

# Townfield and Coach House Care Limited

## Sherwood

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on the 29 June & 5 July 2016 and the first day was unannounced.

Sherwood is large terraced type older property located in Rishton, Lancashire and is registered to provide accommodation, care and support for up to six older people. Accommodation is available in single bedrooms on the ground and first floor of the building. There is a stair lift to the first floor to assist people who experience difficulty with managing stairs. There is a communal lounge and separate dining room area and bathing and shower facilities.

The registration requirements for the provider stated the home should have a registered manager in place. There was a registered manager in post on the day 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 2008 and associated Regulations about how the service is run.

At the last inspection on 15 & 22 April 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 using the service told us they felt safe and well cared for. They considered there were enough staff to support them when they needed any help. The registered manager followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people.

The staff we spoke with were knowledgeable about the individual needs of the people and knew how to recognise signs of abuse. Arrangements were in place to make sure staff were trained and supervised at all times.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

Risks to people's health and safety had been identified, assessed and managed safely.

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

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

Staff had a good understanding of the principles of the Mental Capacity Act 2005. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices

such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

The home provided a well maintained very pleasant and homely environment for people who described their accommodation as "home from home". People told us they liked living in a small home because they got to know everyone very well.

People were provided with a nutritionally balanced diet that provided them with sufficient food and drink that catered for their dietary needs.

People's care and support was kept under review, and 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 changed.

People using the service had an individual care plan that was sufficiently detailed to ensure people 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.

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 and to ensure basic rights such as dignity, privacy, choice, and rights were considered at all times.

Activities were varied and appropriate to individual needs and people were supported to live full and active lives and use local services and facilities. Faith needs were managed very well.

People using the service told us they were confident to raise any issue of concern with the registered manager and that it would be taken seriously and the right action taken.

People using the service and staff considered the management of the service was very good and they had confidence in the registered manager. Results of surveys showed a very high satisfaction with the service, the facilities, the staff and registered manager.

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. We found regular quality audits and checks were completed to ensure any improvements needed within the service were recognised. .

The registered provider had achieved the Investors In People (IIP) award and had recently been awarded Employer of the Year 2016 at the Hyndburn Business Awards Ceremony.

## 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 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.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

# Sherwood

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 29 June & 5 July 2016 and the first day 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 the registered manager, two care staff and six people living in the home. We also discussed our findings with the nominated individual and a director of the company.

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.

# Is the service safe?

## Our findings

People spoken with told us they felt safe and secure in the home. One person said, "The staff are very nice here. We are all looked after very well." Another person said, "When I lived in my own home I wouldn't say I felt safe, but here I do. I think the staff do a wonderful job and I have no complaints whatsoever." And, "I definitely feel safe, that's why I'm here."

We asked people using the service of their opinion regarding staffing levels. One person told us, "There is sometimes one or two staff on. We are fairly independent here and staff always have time to see to everything we need." And, "There is always someone about. I get the help I need and when I need it."

The registered manager told us most staff were long serving and were therefore familiar with people's needs. This also meant staff were able to build up trusting relationships with people they cared for. Staff spoken with confirmed they had time to spend with people living in the home. The registered manager told us cover for sickness or annual leave was managed well with existing staff and they never used agency staff.

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 check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found the staff understood their role in safeguarding people from harm. We discussed safeguarding procedures with staff on duty. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting their concerns to registered manager and the local authority. Staff told us they had completed safeguarding training. We saw evidence in training files that staff had also received training on how to keep people safe which included moving and handling, fire safety, and basic life support.

There were policies and procedures in place for staff reference relating to safeguarding including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Staff we spoke with knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We looked at how medicines were managed within the service and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Assessment and care planning showed people's medicines had been confirmed on admission with relevant people and their medicines were being kept under review.

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. Handwritten entries had been countersigned to check for accuracy. Medicines were stored securely which helped to minimise the risk of mishandling and misuse.

Training records showed staff responsible for medicines had completed a safe handling of medicines course that included practical assessments for competency to administer medicines. Medicines were regularly audited. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment.

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. People we spoke with told us they received their prescribed medicines on time.

We looked at how the service managed risk. Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, regular checks in relation to fire, health and safety and infection control. Emergency evacuation plans were also in place including a personal emergency evacuation plan (PEEP) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe and contact numbers for utility services were kept at hand for staff to refer to in an emergency situation.

Risk assessments were in place and recorded in people's care plans. These were personalised and identified risks involved in delivering people's care safely. We found the standard of risk management plans to be good. They provided staff with guidance on how to manage risks in a consistent manner and included for example moving and handling, tissue viability, nutrition and falls. Records showed that risk assessments were being reviewed and updated on a monthly basis or in line with changing needs.

We looked at the arrangements for keeping the service clean and hygienic. People raised no issues about the cleanliness of the home. People said, "It's lovely and clean here. The staff do a good job" and "The home is very clean and my room is lovely." We found all areas that we looked at were clean and odour free. The service had received the maximum five star rating from Environmental Health for food hygiene.

The training record indicated staff had received infection control training and staff confirmed this. We noted staff hand washing facilities, such as liquid soap and paper towels were available around the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were also available.



# Is the service effective?

## Our findings

People told us they felt staff were appropriately trained and had the necessary skills and abilities to meet their needs. One person told us, "I think they are well trained. They all know what they are doing and you can ask them for advice any time. They are like family." "I think they look after us very well. They are skilled at everything, looking after us, keeping the place clean and give us good food. Good all-rounder's."

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. Staff told us they were up to date with their mandatory training and felt they had the training they needed. They said, "They are always keeping us up to date with our training" and "We get quite a lot of training."

We looked at staff training records and saw that training was provided in all key areas such as fire prevention, end of life care, health and safety and food hygiene; training was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff employed had completed a nationally recognised qualification in care. Staff told us they could ask for additional training if they felt they needed it.

The registered manager told us the provider had established a staff training academy and appointed a trainer to organise and deliver the training. The training programme included for example safeguarding vulnerable adults, the role of a care worker, medication awareness and administration, fluids and nutrition, health and safety, fire safety and equality and diversity. Some of the training included a written assessment completed by staff following the course they attended. The variety of training offered meant that staff were supported to have the correct knowledge to provide safe and effective care to people using the service.

Staff we spoke with told us they were provided with regular supervision and they were well supported by the registered manager. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection. These were very well structured and included a range of topics such as safeguarding responsibilities, mandatory training and included updates on people's care. Staff also had an annual appraisal of their work performance.

The Mental Capacity Act (MCA) 2005 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 had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005.

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 2005. The application procedures for this in care homes are called the

## Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, there had been no applications made to the local authority.

We found that staff understood the relevant requirements of the MCA and put what they had learned into practice. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at how people were supported to maintain good health. 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. This helped staff to understand the extent of people's limitations regarding their health and to recognise signs of deteriorating health. We saw evidence people were consulted over health needs and their wishes to receive or decline any intervention was respected.

From our discussions and review of people's records we found the staff had developed good links with health care professionals and specialists to help make sure people received co-ordinated and effective care. People's healthcare needs were kept under review and routine health screening arranged.

We were shown around the whole building as part of the inspection. We saw that the interior decoration was clean and bright and well maintained. The home was equipped to support people's diverse needs such as physical disability and provided a pleasant environment for people. People told us the home was "very nice" and "I have everything I need it suits me" and "I like the place it's homely and my room is very nice." People had arranged their rooms as they wished with personal possessions that they had brought with them.

We looked at how people living at the service were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is quite good. If there is something you don't like the staff will always get you something different" and another person commented, "The food is very nice and plenty of it. We have our main meal in the evening. It's better that way because we get a good breakfast and don't always want a big meal at lunch." Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and snack foods.

Weekly menus were planned and rotated every four weeks. The menus had been put together following discussions with people with regard to what they would like. The registered manager told us there were no restrictions on what they could purchase for people. The provider was generous when it came to the food allowance and there was no strict budgeting. We observed lunch and saw that people were given their choice of food.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals

had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Food and fluid charts were available for staff to use should any risk be identified.

## Is the service caring?

### Our findings

People we spoke with told us staff were caring towards them. Comments included, "The staff are really kind", "They are all very friendly. We are like one big family here." "Staff are very good with us. They look after us very well. I can ask for anything." We looked at comments from people who had completed a quality monitoring survey carried out in April 2016 about the service. All the people had rated they were very satisfied and that staff were helpful and polite. Additional comments included, "I could not have better staff." "Very happy with the care. The staff are helpful and friendly."

The home had a friendly and welcoming atmosphere. We observed staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Calls for assistance were responded to promptly and staff communicated very well with people and addressed them with their preferred name.

Staff we spoke with had a sound knowledge and understanding of the needs of people they cared for and a good understanding of people's personal values and needs. Staff understood their role in providing people with person centred care and support. One staff member said, "Everyone is different and it is important we respect that. We are more like a family here and everyone matters." Another staff member said, "We provide a personalised service; everyone is different with different needs. We achieve this very well because it is a small service. You get to know people and they know us."

We considered how 'dignity in care' was managed on a day to day basis. Care plans we looked at centred on people's views and wishes for their care and support. Attention to detail in care plans regarding what people wanted and needed meant staff were always sensitive to their needs. People had been involved in the planning of their care. They told us they lived their lives as they wanted. There were no institutional routines they were expected to follow such as when they got up or went to bed. One person told us, "I just do things when I am ready. I have my own routine."

Each person had a single room which was fitted with an appropriate lock. People told us they were happy with their bedrooms which they had personalised with their own belongings and possessions. They said they could spend time alone if they wished.

Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. Communication was seen to be very good. Staff spoke about people in a respectful, confidential and friendly way. 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 had been informed in the service user guide how the service would respect their right to confidentiality and how this was achieved including how to access their records. This meant people using the service could be confident their right to privacy was respected with their personal information kept confidential.

People were encouraged to express their views during daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and

gave people the opportunity to be consulted and make shared decisions. We looked at the last meeting people using the service had. The agenda discussed had included menus' and what people wanted to be included, housekeeping and a variety of activities.

Staff had received end of life training. The service had good links with people's GP's, the district nurse team and family members that helped to ensure people had the right support and received special care according to their wishes. This meant staff could approach a person's end of life care safe in the knowledge they had the right support to care for them according to their wishes, ensuring their dignity and their comfort, and treating them with respect.

## Is the service responsive?

### Our findings

Everyone we spoke with were complementary to the staff regarding their willingness to help them. One person told us, "I get all the help I need. I can ring my buzzer at any time and they will come to see what I want." Another person told us, "They help me all the time. I please myself what I want to do and staff help me if I have any difficulties." Another person told us, "I am really pleased with the help I get. It's just right. I'm very independent but we all need that little bit of help sometimes. Nothing is too much trouble for the staff here." And "I like the atmosphere, it's very quiet and calm. I love it here."

We asked people about their experience of coming to live at the home and how this was managed for them. People told us they had been involved in the assessment process before they moved into the home. One person told us, "It got to the stage I just couldn't manage at home. [Registered manager] visited me and we had a good chat about the problems I had, what I wanted and how they could help me." Another person told us, "I only came for a short stay. I decided I was looked after very well and I didn't think I could manage on my own. I have no regrets in choosing to stay here."

There had been no recent admissions to the home. The registered manager explained how the admission procedure was followed. We were told where possible a visit would be arranged to speak with the person and or their relatives, and a full assessment of people's needs would be completed. Based on this assessment a decision would be made whether to accept the person. We were told consideration would be given to people's known needs, staffing levels, and staff skills and expertise. The registered manager told us that following the initial assessment an individual care plan record was drawn up detailing the care and support the person required. The assessment was discussed with staff which ensured they understood the level of personalised care people required.

We looked at three care plans. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. We noted supporting information from relatives and any professionals involved in people's care was also considered.

We found evidence in care records that people had been involved in setting up their care and support plan. People's needs were supported by a series of risk assessments to establish the level of support people needed and the management of any identified risks. They were easy to follow and read and were being reviewed on a regular basis. The detail recorded provided staff with really good insight into people's personal routines, preferences and likes, dislikes and interests. Staff were required to read and sign these plans when they came on duty.

Staff told us care plans were easy to follow and people's care was discussed all the time. They were kept up to date with any changes. They told us, "We know everything we need to know about the people we care for. We often sit down and talk to people about the help they need. It's really important we listen to what they say" "If there have been changes to people's care we are told straight away. It's a small home and everyone looks out for each other."

People told us they were regularly involved in their care reviews. This meant the staff were kept up to date with people's needs which helped make sure nothing was overlooked in meeting their needs. People we spoke with told us staff regularly asked how they were.

The provider had systems in place to ensure they could respond quickly to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This helped to ensure staff were kept well informed about the care of people living in the home. Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date.

Charts were available for staff to use when people needed monitoring such as with nutritional intake, positional changes for pressure relief and personal care. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care which provided information about any changes in people's needs that required monitoring.

We saw a programme of activities offered to people. Hobbies and social interests had been recorded in people's care plans. People told us they were satisfied with the activities provided in the home, although they said it was quiet at the moment. They said they enjoyed organised events such as Christmas and Easter celebrations. They also did baking, quizzes and movement to music. We discussed personal choices for activities with several people in the lounge areas. One person told us, "I go out with my family sometimes. They visit regularly." Another person told us, "I will join in with whatever is going on, but if I want to be quiet I'm not disturbed. Staff are good like that." Another person told us, "They do have some activities going on. It's usually linked to celebrations. We all did Easter bonnets and had a bit of fun. We had a birthday tea the other day. That was lovely. I like to get out and about if I can and visit friends."

Visiting arrangements were good and people told us staff made their relatives welcome. We saw that people were supported to follow their faith and this was respected by staff. A church service was held in the home and open for neighbours to take part in.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We looked at the complaints records and noted there had been no formal complaints received. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "We've nothing to complain about. I can't recall ever being upset or have any concern. I definitely would say if I had." Another person told us, "[named staff] knows I would say something if I wasn't happy. I'm not afraid to voice my opinion. That's how it should be." Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint.

## Is the service well-led?

### Our findings

People, relatives and staff spoken with told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "I think it is very well run. The staff are lovely and [the provider] and [registered manager] are always available. The staff have worked here a long time. It is family orientated." Another person told us, "I've only had two homes in my life and I've been very happy in both of them. This is one of the homes, my home."

People and their relatives were formally asked for their views on the service. This was achieved by means of meetings and biannual customer satisfaction surveys. We were given a copy of the latest results of these surveys that showed people were "very satisfied" in all domains surveyed. Several people had also made additional comments about the home. For instance one person had written, "I came here to intending to stay until I was ready to return home. However I sold my home, which speaks for itself." Another person wrote, "Could not have a better staff, good food and there are six of us here and I think we get on very well."

The registered manager was qualified, competent and experienced to manage the service effectively. She also had responsibility for another service within the company. She described the providers as 'being very supportive' and was fully supported by the directors of the company and senior staff in the day to day management of the service.

Throughout our discussions with the registered manager it was clear she had a thorough knowledge of people's needs and circumstances and showed a good commitment to promoting the principles of person centred care. She was able to describe the team's achievements and was equally committed to striving for a standard of excellence. She described her main achievements over the last 12 months as, the implementation of the principles of Mental Capacity Act 2005 within the care planning process, and the development of staff training. A training academy had been introduced to ensure staff had ready access to all essential training. She held a level 5 management degree in Health and Social Care.

There was an 'open door' policy which meant that people using the service, their relatives, professionals visiting the service and members of staff were welcome to speak with the registered manager at any time. The registered manager told us she promoted an open inclusive culture, learning from the people they cared for on how they can improve. Members of staff we spoke with considered the registered manager was very supportive. They told us they were very happy in their work. 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. 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 manager was not present, there was always a senior member of staff on duty with designated responsibilities.

We observed a good working relationship between the registered manager and staff that was described to us by the registered manager as one of 'mutual respect' for each other. One staff member told us, "(Registered manager) has very high standards and is very supportive. She is always concerned about our



welfare. If I had a problem I wouldn't hesitate to tell her. We have regular supervision and appraisals." Another staff member told us, "I think we have a very good team of staff and we are treated very well by the provider and registered manager who trusts us to deliver high standards of care."

Communication was described as being "very good" with regular daily meetings for handover, a communication book and notice board. 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 being reviewed regularly to make sure they were updated to reflect any necessary changes. People were actively encouraged to be involved in the running of the home. We saw meetings were held and minutes of recent meetings showed a range of issues had been discussed.

There was an emphasis on continually striving to improve the service. The provider monitored the effectiveness and quality of the service provided to people. This included feedback from people using the service, their relatives and from health and social care professionals in formal quality assurance questionnaires. Results of these surveys showed a very high satisfaction with the service, the facilities and the staff and manager. The results of surveys were made available for people to read.

There was a business plan for the service which showed continuing investment being made to improve the environment for people. The back of the home had been upgraded to provide a pleasant outdoor seating area, bedrooms had been redecorated and a new carpet fitted in the lounge.

There were systems in place to regularly assess and monitor the quality of the service. The registered manager told us they monitored key areas of care delivery such as medication, health and safety, staff training records, care plans, the environment and catering requirements. We were given good examples of quality monitoring and this helped to make sure there was constant oversight of the service. Other audits included regular daily, weekly, monthly and annual checks for health and safety matters such as cleanliness, fire fighting and fire detection equipment and water temperature monitoring.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC.

The registered provider had achieved the Investors In People (IIP). IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. The provider had also recently been awarded Employer of the Year 2016 at the Hyndburn Business Awards Ceremony. Staff achievements were also recognised by the provider at their annual awards evening.