

Orchard Care Homes.Com Limited







Clipstone Hall and Lodge

Inspection report

Mansfield Road
Clipstone Village
Mansfield
Nottinghamshire
NG21 9FL
Tel: 01623 636350

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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	

Overall summary

We carried out the unannounced inspection on 10 and 11 November 2015. Clipstone Hall and Lodge is run and managed by Orchard Care Homes Ltd. The service provides accommodation and personal care for up to 90 people. On the day of our inspection 59 people were using the service, which is split into five areas. Two units catered for people requiring residential care and three units supported people living with dementia.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who

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

When we last inspected the service on 21 and 22 January 2015 we found people did not always receive their medicines as prescribed. The risks to people's safety were not always well managed. People were cared for by staff

Summary of findings

who did not feel fully supported. People did not always receive the support required to eat and drink sufficient amounts and access to healthcare services was inconsistent. People were not always cared for in a kind and considerate manner and did not always receive the care and support they required as changes to care plans were not always made when they were needed. People did not always receive a quality service because the systems to manage risks to people were not effective. We asked the provider to send us an action plan telling us they would make these improvements by 30 June 2015. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan.

At this inspection we found people were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed. Appropriate risk assessments were in place for both individuals and the environment. People received their medicines as prescribed and the management of medicines was safe.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

Staffing levels were sufficient to support people's needs and people received care and support when required. They were protected from the risks of inadequate nutrition. Specialist diets were provided if needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. They were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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?

The service was safe.

Good



People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

Risks to people's safety were appropriately assessed.

People received their medicines as prescribed and these were managed safely.

There were enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Is the service effective?

The service was effective.

Good



People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health needs were effectively monitored.

Is the service caring?

The service was caring.

Good



People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

People were supported to make complaints and concerns to the management team.

Good



People residing at the home, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Summary of findings

Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Good



Clipstone Hall and Lodge

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 10 and 11 November 2015 and was unannounced. The inspection team consisted of two inspectors. Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about

important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with seven people who were living at the service and four people who were visiting their relations. We spoke with six members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of six people who used the service, six staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

When we last visited the home we found that medicines were not always given in a timely way and some were not stored safely. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we observed medicines rounds in two of the units and saw the members of staff followed safe practices and ensured each person took their medicines. One person who lived at the home told us, "Yes I get my medicines on time." We looked at the Medication Administration Record (MAR) for someone with a medical condition where the timely administration of their medicine was particularly important. We found their medicines had been administered in a timely manner. We saw another person was prescribed a sedative to be taken as needed and found it had been administered according to the directions.

During this inspection we found medicines were stored safely and correctly. Appropriate checks were carried out on fridges that stored medicines to ensure the temperatures were within a safe range. We talked with the registered manager about the ordering and supply of medicines to the home. We found there was a process in place to ensure the timely ordering and supply of people's medicines and records showed people had their medicines as required.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. People we spoke with who lived in the home told us they received their medicines on time. One relative we spoke with told us they didn't think there were any problems and that their relation got their medicines when they needed them.

An electronic system was in place for the medicines management and administration and we were told the supplying pharmacy had provided training for staff when the new system was introduced. Staff told us they received training and competency assessments prior to administering medicines independently. One member of staff said they had asked to be supervised for a longer period of time until they were confident they were competent and this had been accommodated by the registered manager.

People we spoke with told us they felt safe living at the home. One person said, "Yes I feel safe, the staff make me feel safe." Another person told us, "Yes you can trust the staff." People told us if they were concerned they would know who to speak to. They told us they would be happy to go to the registered manager or deputy managers if they had any concerns. Another person who lived at the home told us, "I would speak to the care staff." Relatives we spoke with also told us they knew who to speak to if they had concerns. One relative said, "Never had any concerns, if I did I would go to the office."

Staff showed a good understanding of the different types of abuse and how to recognise and respond to possible abuse. One staff member told us they had not observed any inappropriate attitudes or care from other staff. Another staff member told us they felt people who used the service were safe. The staff we spoke with understood what their role was in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse and the management team had developed and trained their staff to understand and use appropriate policies and procedures. One member of staff told us, "We have done some e-learning, then someone observes our practice and we have face to face questions on safeguarding issues."

The staff we spoke with told us they received support from the registered manager who encouraged them to raise any concerns they had. They were confident that the registered manager would deal with any issues they had and they were also aware they could contact the safeguarding team at the local authority should this be required.

Risks to individuals were assessed when they were admitted to the home and reviewed regularly to ensure their safety. One person we spoke with who lived at the home told us, "Yes the staff spoke to me about my needs." Another person told us they had their walking frame to help keep them independent, they told us the care staff reminded them to use it.

Staff we spoke with were aware of how to manage risks to people's safety. One staff member told us, "Yes we use risk assessments with risk reduction plans if the risk is high." The care records we viewed contained risk assessments for people including the risk of pressure ulcers, malnutrition, and falls. There was a risk assessment for one person in relation to the use of bed rails and we saw the decision had been taken not to use bed rails as they were not suitable.

Is the service safe?

and other measures such as a crash mat and sensor system had been put into place to reduce the risk of injury if the person fell from their bed. Each person had a Personal Emergency Evacuation Plan in place providing information of their care and support needs in the event of the emergency evacuation of the building.

Staff said they had the equipment they needed to provide safe and effective care. If equipment required repair it was reported and repair was arranged as soon as possible. We saw several people being assisted with their mobility and noted staff used the equipment safely.

People could be assured the environment they lived in was safe. The registered manager and regional manager undertook regular environmental audits. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

People who we spoke with told us there were sufficient staff to meet their needs. One person told us, "Yes they come when I call." Relatives we spoke with told us they felt there were enough staff. The registered manager told us they used a dependency tool to help them establish safe levels of staff on duty and staff told us there were enough staff rostered on duty to provide the care people required. One person told us, "Yes staffing levels are okay, we all try to support each other." Although agency staff were occasionally used to cover sickness the registered manager told us they tried to cover shifts from existing staff.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined six staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

When we last visited the home we found that staff did not always feel fully supported to carry out their duties effectively. During this inspection we saw that people were cared for by staff who received regular training relevant to their role and were supported by the registered manager and deputy managers who managed staff training. The people we spoke with told us they felt staff had the right training for their jobs. One person told us, “Yes the staff know what they are doing and the new ones get help from the others.” A relative we spoke with told us, “They (staff) know what they are doing.” A member of staff we talked with who had recently started work at the home said they were undergoing induction. They had completed some of the required training and were shadowing experienced care staff to observe the care of people to ensure they understood their needs. The staff member told us they felt supported by their colleagues.

Staff we spoke with told us they underwent regular training relevant to their roles which they felt helped them to provide effective care. They told us the training was a mixture of e-learning and face to face training and included moving and handling, first aid, health and safety, dementia care, fire training and tissue viability. We saw training records which showed a regular up to-date training programme was in place. Staff had access to nationally recognised qualifications in care and a number of staff were undertaking these courses.

When we last visited the home staff told us although they had supervision, concerns they raised at these sessions were not always acknowledged or responded to. Supervision records that were viewed were often generic and did not show what support was being given. During this inspection staff told us they were supported with regular supervision which had increased during the last year. They told us the supervision sessions were very useful, one member of staff said, “It’s sometimes the little things and we discuss allsorts, so we know what’s expected of us.” We saw up to date records of supervisions which were individual and showed what support staff had been offered in their role.

People could be assured they would be supported to make independent decisions about their care and support. One person told us, “Yes I make my own decisions.” They told us staff talked to them about their care needs when they first

came to the home. People told us they were able to spend their time the way they chose to and confirmed that staff obtained their consent before delivering care. One person told us, “Yes they always check it’s alright to do things before they start.”

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. 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 registered manager had applied for agreement from the local authority to restrict some people’s liberty and was waiting for their decision.

Staff we spoke with had an understanding of the MCA and DoLS. One member of staff told us they had received training on what the MCA meant to the people they cared for. They told us, “We would assume a person has capacity and we should approach people as if they have.” Staff told us that although many people who used the service had dementia and lacked capacity to make major decisions about their care, they could make day to day decisions. One person said, “Just because someone hasn’t got capacity it doesn’t mean they shouldn’t have a choice.” They went on to describe choices about meals, clothing and activities.

When we last visited the home we observed that staff did not always support people living with dementia in a way that met their individual needs. During this inspection staff we spoke with told us they had completed training in dementia care and they had found this useful. Staff told us when people’s behaviours or moods varied they talked to them and tried to calm them. They would leave them for a while or ask another member of staff to talk to them if they couldn’t calm the person themselves. A staff member told us, “Another face sometimes helps.”

Is the service effective?

When we last visited the service we found people did not always receive the support required to eat and drink sufficient amounts. At this inspection we found people's individual nutritional needs were met and they were supported to eat enough. The feedback we received about the quality and choice of food was mixed. People told us the quality and presentation was variable. One person said "It is not what you are used to at home." We raised this issue with the registered manager who told us they were aware of the issue and was in the process of employing a new chef to bring about improvements in the quality and choices of food.

People told us they got enough to eat and were able to have snacks and drinks at any time and we saw drinks being offered to people throughout the day. We observed lunches being served in different units during our inspection. Staff showed a good understanding of people's dietary needs. They checked people's choices with them prior to serving them. Staff asked people if they needed assistance and provided help when appropriate. Where people needed full assistance with their meal staff sat with them and chatted to them during the meal.

People's dietary needs had been assessed and were recorded in their care plans. Where needed individuals had been appropriately referred to specialist teams and their advice recorded and communicated with care staff, the chef and their team. We saw evidence of the communications in people's care plans and in the kitchen.

There were records of the food and fluid intake of people who were at risk of malnutrition or required their fluid intake monitoring. People's weights were monitored regularly to ensure they maintained a healthy weight. Staff used a weight monitoring tool to assess any excessive weight fluctuations and referred individuals to the appropriate health professional for support should this be required.

When we last visited the home we found people's day to day health needs were not consistently met because staff did not always follow guidance that had been received from healthcare professionals. During this inspection people told us they had access to the relevant health professionals when they needed them. One person told us, "I haven't needed a doctor but the nurse comes to do my dressings and I see the chiropodist regularly." Another person told us, "I have needed to go into hospital a couple of times and the staff have sorted this." One relative we spoke with told us, "Oh yes they get the doctor as soon as they are needed."

Staff we spoke with were aware of the processes for referring people to health professionals and. The registered manager told us the deputy manager on shift would walk round the home each morning to ascertain if people required a GP or nurse visit and co-ordinate this with the local teams. Peoples care plans showed records of visits and instructions from the health professional.

Is the service caring?

Our findings

When we last visited the service we found people were not always cared for in a kind and considerate manner. During this inspection we found people who lived at the home felt the staff were caring and compassionate. One person told us, “They are caring, they listen to you.” Another person said, “They are very kind.” Relatives we spoke with told us they felt the staff were kind to their relations. One relative said, “The staff are lovely very helpful.” Another told us, “The staff are brilliant here, everybody seems genuinely happy to see you.”

Our observations supported what people had told us. The staff interactions throughout the inspection were seen to be caring and supportive. The verbal exchanges were kind and respectful. For example we saw staff in people’s rooms talking to them and their relatives. One member of staff said, “I try to make time to chat with people because that’s what they need.” We saw staff sat in the communal lounge areas to complete their daily update of records. The staff sat next to people who lived in the home so they could interact with them whilst they completed the task. On one of the units we saw one person liked to walk around only sitting for short periods. The person liked to pick things up and clean them so staff had removed items that might have caused harm and had provided the person with a small trolley with cleaning items on. We saw staff chat to the person and guide them to different areas offering them different activities. The person responded to the staff and enjoyed the interactions.

Staff we spoke with had a good knowledge of people’s preferences and needs and were able to discuss different people’s routines with us. For example staff knew which people enjoyed joining in with group activities and those who did not. We saw staff made sure people on all the units were aware of a music session that took place during the inspection. Staff respected people’s choices with regard to how they wanted to spend their day.

People were encouraged to form friendships with each other and we saw people chatting with each other during the music session. Their interactions showed they spent time in each other’s company. People asked each other how they were and talked to relatives and visitors who were present. One person told us, “You have company here.” People were supported to have their relatives and friends visit. There were a number of areas for people to have

private conversations and the home had a kitchen dining area on each unit where people who lived at the home and their visitors could make themselves drinks and sit and chat.

People who lived at the home were supported to make decisions about their care. They told us they had been given the opportunity to contribute to their care plans. One person told us, “Yes staff talked to me about my needs when I came in, and they also talk to my family.” A relative we spoke with told us they had been involved with planning their relation’s care on their behalf. Staff told us the care plans were reviewed every three months with the individual or their relatives where appropriate.

People felt they were encouraged to express their views and felt their opinions were valued and respected. One person we spoke with told us, “The staff do listen to me.” People were encouraged to bring items into the home to personalise their rooms. They were offered choices and made their own decisions about their daily care. People told us they were able to get up and go to bed when they chose. They told us staff always checked that they were happy to receive care, one person told us, “They always ask me if I want a wash.” Another person told us staff asked them what clothes they wanted to wear each day. A relative we spoke with told us “[Name] likes it here because they don’t like to join in much, and staff offer but don’t make them join in.” Staff we spoke with told us they felt it was important for people to make their own decisions and they told us they always gave people options and choices about the care they offered.

People’s diverse needs and wishes were assessed when they moved into the home, including their cultural and religious preferences. We saw people were supported to follow their chosen faith, and religious services were held in the home for people who wanted to attend them. The people who lived at the home also had access to advocacy services. An advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager told us no one at the home used the service at present.

People we spoke with told us that staff respected their privacy and dignity, one person said, “Yes they knock on doors and ask if it’s alright to do things.” Another person told us, “The staff are careful and close doors and curtains when they wash me.” Staff we spoke with were appreciative of the importance of maintaining people’s privacy. A senior

Is the service caring?

care worker we spoke with told us that maintaining people's privacy and dignity was part of their training and told us they would always close doors and curtains when

giving care. They said they would be discreet about people's needs around personal care and they understood the importance of supporting people but still ensuring they had privacy when receiving personal care.

Is the service responsive?

Our findings

When we last visited the service we found staff did not always assess whether people's care plans remained suitable for their needs. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010. Which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found people felt their individual preferences were known by staff. One person said, "Yes I am looked after the way I want looking after." We saw information in the care plans which supported this and discussions with staff showed their knowledge of the people they cared for. We found information in the care records that showed people's needs had been assessed, reviewed and updated regularly. Any risks to their safety were addressed and there had been appropriate referrals to support agencies. The care records contained a care needs summary which provided brief information for staff on each person's support needs and their preferences. There was also information about what was important to the person and a life history.

Each person had a range of assessments and care plans for their care and support needs. These were written from the person's perspective and had information about their personal preferences. Care plans had been reviewed and updated monthly. We checked whether the care and equipment needs identified within the care plans were in place and found they were. For example, pressure relieving equipment and records of regular checks and re-positioning were being carried out for people at risk of pressure ulcers.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences and needs as soon as they were admitted to the service so person centred care could be provided. One member of staff told us, "People's care is planned around the things they like." Staff told us they were able to read the care plans and that the location of the care plans had recently been changed to allow staff better access to them. Staff told us there were regular handovers and communication books were used to ensure staff were kept

up to date with people's needs. Staff were encouraged to read the communication book after their days off to maintain a good knowledge of people's ongoing care needs.

People could be assured staff at the home worked to help people maintain their independence. We saw people using aids to allow them to walk safely around the home. People told us staff helped them with things but allowed them to do as much for themselves as they could. One person said, "I like to do as much for myself as I can." They told us staff were patient with them. A member of staff we spoke with told us, "We would assist people but let them do as much as they can." We saw on some of the units people chose to and were encouraged to make themselves drinks in the communal kitchen.

Staff told us they tried to involve people and their relatives in decisions about their care. The registered manager told us the care plans were reviewed every three months and letters sent out to families inviting them to assist with the reviews. The care plans we viewed had been signed by either the person who lived in the home or where appropriate their relative.

People told us they were provided with choices about how to spend their time. There was a full programme of activities available to people both with regular activities in and excursions out of the home. People told us they were encouraged to join in with a variety of activities but were not forced to take part. One person told us, "I please myself what I do, I like to join in with things like the bingo." Another person said, "I don't like doing a lot, I do the things I want." People told us they were able to get out on trips organised by the home, one person told us, "I get out here more than I did at home." Relatives told us their loved ones were free to choose what things they wanted to get involved with. One relative told us they felt their loved one was stimulated by the activities they were able to take part in. The activities were well advertised in the entrance to the home and on the different units and relatives were encouraged to join any of the activities on offer.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us they knew the registered manager and would go to them if they had any concerns. They told us they felt the registered manager would listen and deal with any problems. A

Is the service responsive?

relative we spoke with also had confidence that any concerns would be addressed by the registered manager and said, “Oh yes I would go to [Name] but if I had a query I would talk to any of the staff too.”

The organisations complaints procedure was on display in the home. The staff we spoke with were able to describe the process for handling a complaint. They said they would listen and try and rectify the issue if they could and would document it. They said they would encourage the person to complete a complaints form or if they could not do it themselves they would provide help to complete it. Staff felt confident that, should a concern be raised with them,

they could discuss it with the management team who would respond appropriately to this. We saw records that showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisation’s policies and procedures.

Part of the registered managers ongoing responsibilities included regular meetings between people who lived at the home and their relatives. We saw minutes of meetings which showed a variety of subjects were discussed, and suggestions and comments made to help identify recurring or underlying problems, and potential improvements.

Is the service well-led?

Our findings

When we last inspected the service we found that the registered person had not protected people against the risks which had been identified or the risk of receiving inappropriate care. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which both correspond to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The home's quality systems in place did not ensure action was taken to manage risk that had been identified as action plans that were put in place had not been monitored to establish completion of actions. Records relating to different aspects of people's care were not up always accurately completed.

During this inspection we viewed the auditing process the registered manager and their deputies had undertaken. Internal systems were in place to monitor the quality of the service provided. Systems were in place to record and analyse adverse incidents, such as falls and accidents with the aim of identifying strategies for minimising the risks. Auditing systems were in place that monitored aspects people's care plans to ensure they were up to date and pertinent to people individual needs. Medicine management was also audited, as was the environment, to ensure any shortfalls could be identified. Any action plans put in place following the audits were dated and reviewed to show actions had been completed.

One member of staff gave us an example of how the auditing process had improved administration of medicines they told us there had been regular auditing and reviews of their practice that had identified issues and resolved them. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.

People who lived in the home had confidence in the management team. They felt they could approach the registered manager and their deputies. One person told us, "Yes I know the manager." They went on to say they saw the registered manager and deputies around the home and felt they could talk to them. Relatives we spoke with were happy with the management team. One relative told us

there had been improvements during the last few months, they felt the home was more organised and communication was better. They said, "Yes the management are fine I have no problems."

Staff we spoke with told us the registered manager was supportive, one staff member told us, "I have never worked anywhere that I have felt this supported." Another member of staff said of the registered manager, "[Name] is fair but strict and always there if you need them." Staff told us the registered manager was open and inclusive and operated an open door policy. One member of staff told us the registered manager was, "Very professional." They felt able to discuss issues with them. Staff told us they enjoyed working in the home and throughout our inspection we saw staff working well together, laughing appropriately and behaving in an inclusive manner with people who lived in the home and their visitors.

There were up to date records of supervision meetings and appraisals with evidence of a continuous rolling plan. Staff told us they received regular supervision and there was evidence of this in their personnel files. Staff we spoke with felt confident to air their views with at their supervision meetings. One member of staff said, "We have got to a point now where we are about solutions and suggestions, we have gone beyond problems." The registered manager told us they used the supervision meetings to listen to concerns, offer guidance and support and discuss their expectations of their staff. They wanted to achieve a consistent approach to managing the staff which they hoped would encourage a positive caring culture for people who lived in the home.

The registered manager was supported by their regional manager. They told us they benefited from attending regular manager's meetings both with other home managers within their company and local authority meetings with other care home managers in the district. These meetings helped to keep them up dated with company policies and current issues in healthcare.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures and told us they felt the management team would act appropriately should they raise concerns. One member of staff told us, "Yes I would have no problem [whistle blowing] I would be listened to."

Is the service well-led?

People who lived at the home and their relatives were supported to attend resident meetings. Records showed that topics of conversation included installing photographs of staff on the walls in each unit and what social activities could be offered to people. We saw a number of

suggestions made at the meetings had been carried out. People and their relatives were given the opportunity to give their opinion of the home via the annual home survey which covered a wide range of questions including their care, meal choices and the management of the home.