedback on the food was sought. Comments included, "The food is very good, I look forward to my breakfast and lunch", "The food is very good, there's no problems there."

People told us they felt safe using the service. Comments included, "Everybody is so nice, that's what makes me feel safe." People were kept safe by suitable staffing levels. Relatives told us there were enough staff on duty and we observed unhurried interactions between people and staff. This meant people's needs were

met in a timely manner. Recruitment practices were safe. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics to work with vulnerable people. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

People had their healthcare needs met. For example, people had their medicines as prescribed and on time. People were supported to see a range of health and social care professionals including social workers, chiropodists, district nurses and doctors.

The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA).

Staff were knowledgeable about the MCA and how this applied to their role. Where people lacked the capacity to make decisions for themselves, processes ensured their rights were protected. Where people's liberty was restricted in their best interests, the correct legal procedures had been followed. People were involved in planning their care and staff sought their consent prior to providing them with assistance. Feedback received by the service and outcomes from audits were used to aid learning and drive improvement across the service. The manager and staff monitored the quality of the service by regularly undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service.

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 were sufficient staff on duty to meet people's needs safely.
Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

People's medicines were managed safely and people told us they received their medicines on time.

Is the service effective?

Good ●

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and felt confident contacting senior staff to raise concerns or ask advice.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and sought consent whenever possible.

Is the service caring?

Good ●

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

People's privacy and dignity was respected.

Is the service responsive?

Good 

The service was responsive.

Care plans were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on. There were a range of activities people could be involved in. People's individual interests were respected.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good 

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The provider and registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

Penmount Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 January and 2 February 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses adult social care services.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with seven people and two relatives. We reviewed people's records in detail. We also spoke with five members of staff and reviewed four personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures. We were supported during the inspection by the registered manager.

Following the inspection we sought the views of a community physiotherapist support worker, who knew the service well.

Is the service safe?

Our findings

At the last inspection in January 2016, we found people did not always have risk assessments in place. People's risk assessments were not effectively reviewed to ensure they were reflective of people's needs and provided guidance and direction to staff to follow.

At this inspection we found risk assessments were in place to support people to be as independent as possible. These were reviewed regularly and protected people whilst supporting them to maintain their freedom. For example, one person who had previously fallen had a falls risk assessment in place. This detailed what measures were in place to help keep the person safe, for example an alarm mat by the person's bed and chair to alert staff when they were moving about. It also recorded the person had agreed to this to help them feel safe.

People told us they felt safe living at Penmount Grange. The registered manager commented via the PIR, "I strive to ensure that Penmount is safe and that the people that live here are free from harm." People's comments included, "What makes me feel safe is that the staff are always around if you need them" and "Everybody is so nice, that's what makes me feel safe."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One staff member explained, "I can raise any concerns with senior staff and they're listened to." Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. The contact number for the local authority safeguarding team was displayed within the home along with the whistleblowing procedure. The PIR also stated safeguarding was discussed at all team meetings.

People were supported by suitable staff. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. Staff were not rushed during our inspection and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people. The registered manager explained that other staff, such as housekeepers and maintenance workers, were also trained to provide care to people. This meant if there was a shortage of staff or an emergency, people would receive consistent care from staff they already knew.

Staffing hours had recently been changed to better reflect the needs of people living at Penmount Grange. The registered manager explained, "Staff have to meet the needs of people. We've got younger people here now who don't want their day to finish at 8pm!" Shifts had also been reduced to help ensure staff did not become over tired before the end of their shift. The registered manager explained, "I've stopped twelve hour shifts as its very tiring. It's a very busy day here."

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. One person told us, "I like to stay in my room but the staff are always popping in to see me."

Occasionally people became upset, anxious or emotional. Staff told us their in depth knowledge of people helped ensure people received the right support to feel calm again. One staff member explained, "We treat people as individuals and treat them how they want to be treated. Sometimes people need more encouragement, sometimes people need space. One person sometimes becomes anxious but we sing to her and her anxiety drops. Things go smoother if people are feeling calm. It's good to have different staff characters too, as some people respond better to one member of staff than to another."

Some people did not have call bells in their bedrooms. Staff told us they felt these people would not be able to use them or they could be a risk, however these decisions had not been recorded anywhere. Following the inspection, the registered manager informed us they had reassessed each person and replaced call bells wherever they would not be a risk to people. Where it was decided the call bell wire would pose a risk to people, this had been clearly recorded along with alternative actions staff needed to take to help ensure people were safe and having their needs met.

Medicines were managed, stored and disposed of safely. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained.

When people used a food or drink thickener or needed creams applying, there was clear information available about what their needs were. However, this information was not always followed in practice and records were not always completed to show when they had been administered. For example, one person was prescribed a cream to be applied twice per day but had regularly only been administered once per day. Staff had not recorded when the person had not wanted the cream applying. This meant it was not possible to tell whether staff were offering and applying the cream as directed. During the inspection the registered manager and provider said they would trial a new computerised system with an aim to improve recording in this area. Following the inspection, they confirmed they had started to implement the new system and it was working well.

When people were prescribed 'as required' medicines, staff were knowledgeable about people's individual needs; however information was not always recorded about how to recognise the person needed the medicine. This might mean staff were not always reacting to these signs in a consistent way. By the second day of the inspection, this information had been added to people's records.

Staff reported incidents and acted promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. For example, one person had fallen twice so staff had sought advice from the district nurse who had provided appropriate equipment to help the person move more safely. This information was then used to update their risk assessment regarding falls.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they had the skill to meet people's needs. Comments included, "The staff certainly know what they are doing. I'd let them know if they weren't!", "There's no problem with the staff, they're a good bunch" and "(staff member) is excellent, she really knows what she is doing."

New members of staff completed a thorough induction programme. The PIR stated, "New employees have a thorough induction, during which time they will shadow an experienced member of staff and have protected time to read policies and care plans." Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs.

On-going training was planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs, such as dementia training. Staff told us they had the training and skills they needed to meet people's needs. Staff we spoke with were working towards qualifications appropriate to their role. One staff member told us, "I'm keen to do my NVQ 3. I chose the company I wanted to use as I've used them before and the manager supported me." Another staff member explained the level of support they knew they would receive at work had convinced them to agree to complete a further qualification.

Staff felt supported in their roles by the registered manager and each other. Comments included, "We're a close staff team and I think that reflects in the care that you give" and "The manager will always show me how to do things and not make me feel silly for asking." Another staff member confirmed, "I feel confident asking advice from senior staff. I feel they are prepared to listen and give the right advice, they're approachable." Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We're asked if there's anything we don't feel we can do or if there's any help we need." The registered manager also confirmed they received good support from the provider.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Where people were assessed as lacking the capacity to make certain decisions, care plans made clear what decisions they were still able to make for themselves. This helped protect people's rights to make their own decisions where possible.

Relatives confirmed they were involved in making decisions about their relatives best interests. However, a best interests decision had been made for one person to receive their medicines covertly but there was no capacity assessment to indicate why the person had been assessed not to have the capacity to make the decisions themselves. This meant it was not possible for us to know if the action taken was the

least restrictive option or in the person's best interests. Following the inspection, the registered manager confirmed the mental capacity assessment was now in place.

A staff member told us, "We have regular MCA training. It certainly helps update our knowledge. I definitely understand who needs support with decisions and who can't make decisions." Where staff were required to make decisions in people's best interests, staff knew what they liked and enjoyed. For example, one staff member told us, "[...] can't make decisions about her care but I know she loves her hair being brushed and wearing a certain perfume. She loves music too so we always put her music on and sing to her."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer.

People told us staff always asked for their consent before commencing any care tasks. People had also been asked to sign their care plans to confirm they consented to the care they received, as described in their care plan. A healthcare professional confirmed the registered manager and staff ensured they requested people's consent to any care provided.

People told us they liked the food and were able to make choices about what they had to eat. Comments included, "The food is very good, I look forward to my breakfast and lunch", "The food is very good, there's no problems there", "The food is always right, its lovely, lovely!" and "My relative has a good appetite and really enjoys the food." A conservatory had been converted to extend the dining area, making it light and airy and there was a friendly and calm atmosphere at mealtimes with staff talking with residents.

People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. Residents meetings were used to discuss people's meal preferences so they could be incorporated within the menu. The food people disliked or enjoyed and what the service could do to help each person maintain a healthy balanced diet were also clearly recorded in their care plans. People confirmed their food choices were respected and staff were aware of people's dietary needs and preferences.

Action was taken by staff to help ensure people were having enough to eat and drink. A recent team meeting had been used to remind staff to regularly encourage people to drink; and we observed staff offering hot and cold drinks throughout the day to prevent dehydration. One person confirmed, "They always make sure I have a drink at hand." When people needed support to eat, this was done in a dignified way, one staff member told us, "We always explain what it is we are giving them and if they're too tired, we go back later when they're ready." This helped ensure people were eating enough to keep them healthy.

People who gave their consent were weighed regularly. The registered manager explained, "If anyone loses weight one month, we monitor how much they are eating and drinking." This helped ensure any health concerns were identified as soon as possible. People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their health or wellbeing.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One staff member told us, "If you've worked with people a long time, you get to recognise if things are wrong." Another staff member explained, "If we think someone is unwell, we tell a senior and they will refer to a healthcare professional. We also check on other aspects of the person's health and seek advice. They get support from external professionals quickly. They

don't sit on it." Feedback to the service from a family member included, "[...] has had some quite poorly times recently but always gets the love and care they need."

Support people needed to maintain their health was recorded clearly to guide staff. For example, one person had diabetes. They were supported by staff to check their blood sugar levels and take insulin. There was a risk assessment in place which described what staff needed to do to help the person stay healthy and also described signs the person may be unwell and what action to take. A healthcare professional confirmed staff were knowledgeable about people's healthcare needs and ensured they sought up to date information when communicating about any changes or concerns with people's health.

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "There are always staff around if you need them, they're very caring" and "You couldn't ask for more caring staff than what we've got here." Feedback received by the home from a relative commented, "Penmount is a very caring and lovely home. The staff go the extra mile to be very kind and friendly. [...] is the happiest I have seen her. She is happy and settled." A member of staff confirmed, "The staff team is care orientated." A healthcare professional told us they felt staff relationships with people were positive and respectful and that they would be happy for their relatives to live there.

The registered manager explained, "We're working in people's home and that's what we want it to be. "They added via the PIR, "Penmount is a small and friendly home, we ensure that there are enough staff on each shift to make the people that live with us feel a part of our family." This ethos was reflected in the way staff described the home and the people living there. Comments included, "It's like a home from home" and "It's like a family."

People's privacy and dignity was respected. For example people told us doors and curtains were closed when they were receiving personal care. We observed staff perform their duties in a professional manner showing respect and dignity to whoever they were talking with. One staff member explained, "I just talk to people normally, like a friend when I'm supporting them." A healthcare professional who had observed staff support someone to an appointment fed back, "I wanted to commend a member of your staff. It was a pleasure to see them treat [...] with dignity and respect whilst engaging them in a friendly manner."

People's confidentiality may not have always been respected. Two office doors were regularly left open even though the offices contained confidential records. The registered manager told us they would ensure this did not happen in the future.

We observed staff encouraging people to be as independent as possible. For example, when people were walking, staff encouraged them by complimenting them on how well they were doing.

Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. For example, one person's care plan stated, "Assist by passing clothes and offer assistance with buttons." This helped ensure the person maintained important skills and only received help when they wanted it. A healthcare professional confirmed the registered manager and staff were focused on helping to develop or maintain people's independence, as appropriate and followed any recommendations made to help with this.

People told us staff knew them well and this was evident in the way staff supported people. For example, during lunch a staff member ensured one person was able to sit on the outside chair of the dining table as this was their preference. Another person liked to be in a darkened room with the curtains closed and this was respected. One person commented, "They (staff) tickle my feet when I'm having a shower, they make me laugh." The registered manager told us, "Night staff are expected to work days and day staff are expected to cover nights." This helped ensure staff had a comprehensive understanding of people's needs throughout

the night and day. People's likes and dislikes were also recorded in their care plans to help ensure they were consistently met by the staff team.

People told us, staff listened to them and took appropriate action to respect their wishes. Peoples' bedrooms were personalised and decorated to their taste. For example one person had a love of monkeys and the home had painted a monkey collage to decorate their room.

People were given the information and explanations they needed, at the time they needed them. We observed throughout the inspection staff explaining things to people, for example what they were eating or what care and support they were about to provide. These were explained in a calm and relaxed manner.

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. The PIR stated, "All staff here are trained in 'Death and Dying' and any people that live with us are treated with respect and end their life with dignity." A compliment received by the service commented, "Thankyou for all the love and support you gave mum and all the support you have given us, especially in the last few days of mum's life."

Is the service responsive?

Our findings

At the last inspection in January 2016, we found people's care plans did not always provide direction and guidance for staff about how to meet people's individual needs; and that people's care plans were not effectively reviewed.

At this inspection we found people had care plans that clearly explained how they would like to receive their care, treatment and support. The PIR explained, "Care plans are individualised and formulated with the people they are intended for, encouraging their preferred choices and routines." Relatives confirmed they regularly saw their family member's care plan and were encouraged to give input. Staff told us support plans were kept up to date and contained all the information they needed to provide the right care and support for people. Support plans were reviewed and updated regularly to help ensure people's needs and wishes were being met. Where necessary health and social care professionals were involved.

People felt that their care was focused on their individual needs. The registered manager told us, "We work in their home and what they want, they get." We observed staff talking with people and helping them if they needed anything. One person confirmed, "The staff are extremely helpful."

When people moved into Penmount Grange, a checklist was in place for staff to ensure they had informed the person about different aspects of the home and service and had completed all relevant records and paperwork. This helped ensure staff had sufficient information to be responsive to people's needs.

Handover between staff enabled staff to share information on a daily basis about people's current needs. The PIR stated, "Care staff have a handover at the start of their shift, this time is 'protected' to ensure they have all relevant information required to meet the needs of each person that lives with us." Staff confirmed each individual was discussed to help ensure no information was missed. One staff member added, "You're aware before working with someone each shift what their needs are. We can add information or comment too."

People were empowered to make choices and have as much control and independence as possible. The PIR stated, "Everyone is recognised as an individual. Choices are actively promoted."

People confirmed this was the case and told us for example, they were able to get up, go to bed and have a bath or a shower whenever they wanted. The registered manager explained, "One lady likes to get up at 6am so she can go to a day centre and another lady goes to bed at 3pm because she's more comfortable there."

People told us they were able to maintain relationships with those who mattered to them. One person told us, "I'm encouraged to go out with my son. We often go for a coffee." Staff also recorded conversations they had had with people's friends and family members. This helped ensure other staff were aware of any wishes or information the family had shared. Visitors told us they were always made to feel welcome and could visit at any time. A compliment received by the service from a family member stated, "I wanted to say how helpful and friendly your staff are whenever I phone or visit."

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. During the inspection people played various games with staff members and had the opportunity to have a manicure. Before lunch staff also encouraged residents in a 'sing-a-long'. People told us, "I love playing the games with the girls, and sometimes I'm a winner" and "I enjoy the sing song we have with the boss and staff before we eat, it makes me smile." Other regular activities included visits from a singer, a masseur and a hairdresser. People told us they looked forward to these visits. Comments included, "I love having my nails done, she's such a lovely girl that does them."

In addition to group activities people were able to maintain hobbies and follow their interests, staff provided support as required. One person enjoyed wooden model building and proudly showed us a large model of a paddle steamer they had made. Another person worked three days a week at a local day centre. A staff member added, "One lady is 98 and loves scrabble. She has a large print board and staff play with her; and one lady likes to look through her photos with us. We like to chat to people about their lives."

One person, who was cared for in bed, did not have any planned activities beyond receiving personal care and support to eat and drink. Following feedback from the inspection the registered manager told us they had arranged for the person to have one to one time with staff on a daily basis which included having massages and hand and nail therapy. They also reported the person's family were very happy with this.

Records did not always show when people had been engaged in or enjoyed activities. This meant it was difficult to identify whether everyone was receiving the level of cognitive and physical stimulation they preferred. During the inspection the registered manager and provider said they would trial a new computerised system with an aim to improve recording in this area. Following the inspection, they confirmed they had started to implement the new system and it was working well.

People told us they would know who to complain to if they had any concerns. The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home. People's concerns and complaints were encouraged, investigated and responded to in good time. A relative explained they had previously raised a concern but this had been resolved by the registered manager. One person confirmed, "I'd let them know if things weren't right, but everything is perfect!"

Is the service well-led?

Our findings

People told us they felt the service was well led. One person explained, "All the staff are hands on, even the manager"; and feedback received by the service stated, "[...] couldn't be in a more professional, caring and supportive home." The registered manager told us via the PIR, "I am passionate about what I do." They were clearly proud of improvements made to the service telling us, "We've come a long way."

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. Via the PIR, the registered manager told us, "I lead by example, and would not ask any staff member to do, what I would not do." Staff members confirmed this was the case saying, "The manager's there to steer us and check everything is done. You know things that need to be done are being done then", "It's very well led. The manager is very approachable and supportive. They're on the floor and very involved" and "The manager speaks to everybody and communicates in a way they understand. Even a resident who doesn't say much will chat to her."

The registered manager told us their aim was to create an environment which enabled people to feel at home. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for and talked about people. One staff member described the culture of the home as, "Residents first. Their welfare, comfort and safety. They're the top priorities." Another staff member explained they felt effective recruitment procedures had been important in achieving this aim. They told us, "They (the registered manager and provider) are in the culture of having good carers."

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. One person told us, "I know some of the girls have been here years, they must enjoy it."

People, visitors and staff all described the management of the home as approachable, open and supportive. The registered manager used residents' meetings to remind people their door was always open to them and we witnessed throughout the inspection, people pop into the office for a chat, for help or to ask for advice.

Staff told us they felt empowered to have a voice and share any opinions and ideas they had. The PIR stated, "As the manager, I hold regular staff meetings ensuring staff feel valued." One staff member confirmed, "The meetings are useful. We get to have our say. Staff voice their opinions and are listened to." Staff meetings were also used to discuss ways to improve service delivery. For example, one meeting reminded staff that, if people consented, staff should help keep people's rooms tidy.

The home worked in partnership with key organisations to support care provision. The registered manager told us, "We have a good relationship with the district nursing team and with the local GP."

The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team

included them in discussions about their care and the running of the service. Information was used to aid learning and drive improvement across the service.

There was also an effective quality assurance system in place to drive continuous improvement within the service. Audits had identified staff were not always ensuring records of care given were accurate and up to date. The registered manager told us they had tried introducing different systems within the home to improve the level and quality of recording; however, they said they recognised there were still improvements to make. We found several records regarding different aspects of people's lives, such as personal care, activities, eating and drinking had not always been completed fully. This meant it was not possible to gain a clear overview of whether people were receiving their care as and when they wanted it; and senior staff were unable to easily monitor whether people were regularly refusing offers of care and support. The registered manager discussed this concern during the inspection with the provider and they arranged to trial a new computerised recording system, with a view to improving the quality of record keeping. Following the inspection the registered manager told us they felt the trial with the new system was working well.

The registered manager attended regular training relevant to their role and used this to help ensure staff and the home reflected best practice. They told us the provider also embraced changes they believed would improve the quality of care for people.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.