Ms Susan Footitt

Hollybank House

Inspection report

Hollybank House
Church street
Stacksteads
Lancashire
OL13 0RW

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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

This inspection took place on the 7 July 2016.

Hollybank House is a small care home registered to provide personal care and accommodation for up to five adults. The property is an older type end terraced house close to Bacup town. The interior facilities include conservatory, lounge, and dining kitchen. The bedrooms are single occupancy and two of them have en suite facilities. There is a garden area to the back of the property.

The service was managed by the registered provider who has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection on 4 September 2014 we found the service was meeting the regulations which were applicable at the time. During this inspection we found the service was meeting the current regulations.

People were cared for by staff that had been recruited safely. Appropriate checks had been carried out to make sure staff employed were of good character. People using the service were involved in recruiting staff.

There were sufficient numbers of suitably qualified and experienced staff to support people.

Staff felt confident in their roles because they were well trained and very well supported by the registered provider to gain further skills and qualifications relevant to their work. They were highly motivated and committed to provide a high quality of care.

People's medicines were managed safely and were administered by staff who were trained and competent.

There were good systems and processes in place to keep people safe. Staff had a good understanding of risk management. Risks to people had been identified, assessed and managed safely. People were encouraged to live their lives the way they chose and were supported to recognise this should be done in a safe way.

We found the premises to be clean and hygienic and well maintained. Regular health and safety checks were carried out.

The service liaised with other service sector professionals such as GP's, care co-ordinators and psychiatrists. This helped to make sure people received co-ordinated and effective care and support.

The registered provider and staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act (MCA) 2005. Staff followed the principles of the MCA 2005 to ensure that people's rights were protected.

People's nutritional needs were met and they were involved in menu planning as well as basic food preparation and cooking. Healthy food options were promoted.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. Care plans were written with sensitivity to reflect people's needs and to ensure basic rights such as dignity, privacy, choice, and rights were considered at all times.

People told us they had their privacy and were respected by all staff. Each person had an individual care plan that was sufficiently detailed to ensure they were at the centre of their care. Care files contained a profile of people's needs that set out what was important to each person, their wishes and future hopes.

People's individual needs were assessed and care plans were developed to identify what level of care and support they required. People's care and support was kept under review and people were regularly consulted to ensure their wishes and preferences were met and their independence was promoted.

People were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed.

Staff were knowledgeable about people's individual needs, backgrounds and personalities and supported people to maintain their relationships with their friends and relatives.

Activities were varied and appropriate to individual needs and people were supported to live full and active lives and to use local services and facilities. People were valued and treated with respect..

People told us they were confident to raise any issue of concern with the registered provider and staff and that issues they raised would be taken seriously. They had meetings to discuss any matter that affected them and current issues. They also had contact details for other agencies they could approach to help them raise complaints.

People had also been encouraged to express their views and opinions of the service through regular meetings, care reviews, and during day to day discussions with staff and management.

People said the management of the service was very good. There were opportunities for people to give formal feedback about the service, the staff and their environment in quality assurance surveys. Recent surveys showed overall 'good satisfaction' with the service provided.

There were systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being and evidence the findings supported business planning and development. We found regular quality audits and checks were completed to ensure any improvements needed within the service were recognised.

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.

People told us they felt safe. They were cared for by staff that had been carefully recruited and were found to be of good character.

People's medicines were managed in accordance with safe procedures and staff who administered medicines had received appropriate training

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good

The service was effective.

People were supported by staff that were very well trained and supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access appropriate healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

The service was caring.

Staff were very respectful to people, attentive to their needs and treated them with kindness in their day to day care.

People were able to make choices and were involved in decisions about their care. Staff had a good understanding of people's personal values and needs and placed people at the heart of the service they provided.

Is the service responsive?

Good

The service was responsive.

Staff were very knowledgeable about people's needs and preferences and supported people to live their life to the full. People's care plans were centred on their wishes and needs and kept under review.

People were very well supported to keep in contact with relatives and friends and activities provided were varied and meaningful. Contact with the community was well established.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Is the service well-led?

Good

The service was well led.

People made positive comments about the management and leadership arrangements at the service.

Systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Hollybank House

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.

This inspection took place on 7 July 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection, we considered the information which had been shared with us by the local authority and other people, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law..

During the inspection we spoke with one senior staff, one support worker and two people living in the home.

We made some observations and looked around the premises.

We looked at three people's care files, and other people's randomly selected care records, three staff record files, the staff training records, the staff rota, medicine records, meeting minutes, complaints book, a selection of the policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

We spoke with two people living at Hollybank House. We asked them about their life at the home, what they did, the staff who supported them, their accommodation and what being safe meant for them.

One person did not talk to us but gestured they were happy with the staff who supported them. Another person we spoke said "The staff are lovely. I like [named staff]. She helps me with everything. She is very kind. Everyone is very kind." And, "The nicest thing here is the staff who look after us." We looked at the comments in quality monitoring carried out at the service. People considered they could, 'Trust staff enough to be able to tell them if they felt anything is wrong.'

We asked people using the service of their opinion regarding staffing levels. One person told us, "There is always staff here even during the night. When we go out staff will come with us if we want. They take us to different places."

We looked at the staff rota for the week. This showed staff were deployed to cover times throughout the day and night when people needed the most support. Staff we spoke with confirmed they had time to spend with people. Rotas were arranged to take into account the different activities people engaged in. We noted some staff worked long hours and regular weekends. The senior staff on duty told us cover for sickness or annual leave was managed with existing staff. They never used agency staff. This helped to ensure there were enough staff to provide a reliable and consistent service.

We looked at records of three staff employed at the service to check safe recruitment procedures had been followed. We found checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, a physical and mental health declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults, this would help employers make safer recruitment decisions.

People using the service had been involved in the recruitment process. They had been able to meet applicants and give their views regarding the applicant. Following that, people using the service discussed their views of the applicants with the team. This helped to show a fair selection process had been used that embraced equal opportunity for everyone. One person using the service told us, "I picked (staff member) to work for us, we like her and she is good." The senior on duty told us it was important they employed people with the right values and personality to meet people's needs. They said, "We don't have a big staff turnover. It's important people like the staff who will be working with them."

We saw people using the service had their own, 'House Rules'. These were displayed in the kitchen. House rules were an agreed set of standards people had in place designed to support them to consider others and to protect themselves. There were also individual contract agreements in place. People using the service had their own policies and procedures that covered topics such as accidents, complaints, drugs, bullying, fire safety, food hygiene, health and safety awareness, safeguarding, smoking and alcohol.

All the staff we spoke with were fully aware of the service's safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. We were told they were actively encouraged to raise any concerns they had regarding people's health, welfare and safety as part of day to day practice. One support worker told us, "I wouldn't hesitate to report any abuse to the manager. I'd take it higher if I needed it to, I wouldn't ignore it." There were policies and procedures to support staff take the right action to deal with safeguarding issues and to protect people.

Staff were also aware of the service's whistleblowing policy and were confident the registered provider would deal appropriately with any concerns they raised. They were clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies dealing with these issues.

We looked at how the service managed risks to people's welfare and safety. Risk assessments were in place to ensure the safety of both staff and people using the service. We found risk assessments were proportionate and centred around the needs of people using the service. They were well written with risk management strategies seen that included signs and triggers for staff to be aware of. All risk assessments were being reviewed regularly.

People were encouraged to live their lives the way they chose. Staff we spoke with had a good understanding of risk assessment processes and of the agreed risk management strategies in place for each person using the service. There were policies and procedures for managing risk in place that staff could refer to.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date. Staff had instructions on administering medicines prescribed "as when necessary" and "variable dose" medicines.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Training records showed staff responsible for medicines had been trained. Regular audit of medicine management was being carried out and this included daily checks. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service.

We looked at how the service managed risk relating to the environment. Environmental risk assessments and health and safety checks were completed and kept under review. Emergency evacuation plans were in place including a personal emergency evacuation plan (PEEP) for each person living in the home and fire safety procedures were discussed at house meetings. One person using the service had been trained as a Fire Marshall. Heating, lighting and equipment had been serviced and certified as safe. Health and safety training was provided for all staff that included first aid.

We found the service to be clean. All bedrooms had safety locks fitted as standard on bedroom doors and people held their own key. The type of lock used enabled staff to gain access in an emergency and people could never be locked in their room.

Good

Is the service effective?

Our findings

The people we spoke with told us they were happy with the care they received at Hollybank House. One person told us they had confidence in the staff that provided their support. Their comments included, "I get all the support I need to do things I want to do. (Staff member) helps me when I choose what I want to do for the week." A care coordinator told us, "I have no concerns regarding the placement at Hollybank House."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. The service supported staff as appropriate; to attain recognised qualifications in health and social care, such as a Diploma in health and social care. All the staff had completed the Care Certificate as a refresher course to help to increase their knowledge and awareness and to encourage motivation, interest and to focus on meeting the changing needs of people using the service. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

There was an in depth induction programme for new staff to help make sure they were confident, safe and competent in their role. Staff told us they were supported by the registered provider and received regular supervision. There was always a senior member of staff on duty. Staff we spoke with commented, "I had plenty of guidance and support. (Registered provider) is brilliant." And, "I've done the Care Certificate. I absolutely love this job. We are very well supported and if we are unsure about anything we just contact (Registered provider) and get the support we need."

Records showed checks had also been completed on staff working practice. These checks help to identify any shortfalls in staff practice and support the registered provider to identify the need for any additional training and support required. All staff had received regular supervision and an annual appraisal of their work performance. Supervision was structured well and topics covered were relevant. For example one supervision record we looked at included CQC, training, service users, staffing, holidays and 'other'. Actions were agreed and this was signed and dated.

Staff told us handover meetings were held at the change of every shift. A communication diary and daily diaries helped them keep up to date about people's changing needs and the support they needed. Records showed information was shared between staff. One member of staff said, "We have a good team; we all work well together. Our work is flexible to accommodate individual needs and choices."

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 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 DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All the staff team had received training in the principles associated with the MCA 2005 and the DoLS. We found staff had an understanding of the relevant requirements of the MCA and understood the importance of gaining consent from people and the principles of best interests' decisions. Care records showed people's capacity to make decisions for themselves in all aspects of their lives had been assessed on admission and kept under review.

We looked at decisions that had been made. Rights and choice were discussed with people using the service at their care planning reviews, for example sharing of information, medication administration, support with personal and social care, health monitoring and personal environment. We noted in every decision taken people had been involved throughout the process. Staff we spoke with said they monitored this and would report any changes in people's ability to make decisions. Policies and procedures in relation to the MCA and human rights were available for staff reference and all the staff had signed to say they had read them.

The care planning process took into consideration people's dietary needs, food preferences, likes and dislikes. Processes were in place to assess and monitor this and nutritional screening assessments had been carried out. We saw for example times people preferred to eat, foods they enjoyed and special dietary requirements such as diabetic diet were noted and catered for. People were encouraged to choose healthy options for meals and menu planning was discussed with them at their house meetings. People's weight was checked at regular intervals. This helped staff to monitor risks associated with a poor diet and support people improve with their diet and food intake.

We observed people were given the support they needed to develop and maintain skills in the kitchen by preparing meals and drinks where appropriate. One person told us, "I love cooking. Staff always have time to help me. [Staff] is brilliant. She likes cooking too" and, "I can make drinks whenever I want. I enjoy my food and we all choose the menu. If we don't like what others have chosen we can have something else."

Diet and nutrition was being managed on a personal level for each person. The care plans we looked at showed people were fully supported to have control over their nutritional needs and work was being carried out to promote healthy eating. Staff we spoke with told us there was no limitation on what people could have and the quality of the food was good. Fresh produce was purchased such as meat and vegetables and petty cash available for other supplies if people requested different.

People's health care needs had been assessed and people received additional support when needed. People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs and these were kept under review. This helped staff to understand the extent of people's limitations regarding their health and to recognise signs of deteriorating health. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We looked at the way the service provided people with support with their healthcare needs. Every person had a health assessment and were encouraged to access healthcare in community settings for routine health screening. Where people experienced difficulty to manage this, alternate arrangements were made to

ensure their healthcare needs were not overlooked.

People spoken with were satisfied with the accommodation and facilities available at the home. One person told us, "I like my room. I have everything I need. I can put my drawings up, it's really nice and staff help me to keep it tidy." We noted upgrading and refurbishment of the premises was on-going and we discussed the future plans to improve the appearance of the front of the property and the vestibule. We noted since our last inspection the back of the property had been improved and provided a pleasant, safe garden area for people to use.

Good

Is the service caring?

Our findings

People we spoke with said they were cared for very well. One person commented, "I love the staff. I can talk to them if I have any worries. They are friendly and helpful. They are really kind. We get all the help we need." Another person we spoke with gestured they were happy with staff when asked.

During our visit we observed how people were treated with dignity and respect. People were called by their preferred names and the staff and people chatted happily together. We did not see any institutional practices and observed people spent their time as they wished. There were no restricted areas in the home and people could spend time alone [which we respected during our visit] or in the company of others.

We spoke to one person regarding privacy issues and asked them what that meant for them and their friends living in the home. We were given good examples that demonstrated people's privacy was considered all the time. We were told, "I can lock my room and I don't go in other peoples' rooms. I have everything I want in my room and I have a day to do my washing separate from the other people." We were told mail was received unopened and when staff discussed people's care and support with them, this was done in private.

Staff spoke about people in a respectful, confidential and friendly way. Communication was seen to be very good. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. People's records were kept safe and secure and people .

The service had policies in place in relation to privacy and dignity and a charter of 'resident's rights'. Staff were expected to familiarise themselves with these and induction training covered principles of care such as privacy, dignity, independence, choice and human rights. From our discussions and observations it was clear staff had a good understanding of people's needs, interests and preferences.

People we spoke with told us they valued their independence. Staff supported them to achieve this. One person told us, "I do most things for myself. I can't manage everything. I'm happy to be able to do the things I want."

Care plans were centred on people's views and wishes for their care and support. Attention was given to detail in care plans regarding what people wanted and needed. We saw evidence people's independence was being maintained and daily living skills were being assessed and monitored. It was clear from information within care plans people's right to be self-determining in their lifestyle was acknowledged and respected. People's care and support was planned and delivered in a way that protected them from any unlawful discrimination. At a staff meeting in February 2016 staff had discussed diversity and what this meant for them in promoting individuality and equality.

People were not excluded from community involvement and were supported to live as valued members within the home and wider community. At the meeting for service users in March 2016 they had discussed

the European Referendum (Brexit). People had remembered voting in the last election and were excited at having another opportunity to vote again. Points for and against had been discussed impartially and an easy read guide to the Brexit debate and voting provided.

The service provided personalised support for people through the use of a key worker system. This meant that staff were delegated to oversee people's care and support. The senior staff on duty told us people could choose who they wanted to support them. Staff we spoke with explained their role as a key worker. The system helped them support people in a person centred way. For example one staff member told us, "It's good for relationship building with people. We've known some of these people for years and we understand their needs very well. They trust us and this is something you build on and takes time."

The person in charge told us people could access advocacy services if they needed this support. This was something they would help them with. An advocacy service is provided by an advocate who is independent of social services and the NHS, and who isn't family or friend. They support people, especially those who are most vulnerable in society, to have their voice heard, access their rights and have more control over their lives. We saw people had voted in the Brexit referendum as planned.

People were encouraged to express their views during daily conversations, house meetings and satisfaction surveys. At the last meeting in March 2016 people were asked individually with regards to their care and support and had all responded positively. The meeting was informative and provided people with an opportunity to make shared decisions and have an update on forthcoming events. Staff reminded people of the complaints procedure and discussed their rights. People using the service contributed to the meeting and raised other topics that were discussed. We looked at 'Dignity in Care' audit carried out at the service. The results showed people had confidence they could raise issues without fear of repercussions and that staff were 'sensitive' 'had patience' and were 'understanding'.

Good

Is the service responsive?

Our findings

We asked people using the service how they were involved in determining the level and type of support they needed and wanted. One person told us, "Of course I do. I have meetings with my key worker to see how things are. We go through all the things I do and want to do. If I want to do something different I can. [Staff] is brilliant." We could determine from the dignity in care audit, people considered their right to do as they wished was upheld and that they could choose the amount of assistance they needed and who assisted them.

We looked at the way the service assessed and planned for people's needs, choices and abilities. We looked at three people's assessment, care and support plans. These were thorough and were focused on people's individual circumstances and their immediate and longer-term needs. The information in the assessments was wide ranging and included information from other relevant sources, including the person's social worker, health and social care professionals and family members [if appropriate] involved in the persons care.

The senior staff on duty told us admissions to the home were few and far between. Most people had lived at the home for a long time and all admissions were planned admissions. This allowed for people to be properly assessed and helped to support a decision to offer a placement at the home that would benefit the person and make sure staff had the right skills to meet their needs. People had the opportunity to visit the home and spend some time there including overnight stays getting to know other people living in the home and the staff team.

We looked at the assessment records of people using the service and found they covered a wide range of needs, such as interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs,. abilities, choices and behaviours.

We found very good evidence in care records that people had been involved in setting up their care and support plan. Care plans we saw were very well written and provided in-depth and detailed guidance for staff on how to provide care and support that met with people's needs. Care records clearly detailed people's routines, likes and preferences and provided good evidence to show people were at the centre of their care. The plans also provided staff with insight into what was important to each person and what they should be mindful of when providing the support people needed. This meant any changes in need could be identified more easily, and changes to people's support managed well.

The care and support plans were accompanied by a series of risk assessments. The care plans identified desired outcomes for people and a structured plan for achieving this. For example one aim was 'forming and maintaining relationships'. Actions were recorded such as 'To engage in therapeutic discussions about different types of relationships', 'engage in discussions about boundaries'. The person's vulnerability in achieving this aim was considered and actions put in place to address this.

The care plans had been updated on a monthly basis and in line with any changing needs. It was clear care plans responded to individual needs and any changes made to people's support was managed well. Staff maintained records of people's daily living activities, their emotional health and well-being and the care and support provided to them.

Staff we spoke with told us they were familiar with people's care plans. They told us there was a regular handover meeting at the start and end of each shift. This meant they were kept well informed about people's needs. Staff told us when they had been off for a couple of days or on holiday they were always briefed about people's needs when they returned to work. We also saw evidence meetings were held promptly to discuss people's care when their needs had changed.

We found positive relationships were promoted and people were being supported as appropriate, to maintain contact with relatives and friends. Arrangements were in place to support people to have home visits where possible. One person was visiting their relative and staff had supported the person to buy flowers for the occasion. Staff escorted people to and from their relative's homes.

Each person had a personalised programme of activities. One person told us, "I like drawing and colouring pictures. [Staff] helps me with baking. That's really good." We looked at the activity organiser for all the people living in the home. Activities were varied and included community based activities. For example people one person worked at a nursery and toddler group. We saw that people had cookery classes, daily walking exercises [planning for a charity walk], shopping, games nights, film nights, arts and crafts, and a drive out for all as well as tea out in the community. They also had holidays of their choice.

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with were all very much aware of the service's complaints procedure and processes. This was discussed in their meetings.

One person we spoke with said, "They ask us if we have any complaints. I would tell (registered provider)" and, "I'd tell staff." They were confident their complaint or concern would be dealt with. There was a copy of the complaints procedure for people to see and they had an easy read version to refer to. The procedure was also included in the guide to the service. Staff spoken with expressed an understanding of their role in supporting people to make complaints and how to respond to them.

The complaints procedure provided guidance on making a complaint. The procedure explained how complaints would be managed, including the expected timescales for the investigation and response. Reference was made to raising concerns with the CQC and the appropriate contact details were noted. However this needed to be updated.

Good

Is the service well-led?

Our findings

We asked people for their opinion in how the service was managed. One person told us, "(Registered Provider) is great. I see her a lot. She's nice. If I ask for anything she gets it. I like her and I like everyone here."

People were actively encouraged to be involved in the running of the home. We saw house meetings were held and a range of issues had been discussed. Surveys were carried out at regular intervals and an analysis of the results completed. All the outcomes evaluated showed a good level of satisfaction of the service provided. For example people considered they 'felt welcome to comment and confident their views were heard'.

The service was managed by the provider. She was qualified, competent and experienced to manage the service effectively and was supported in her role by a deputy manager and senior staff. There was a clear management structure and staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered provider was not present, there was always a senior member of staff on duty with designated responsibilities.

Staff we spoke with were very complementary about the management of the service. They told us the provider worked alongside them and was very approachable, a good listener and appreciative of their work. One staff member told us, "The service is well led. (Registered provider) is very good and will listen to what you have to say. She is definitely open to suggestions and I can approach her for advice and support any time." Another staff member told us, "Its lovely working here. We are well supported and we work well as a team. We try our best to provide a good service for people. It's like being a family, we help each other. People living here have a good life. (Registered provider) is approachable and supports and trains us well to do our job."

Staff we spoke with had a good understanding of the expectations of the registered provider. They had been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team took a professional approach to meeting people's needs.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. These were reviewed periodically to make sure they were updated and to reflect any necessary changes. Staff were expected to be familiar with these and follow procedures as standard practice. Procedures were discussed at meetings and in one to one supervision. Staff had signed to confirm their understanding of these.

We saw evidence the registered provider monitored key areas of care delivery such as medication, health and safety, staff training records, care plans, the environment and catering requirements. This meant there was constant oversight in all areas such as infection control, health and safety, safeguarding, incidents/accidents and nutrition. The senior staff on duty told us the registered provider was good at

responding to and dealing with areas found to need improvement. The home had a program of refurbishment. We were told "(Registered provider) is very good at providing anything we need. She always listens to suggestions."

There was a business continuity plan and a business impact analysis completed. This was accompanied by a recovery action plan should this be required. This meant the registered provider had taken reasonable steps to ensure any potential risk to the operation of the service did not impact on the standard of service people received.