

The Yercombe (Gloucestershire) Trust

Yercombe (Gloucestershire) Trust

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

The inspection took place on 20 and 24 July 2017. This was an unannounced inspection. The service was last inspected in April 2016.

Yercombe (Gloucestershire) Trust provides accommodation for up to 10 older people. The service looks after people on a permanent or respite basis. At the time of our inspection there were seven people living at the service and three who were having a short respite stay.

There was a registered manager employed at Yercombe. 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 time of the inspection there was an interim manager in post as the registered manager had taken a planned period of leave. The service had notified CQC about this temporary change.

There were four breaches of legal requirements at the last inspection in April 2016. We identified shortfalls in relation to the safe management of medicines, gaining people's consent, safeguarding people from abuse and the service's quality assurance systems were not always effective. We found at our comprehensive inspection on 20 and 24 July 2017 the provider had followed their action plan and met the requirements of the regulations.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure people received safe care and treatment. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team. Where there had been safeguarding concerns these had been investigated appropriately and the local authority and CQC had been notified about these. The registered manager had carried out the relevant checks to ensure they employed suitable people at Yercombe Trust.

People received effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular individual meetings called supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). People had sufficient levels of food and drink and were supported by the staff to maintain their nutritional intake. People were supported to access other health professionals when required. The environment had been adapted to meet the needs of people living at the home. People were supported to personalise their living spaces.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and provided care which maintained people's dignity. People had end of life care plans which reflected their needs and preferences.

The service was responsive to people's needs. Care plans were person centred and contained sufficient detail to provide consistent, high quality care and support. People were supported to engage in a range of activities based on their preferences and interests. There was a complaints procedure in place and where complaints had been made these had been dealt with appropriately?

The service was well-led. Systems had been implemented to assess and monitor the safety and quality of the service. The registered manager and interim manager were well liked and respected. Staff morale was good and reflected the positive support from management. There was a positive and open culture within the service. The vision and values of the service were well known to all of the staff and the management. The registered manager had informed CQC of the relevant notifications as required by the law.

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 living at Yercombe Trust.

Risk assessments were implemented and reflected the current level of risk to people.

There were sufficient staffing levels to ensure safe care and treatment to support people.

The management of medicines within the service was safe.

Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues or concerns with the management team.

The registered manager had carried out the relevant checks to ensure they employed suitable people at Yercombe Trust.

Is the service effective?

Good ●

The service was effective. People were receiving effective care and support. Staff received appropriate training and support which was relevant to their role.

Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS).

People had sufficient levels of food and drink and were supported by the staff to maintain their nutritional intake. People were supported to access other health professionals when required.

The environment had been adapted to meet the needs of people living at the home. People were supported to personalise their living spaces.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the staff at the home.

Staff demonstrated a good understanding of respect and dignity and provided care which maintained people's dignity.

People had end of life care plans which reflected their needs and preferences.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Care plans were person centred and contained sufficient detail to provide consistent, high quality care and support.

People were supported to engage in a range of activities based on their preferences and interests.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led. Systems had been implemented to assess and monitor the safety and quality of the service.

The registered manager and interim manager were well liked and respected. Staff morale was good and reflected the positive support from management. There was a positive and open culture within the service.

The vision and values of the service were well known to all of the staff and the management.

The registered manager had informed CQC of the relevant notifications as required by the law.

Yercombe (Gloucestershire) Trust

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 20 and 24 July 2017 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we reviewed a Provider Information Return (PIR) for the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We also looked at the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We contacted five health and social care professionals to obtain their views on the service and how it was being managed.

During the inspection we looked at four people's records and those related to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with six people who lived at Yercombe Trust, five relatives, four members of staff, the deputy manager and interim manager. We made general observations throughout the communal areas and dining rooms. We visited several of the bedrooms with permission from the people living at the home. We observed staff providing care and support throughout the day and how they interacted with the people and also each other.

Is the service safe?

Our findings

People told us they felt safe living at Yercombe Trust. People used comments such as, "I feel safe here", "I like it here" and, "The staff are excellent and make sure I am safe." Relatives told us they felt their relative was safe and comfortable at the home. We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff seeking consent from people, working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided.

At our comprehensive inspection on 7 April 2016 we found improvements were required around the management of people's medicines. Medicine recording practices were not safe and staff did not always know why people needed to take their medicines. This shortfall had the potential to increase the risk of medicine errors being made and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our comprehensive inspection on 20 and 24 July 2017 this requirement had been met. We found people had clear instructions about their medicines. Where people came in for short respite stays, staff were checking their medicine requirements with the hospital or the person's GP practice and MAR charts were based around this. Where staff were handwriting the MAR chart, this had been checked by another member of staff for accuracy. To ensure 'when needed' (PRN) medicines were administered safely, the service had implemented a new PRN medicine protocol. For each PRN medicine, this included information for staff on when and how to administer the medicine, the dosage and the risks associated with each medicine. An information file had also been implemented which contained a fact sheet for each medicine being administered.

Medicines were stored securely in lockable trolleys and controlled drugs were stored appropriately in the controlled drug cabinet. Any medicines no longer required were recorded and returned to the pharmacy to be destroyed in the correct manner. Staff who had been trained to administer medicines had regular competency checks to ensure they were administering people's medicines safely. This included an annual medicines training course and three direct observations of their practice.

During our last inspection on 7 April 2016, we found there were shortfalls around safeguarding people at Yercombe Trust. We found there was no safeguarding policy at the service. We also found the registered manager did not demonstrate a clear understanding of the safeguarding reporting protocols. This was a breach of Regulation 13 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

At our comprehensive inspection on 20 and 24 July 2017, we found significant improvements had been made in this area and this regulation was now met. The provider had implemented safeguarding procedures. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams were available. There had been a change in management at the service since our last inspection. It was evident from our

conversations with the interim manager that they had a clear understanding of the safeguarding reporting protocols. We looked at the safeguarding records, and found that these had been appropriately reported to the local authority and CQC. Following the last inspection, the provider had also implemented a safeguarding policy in the service. This was clear and provided staff with the relevant information they may need for safeguarding concerns.

Each person living at Yercombe Trust had clear and person centred risk assessments. These identified risks related to the care and support of people as well as environmental risks. For example, people who were at risk of skin breakdown, the risk assessment provided a clear skin care routine for staff to follow. Where people required assistance to move from one place to another, there were clear plans for their moving and handling needs. The staff we spoke with told us they felt the risk assessments contained sufficient detail for them to feel confident they were providing safe care and treatment to people.

Staffing numbers were based upon people's care and support needs. At the time of our inspection there were seven people whose permanent home was at Yercombe and three people who were resident on a short stay 'respite' basis. The interim manager told us they adjusted the number of staff on duty for each shift when the need arose. This could be because someone had end of life care needs or they were unwell. The staff, people and relatives told us they felt there were sufficient staff working at the service. This was also confirmed by the health and social care professionals we spoke with. The staff team was stable with many of them being long standing employees. Agency staff were only ever occasionally used. The interim manager told us they used the same agency and would request staff who had previously worked at the service. The care staff team were supported by housekeeping, catering, administration and maintenance staff in meeting people's daily living needs. People were therefore looked after by staff who were familiar with their needs and preferences.

The interim manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character.

The service had a staff disciplinary procedure in place. This showed the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people who used the service were kept safe.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

The premises were clean and tidy and free from malodour. The registered manager told us housekeepers were employed who covered cleaning duties at the home seven days per week. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different

cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with told us they felt the home was clean.

Is the service effective?

Our findings

The service provided to people at Yercombe Trust was effective in meeting their needs. One person said "The staff are very good at their job and they take very good care of me." Another person commented on how they felt the staff had been well trained for their role. A relative we spoke with said "They are very skilled and take great care of the people there".

At our inspection on 7 April 2016 we found the service was not always working within the principles of the Mental Capacity Act 2005 (MCA). Where a person's DoLS application had been approved, the registered manager had not notified CQC. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. During the inspection on 20 and 24 July 2017, this requirement had been met and we found there had been significant improvements.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The interim manager had a good understanding of the principles of the MCA and DoLS legislation. Where required, the manager had ensured people had assessments of their capacity in relation to specific decisions and these assessments had been reviewed at regular intervals. Where people were assessed as lacking capacity to make a decision, we saw evidence that the service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests. The manager had ensured that where people's liberty was being deprived, a DoLS application had been made to the local authority. The manager was clear around their understanding of the notification process to CQC. We saw evidence of how the registered manager had worked closely with the local authority to determine whether people were being deprived of their liberty under DoLS legislation. For example, one person had been assessed as lacking capacity and the service had consulted with the local authority on whether the interventions from staff could be considered as a deprivation of liberty.

The manager told us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with told us they were consulted in relation to the care planning of people using the service. The registered manager told us they used guidance from health and social care professionals to plan people's care effectively. For example, care plans contained guidance from occupational therapists relating to their mobility needs.

Training records showed staff had received training in areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Training was targeted around people's presenting conditions such as, stroke awareness and dementia training. The manager told us staff received

a mixture of classroom based training and e-learning. These are courses staff completed online. The manager told us each training module was followed by a competency assessment to ensure the training being provided was effective in meeting the needs of the staff. Staff told us they felt the training provided was good and met their learning needs. One member of staff said, "The training is very good and has helped me a lot with my job". The registered manager told us all new staff were required to complete the Care Certificate. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers need to demonstrate competency in.

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. Staff informed us they had found the shadow shifts a 'good learning experience'. The registered manager told us new staff would also be mentored by a senior member of staff who they could approach if they had any questions or concerns. Staff told us they had found the mentoring experience to be positive and it gave them confidence there was always somebody available if they had questions during their induction.

Staff had received regular individual meetings with the registered or deputy manager called supervision. These were recorded and kept in staff files. Staff confirmed they had received supervision from the registered manager or deputy manager. Staff who provided supervision had received the appropriate training around this. There was evidence staff received annual appraisals.

Care files clearly detailed the individual support people needed with their meals. For example, if a person required support with cutting food or food needed to be at a certain consistency, these were clearly detailed in the care plans. Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required.

We received positive feedback regarding the quality of the food at Yercombe Trust. One person we spoke with described the food as 'excellent'. Another person said "There is always enough to eat and we always have a choice". Relatives we spoke with told us they felt the food was of good quality and people received enough food. The home had received the maximum five star food hygiene rating from the local council.

Menus showed people were offered a varied and nutritious diet. There was a five week menu plan in place and these were aligned to the seasons. At midday there was an option of two meal choices however; alternatives were made available when neither choice was wanted. The menus showed people had a varied choice in regards to their meals. The kitchen staff were informed about people's likes, dislikes any preferences and food allergies. They catered for blended meals, fortified diets and diabetic diets where required. Care staff reported any changes of people's dietary requirements to the kitchen staff.

There was a positive atmosphere during lunch and there was lots of conversation between the staff and people during lunch. One person was being assisted with their meal by a staff member who provided this support in a kind and caring way. They took their time and did not rush the person.

People had access to a GP, dentist and other health professionals. The outcomes from these appointments were recorded. One health professional told us staff listened to advice and implemented any suggested actions quickly. The care records we looked at confirmed relevant health and social care professionals were involved with people's care.

There was a warm, welcoming and homely atmosphere throughout the service. The building and gardens were maintained to a good standard. Each bedroom was decorated to people's individual preferences. People and their relatives confirmed they were able to choose how their rooms were decorated.

Is the service caring?

Our findings

People were cared for with compassion and kindness and the actions of staff showed that people really mattered. Staff at every level wanted people to be happy and live a life that was meaningful and fulfilling. People we spoke with told us the staff were caring and dedicated. One person said, "I really like the staff. They are very friendly." Another person said, "The staff are kind and caring." Another person said, "They (the staff) are always looking out for me. They really care." Relatives also said staff were caring. One told us, "X (name of family member) is very happy at the home." Care plans were regularly reviewed and attempts had been made to involve people and their families in the care planning process.

Staff said they felt the service provided was caring. A number of staff we spoke with said they would be happy for a relative of theirs to use the service. One member of staff said, "It is great to be working here. All of the people here are fantastic."

There was a genuine sense of fondness and respect between the staff and the people using the service. We saw people laughing and joking with staff. On the second day of the inspection, one person was celebrating their birthday. We observed how all of the staff and management came into the lounge to sing happy birthday to this person. The person was then given a card and balloons. It was clearly evident from this person's reactions that they were touched by this gesture.

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. Family members we spoke with stated they felt the staff knew their relative's needs well and were able to respond accordingly.

People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. People were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. From talking with staff and observing their interaction with people, it was evident that they respected the wishes of people using the service. For example, we observed one staff member asking a person if they wanted to take part in a quiz. The person declined and the staff member respected their wish. Another person was asked by staff if they wanted to come into the lounge area. The person declined and told the staff member they would prefer to remain in their room. The staff member respected their wish.

Staff had received training on equality and diversity. People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, the kitchen staff we spoke with were clear about adjustments they may have to make if a person with specific religious dietary requirements moved to Yercombe Trust. People had access to religious services if they indicated a preference to do so. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met.

Care records contained the information staff needed about people's significant relationships including

maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative said "There have never been any restrictions on visiting."

The service was providing end of life care. People's needs and preferences regarding this had been clearly recorded in their care files. Where relevant, people had Do Not Attempt Resuscitation (DNAR) orders in place and these were clearly visible in the care files.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. All the relatives we spoke with spoke highly of the level of staff skills and understanding of people's needs. Relatives commented on how staff knew people really well and provided care which was to personal preferences.

We saw that each person had a care plan and a structure to record and review information. The support plans detailed individual needs and guidance on how staff were to support people. Each care file also had a page detailing people's likes and dislikes at the front of the file so it was easy for staff to identify individual preferences.

Staff were aware of people's routines and how they liked to be supported. Each person was allocated a keyworker. The deputy manager and keyworker were responsible for ensuring care plans were up to date and reflected the current level of need for the person. When speaking with staff, they were able to provide a detailed account of the person they were supporting including their likes and dislikes.

Changes to people's needs were identified promptly and were assessed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the manager that staff would also read the daily notes for each person. The daily notes we looked at were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any behavioural issues occurring on shift so that the staff working the next shift were well prepared.

There was evidence regular reviews of care plans were being carried out. Staff told us reviews were carried out monthly and more frequently if required. Professionals who visited the service told us they felt staff responded well to people's needs and were proactive in managing changing needs. Relatives told us they felt the home responded well to people's needs.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, care staff would use the 'Key Information' document in the care file to send to the hospital with the person. This contained basic contact details, medical and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. There was a full time activities coordinator employed at the home. During the inspection we observed daily activities in the mornings and afternoons. Staff involved all the people in the communal area if they indicated a preference to participate in activities. Activities had been designed with the needs of the people living at the service in mind. For example, the activities coordinator was conducting a quiz during the morning of the second day of the inspection. The quiz was relevant to the era in which people had grown up. The quiz evoked memories in people and prompted conversations amongst the people. The activities coordinator told us how one person

in the home used to be a member of their pub skittles team. The activities coordinator had planned a skittles competition for this person's birthday.

A number of the people we spoke with praised the activities co-ordinator. One person said "She is great. She always has something planned." Another person said "She puts so much effort into her job. We are lucky to have her." Relatives we spoke with told us they felt there were enough activities.

There was a complaints policy in place which detailed the provider's procedure for managing complaints. Where complaints had been made, there was evidence these had been addressed. Relatives told us they were happy with the care and did not have any concerns. However, relatives told us they were confident that if they raised any concerns, these would be taken seriously and dealt with appropriately.

People and relatives were provided with opportunities to give feedback regarding their experience of the service provided at Yercombe Trust. The service had received a number of positive comments from relatives of people who used the service. For example, one relative had written, "Thank you for your care and attention to my mum." One person who had stayed at the service for a respite stay had written, "I always enjoy my visits to Yercombe." Another person who had stayed at the service for a respite stay had written, "To all you lovely carers, thank you for all your care and friendship."

Is the service well-led?

Our findings

The service was well-led. The people living at the service spoke positively about the management in the service. One person speaking about the interim manager said, "He is a great person. He always comes to talk to us and will spend time with us." Another person said, "The managers are fantastic. They care a lot about us."

At our inspection on 7 April 2016 we found there had been 16 falls in the month prior to the inspection. However, there was no analysis of the circumstances that had led to each of the falls. This meant the registered manager had missed the opportunity to identify any triggers or themes and then make changes to prevent or reduce reoccurrences. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

During our inspection of the service on 20 and 24 July 2017 we found improvements had been made in this area and the provider was meeting the legal requirements. Following the last inspection, the registered manager had implemented an incident audit in every person's care file. For example, where people suffered a fall, the audit scrutinised every aspect of the fall including the time, location, the type of fall, the cause of the fall and what action was taken by staff. The interim manager told us this information was analysed to implement safeguards to minimise future falls. The audits we looked at were clear. Where actions had been identified, we found these had been completed in a timely manner. From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

The service had implemented systems to assess and monitor the safety and quality of the service. These consisted of a schedule of bi-monthly audits completed by one of the trustees. The audits looked at; health and safety, infection control, care plans, complaints and compliments. In addition to this, the deputy manager carried out monthly audits of the medicines. These audits were carried out as scheduled and corrective action had been taken when shortfalls had been identified. For example, one of the medicine audits had identified MAR charts had not always been signed by staff. This had been raised with the staff during team meetings and supervisions. Subsequent audits and MAR charts evidenced the support from the management had been effective in supporting the staff to improve the recordings of medicines.

The interim manager told us they also sent surveys to people and their relatives to gauge their opinion regarding the quality of the service being provided. The interim manager told us the surveys were sent to people and their families shortly after they moved to the service and then an annual survey was sent out every year. Where people stayed for short stays, they were provided with a feedback form at the end of their stay. The interim manager told us this was done to gather people's views regarding the care provided at the home and make changes based on the feedback received. We looked at a sample of these and saw that the feedback was positive. For example, a number of people who had been resident for a respite stay had complimented the care they received and the caring nature of the staff.

Staff spoke positively about the management styles of the registered manager and interim manager. Staff

told us that although there had been a recent change in the managers, this had not affected the running of the service and the support they received from both managers was excellent. Staff told us they felt they could discuss any concerns they had with both the registered and interim manager. Staff told us there was an open culture within the home and the managers listened to them. Staff told us there were monthly staff meetings and they were encouraged to question and challenge management.

Relatives spoke positively about the registered and interim managers and felt they offered good leadership and were a positive role model for the staff. The relatives we spoke with told us they felt the managers were approachable, committed to providing person centred care and willing to listen to feedback about the home.

The staff described the registered and interim managers as 'being a part of the team' and 'very hands on'. We observed this during the inspection when the interim manager was regularly attending to matters of care throughout the day. Staff told us if there were any staffing issues, the managers would support the care staff in their daily tasks. Relatives of people living at the home supported this stating they felt the registered manager was involved in day to day matters at the home. Relatives used terms such as 'caring', and 'excellent' to describe the managers. During the inspection, the enthusiasm of the interim manager was evident and we felt this had a positive effect on the morale and enthusiasm of the wider staff team. Staff we spoke with told us they felt morale amongst staff was good and this was down to the registered manager's good leadership.

The service had a set of values that included involvement, compassion, dignity, respect, equality and safety. These values were understood by the staff team and by speaking with them it was evident the managers ensured the day to day culture of the service was influenced by the proper attitudes, values and behaviours of the staff team. The registered manager, interim manager or the deputy would see each person when they were on duty and there was at least a daily 'walk the floor'. This enabled them to make an assessment of the premises, to speak with people and the staff team and to check on people who were unwell.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.

The service had a clear contingency plan to manage the home in the absence of the registered manager. This included the deputy manager who would cover if needed. This plan was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. The provider had implemented an on call system to cover for unexpected staff absences. It was evident the processes in place were effective, as the registered manager had taken a planned period of leave shortly before the inspection. An interim manager had been recruited and there was a clear handover process resulting in minimum disruption to the care provided to people.