

Genesis Homes (Essex) Limited

# Newstead Lodge Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 14 May 2015 and was unannounced.

Newstead Lodge Nursing Home is registered for a maximum of 26 people and provides accommodation for people who require nursing or personal care. At the time of our inspection there were 19 people living at the home. Most of the people had high level care needs and some people were living with dementia or receiving end of life care.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post, however this person was on special leave at the time of our inspection and had been away for a few weeks. A quality manager worked at the home and was there on the day of our

# Summary of findings

inspection. This person was covering the registered manager duties in their absence alongside the provider and we have referred to them as 'the manager' in the report.

People told us care provided at Newstead Lodge was good and the staff were caring and kind. We saw examples of this during our visit. People were treated as individuals and their preferences were met where possible. Staff knew people's likes and dislikes and treated people with dignity and respect when providing care. All the people we spoke with were positive about staff.

People told us they felt safe, and staff knew about safeguarding and what to do if they suspected abuse.

People's health and social care needs were reviewed regularly with appropriate referrals made to other professionals. Risk assessments were completed and management plans minimised any identified risks so care was provided safely. Medicines were stored securely and systems ensured people received their medicine as prescribed.

Staff understood the Mental Capacity Act, and Deprivation of Liberty Safeguards (DoLs) had been applied for where people's liberty was restricted. We saw that when there were concerns about people's capacity

to make decisions or consent, appropriate assessments had been made. However, the provider had fitted CCTV at the home as a security measure, but some people told us they did not like this and had not consented to this.

Checks were carried out prior to staff starting work at the home to ensure their suitability to work with people who lived at the home. Staff told us that they felt supported in their roles and that they had undertaken relevant training in order to meet people's care and support needs. We saw that staff had put this training into practice.

People told us they liked living at the home. There was a variety of food available and snacks and drinks could be accessed at any time of the day. People with special dietary needs were catered for and relatives could enjoy a meal with their family member if they wished to.

People told us they enjoyed some of the activities at the home but some people felt there could be more to do. There were additional charges for some of the activities provided and some people told us they did not like this aspect. People were given the opportunity to feedback about decisions and changes at the home.

Everyone we spoke with was positive about the management of the home. The manager knew the people at the home well and was able to tell us about people's needs. We saw good systems were in place to monitor the quality and safety of the service provided. People knew how to complain if they wished to actions were taken in response to these complaints to people's satisfaction.

# 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.

People told us they felt safe. Medicines were managed safely and people received them as prescribed. There were enough staff to care for people and recruitment checks were carried out to ensure staff were suitable to work at the home. Staff were confident in how to safeguard people from abuse and what to do if they had concerns. Checks were completed to ensure the environment was safe and emergency plans were in place should they be required.

Good



### Is the service effective?

The service was mostly effective.

Staff provided effective care to people and referrals were made to other professionals when required to support people's health and social care needs. People enjoyed the food at the home and different dietary needs were catered for. Some choice of food was offered and people could have drinks and snacks when they wished. Staff had a good understanding of mental capacity and we saw where people did not have capacity to make decisions, support was sought in line with legal requirements. However, some people did not like the CCTV cameras in the home and had not consented to these.

Requires Improvement



### Is the service caring?

The service was caring.

People and relatives told us staff were consistently caring in their approach and we saw examples of this in the way staff interacted with people. People were encouraged to be independent where possible and care was provided ensuring dignity and respect. People told us they felt listened to by staff and that they were involved in decisions about their care.

Good



### Is the service responsive?

The service was responsive.

Group activities were on offer for people although some people did not like the policy for charging separately for this. People had regular opportunities to meet with staff to discuss any issues they may have. Complaints were recorded and dealt with quickly and thoroughly. Staff had a good understanding of people's preferences so that care was provided in the ways that people preferred.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People and their families were positive about the management of the home. Staff told us managers were supportive and approachable and any issues they raised were addressed. We saw good systems were in place to monitor the quality and safety of the service provided. The management team encouraged a culture whereby people and staff were involved in decisions about the running of the service.

# Newstead Lodge Nursing Home

## Detailed findings

### Background to this inspection

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

The inspection took place on 14 May and was unannounced. The inspection team comprised of two inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and visitors, we spoke to the local authority and reviewed the statutory notifications the manager had sent us. A statutory notification is information about an important event which

the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received prior to our visit and reflected the service we saw.

We spoke with six people who lived at the home, two relatives and a friend. We also spoke with six staff including the cook and the manager. We looked at seven care records and records of the checks the management team made for assurance that the service was good. We observed the way staff worked and how people at the service were supported.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at Newstead Lodge. One person told us, "I feel safe here. I don't have any worries about safety." Another person told us, "I love it here, I feel completely safe, everyone is so kind."

Staff had completed training on safeguarding people which included how to recognise abuse and knew how to keep people safe. Staff we spoke with were able to tell us about different potential types of abuse and what they would do if they had any concerns. One member of staff told us, "If I had any concerns I would report them straight away to the manager. If I felt they were not dealing with it I would contact the local safeguarding team and the CQC." Another member of staff told us, "People who live here need to have confidence that they will be safe and that we would protect them from abuse. If I had any concerns I would report them right away." Staff knew what to do if they suspected abuse and how to deal with it. The registered manager had complied with their obligations to report any safeguarding issues to us.

People told us about the security arrangements at the home. One person explained, "I know where all my possessions are and I am happy that they are kept safely." Another person told us, "I don't have any concerns about my belongings in my room." People we spoke with felt security at the home and in their bedrooms was good.

Risks associated with people's care needs were identified and these were documented and monitored by staff. One person told us, "I need a hoist to move from my wheelchair to a chair or my bed. The staff take their time and I feel secure." Staff we spoke with were able to identify the risks relating to people's care. One member of staff told us, "Everything you need to know about how to move people is in their care plan. We also talk to people about what works best for them and have discussions with other staff." We observed people transferring from wheelchairs to chairs in the communal areas of the home. We saw that the appropriate equipment was used and that staff transferred people safely. Care records contained assessments of the risks relating to moving and handling people. We saw there were clear instructions for staff about how to move people safely and the equipment that should be used for each

person. Other risk assessments were evident around areas such as nutrition and skin care. Any changes to people's needs were recorded and preventative measures taken where possible to reduce these risks.

The registered manager recorded accidents and incidents. These records were up to date and had been analysed to identify trends and action taken to reduce or prevent the risk of harm in the future. For example, we saw at times one person fell down on their knees and this was recorded. They now they wore knee pads to reduce the risk of them injuring themselves.

Care records contained information about how to support people to evacuate the building safely in an emergency. People had individual plans that detailed people's mobility and care needs to assist emergency services should these be required. However, as they were kept in each person's folder, there was no central record that could be accessed easily. We found one person's care record did not explain their door was locked at their request and that to obtain the key; a security code was required to access a 'key safe'. This person was cared for in bed. We highlighted this to the manager, who agreed to review this. Contingency plans were in place if required so people's care needs could continue to be met safely.

A fire drill was carried out monthly and the fire alarm tested weekly. We saw a fire risk assessment was completed in July 2014 checking fire safety equipment was maintained and the safety of the building. The management team took steps to ensure people at the home were kept safe should there be a fire.

People we spoke with told us there were sufficient numbers of staff available at the times they needed them in order to meet their needs. One person told us, "There are enough staff, they regularly check on me to see if there is anything I need. I don't have to wait for them to come and help me." Another person commented, "I don't have to wait for staff. They know my routine and I always have two staff to help me. There is always someone around if you need them." One member of staff told us, "I think there are enough staff. There are busy times but then we have quieter times where we can sit and talk to people."

Staffing levels were based on a ratio of people to staff, and people's dependency needs. Additional staff were employed for cooking, cleaning and leading on activities. This meant care staff had the time to concentrate on caring

## Is the service safe?

for people, as they did not have additional duties. We saw that staff responded to people's requests for support quickly, so that people were not kept waiting. One person told us they had a buzzer to call for staff and showed us that they kept this nearby. People we spoke with told us staff came quickly when they called for assistance. The manager told us they did not use agency staff and if they were short of staff on any day, they provided care themselves, covering between them. This meant care provided for people was consistent in order to meet people's needs.

Prior to staff working at the service, the provider checked their suitability to work with people who lived in the home, by contacting their previous employers and the Disclosure and Barring Service. Staff we spoke with told us background checks were completed before they were able to start work at the service. The provider ensured the staff employed were suitable to support people who required their care.

People received their medicines as prescribed. We observed nursing staff administering people's medicines safely, at the agreed times. Each person's medicine was checked against the medicines administration record to ensure the correct medicine and dose was given. Where people were prescribed medicines to be taken on an "as required" basis, specific instructions were available for staff to follow in order to ensure this was given in a consistent way.

There were appropriate arrangements to ensure that people's medicines were safely managed. Medicines were securely stored and kept in accordance with manufacturer's guidelines. Medicines were handled by nursing staff who were trained in the safe administration of medicines. There was a weekly competency audit to ensure staff remained safe to do this. This included checking stock, overseeing the disposal of any medicine not required and administering medicines to people.

# Is the service effective?

## Our findings

People told us that staff had the skills and knowledge to support them with their care needs. One person told us, “The staff are great, they know how to help me. They know what they are doing.” Another person told us “All of the staff are very good. They have training; they tell you when they have had some new training. I can’t fault them.”

Staff told us about when they started working at the home. One staff member told us, “I had an induction to the home when I started and did training in things like moving and handling people and keeping them safe. Then I shadowed experienced staff so I could learn from them about individual people’s needs. This lasted between two and three weeks before I worked on my own. We do on-going training. Some of it is on DVDs and some of it is face to face training”. Another staff member told us, “I was experienced in care work before I came here. I did an induction course when I started here and got to know people well through the other staff.” An employment handbook which detailed the provider’s policies and procedures was given to new staff to further support the induction training they received. Staff were supported with a planned induction and training when they first started in their role.

The manager told us that all staff had undertaken role specific training considered essential to meet the care and support needs of people who lived at the home. For example, the cook had completed a food hygiene safety training course and other staff told us they had undertaken manual handling, bereavement and dementia training. A staff member spoke with us about the dementia training they had received. They told us “It makes you realise why people behave in a certain way, and that’s why.” They told us this training had been useful and that they had put into practice what they had learnt whilst supporting people living with dementia. The manager told us that they had started their employment at the home as a care worker. They told us that the provider had supported them to obtain further qualifications. The manager also told us they had been involved in an accreditation scheme recently, ‘Living well before death’ and found this beneficial. This related to end of life care and support, and there were some people they currently supported that this was applicable to.

Staff received effective support from the management team. One staff member told us, “I have supervision and

there are staff meetings. I feel involved”. Staff received supervision every two months and this was either ‘one to one’, as a group or as part of an observation. This provided staff with opportunities to discuss any aspects of their job role and training and development needs. Staff appraisals were carried out annually to review staff progress and identify any further training or development needs they had.

Staff communicated any changes in people’s care needs and held a daily ‘handover’ meeting as the shift changed. This gave staff an opportunity to pass on important information about people’s health and care needs and ensure a continuity of care for people.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people’s capacity to consent to their care demonstrated an awareness of the MCA and DoLS. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

We saw mental capacity assessments and consent forms on care records which were written in accordance with MCA legislation. Staff we spoke with had received training in this area and had a good understanding of this legislation. Decisions were made in a person’s best interests when they had been assessed as ‘lacking capacity’. The manager was aware of the current DoLS legislation and informed us there were 16 authorised DoLS applications.

We spoke with people about how their consent was obtained. One person told us, “The staff discuss my care with me. I make my own decisions about everything. I have made a decision about my care in the future and the staff all know about this.” We saw one person had capacity and had signed to consent to a ‘key safe’ being put on their door and their door kept locked. This was because another person who lived at the home, sometimes entered into their room uninvited and they wanted to prevent this.

One person raised concerns about the CCTV in the home’s communal areas, and that they had not consented to this. They told us, “There are cameras in all the communal areas. I don’t like this. They have told us we have to have the cameras to keep us safe. They know I don’t like it and I have not given my permission to have cameras on me all



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the time. They still keep them though. They should be able to trust their staff to not be underhanded.” We asked the provider about this and they told us that signs about the cameras were displayed around the home and in the information people were provided with on admission. We saw this information and the reference to CCTV documented. The cameras were viewed in the manager’s office and played no sound. The provider told us this was for the safety of people but confirmed they had not obtained consent from people to use the cameras. Some people told us they did not agree with this and other people that lacked capacity to understand had not had a best interest decision made on their behalf. The provider agreed they would review this now as a priority.

We looked at DNAR (do not attempt resuscitation) forms. These had been completed with GP involvement and were completed correctly. People were supported to make decisions regarding resuscitation consistently and in line with their abilities to do so.

People had mixed views about where their meals were served at the home. One person told us, “I really miss having a dining room. We don’t have one here. It’s a good opportunity to sit and talk with other people but we don’t have that choice. Everyone has to have a little table in front of them in the lounge. Some people eat in their rooms.” The provider told us they had asked people about eating at a dining table but most people said they preferred not to move from their chairs to eat. Each lounge had a conservatory area with a table and chairs in and the provider told us people could access this for meals if they wished to, but most people did not want to do this.

We observed the support people received during their main meal of the day at lunchtime. A menu was displayed in the lounge area but this was small and difficult to see. Where needed, people were supported appropriately to eat their meals and were not rushed. One person told us they were given a choice of food and described it as ‘tasty’ and went on to say “The food is alright, you get a choice and in the morning they go round with breakfast and you let them know what you want.” The cook told us people had a choice, for example, one person did not want the meal offered and they made them scrambled eggs on toast instead for lunch. One person was vegetarian and the cook told us that they were offered suitable food alternatives.

People were able to access food at any time if they were hungry and we saw a folder displaying pictures of the meals which people could use to decide what they would like to eat.

We observed that people were offered hot and cold drinks regularly throughout the day. One person told us, “I get enough drinks”. We saw a hot drinks machine in the conservatory and visitors could access a drink from this if they wished for a small charge.

Staff were aware of people’s nutritional needs. One staff member told us, “People’s nutritional needs are in their care plan. Some people require supplementary drinks because they don’t have much appetite or are losing weight. We make sure people have those throughout the day.” Care records we saw identified people’s nutritional needs and instructions were available for staff about how to support people with eating and drinking. Weights were recorded monthly and we saw one person had been referred to a dietician for advice when their weight had decreased. A health professional had recently visited the home to show staff how to prepare drinks at the correct consistency in order to prevent choking and to provide further information about supporting people with diabetes. Some people required their food to be blended to reduce the risk of choking. We saw that each portion of the meal was blended separately so that people could experience the different tastes and have a choice of which portions to eat. No one had any dietary needs in relation to their religion or culture. We saw the cook was aware of people’s dietary needs and made sure the food they provided was suitable for them.

People told us they had access to health care professionals when they required this. One person told us, “The GP comes every week so you can see them when you need to. There is an optician and a dentist that come every six months. The staff let you know when they are coming and you can book in.” Another person told us, “The GP comes regularly and the staff do help me to attend hospital appointments.” One staff member told us, “If we notice people are not well, we tell the nurse in charge. If they need medical help the nurse will arrange it.” Another staff member confirmed that people accessed the chiropodist every six weeks. We saw one person had been given food

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supplements by the dietician as they had been losing weight, they had advised for these to be stopped as they were no longer required and we saw the home had done this.

# Is the service caring?

## Our findings

People we spoke with told us that staff were kind and caring. One person told us, "All of the staff are lovely. They have been fantastic to me. I miss them when they are on days off. They are like family to me." Another person told us, "The staff are really good. I can't fault them."

The manager explained what they looked for when they employed new staff. They told us, "If someone is a 'carer', you know. We employ caring people, it is to do with the heart." We observed staff interacting with people throughout the day. We saw staff were friendly, approachable and took time to speak with people at their own pace. Staff treated people with compassion when supporting them. They wore name badges and were dressed smartly in different waistcoats and ties, not in a medical uniform. The manager told us that this was to be more 'dementia friendly' as some people did not respond well to staff in uniform. They told us one person had positively commented about staff dress, as looking 'like hotel staff' and they liked this.

We heard further examples of the caring 'ethos'. Staff held parties at the home to celebrate birthdays, both for people, and the staff. One person had requested they go and visit a relative in another care home, as it was this person's birthday soon. This had been arranged for them. Staff had supported another person to spend a day at their family home with their spouse. Another person's dying wish had been to see the sea again and staff had assisted them to fulfil this wish.

People told us the service had no restrictions on visiting times, people could visit when they wanted to. One person told us, "[Person] comes and visits when they like", The manager told us families were welcome to come and eat at the home if they wished to and there was no charge for this.

During our visit we observed discussions taking place throughout the day between people and staff about the support people required and what they preferred. One person told us, "The staff are very polite and always ask for my permission before they do anything to help me. I chose to come to this home and I did have a choice about that. I am free to come and go as I please, though I do need help with that. I can go out when I want to. I make my own decisions about my care and what I do." We observed that

one person was anxious throughout the day and required a great deal of reassurance. We saw staff were patient with them and used distraction and engagement techniques to help reduce the person's anxiety.

People were supported to be independent when possible. At lunchtime we saw staff encouraged people to eat independently, rather than immediately assisting them. People who were able, were prompted to undertake their own personal care and walk without assistance. One person wished to walk independently, however due to an unpredictable health condition could fall to their knees at times. Their family and staff had agreed to support them to be independent by wearing knee pads to protect them if they fell. We saw another person was having difficulty with their walking aid and staff kindly explained to the person how to use the aid correctly. They then encouraged the person to use this to walk independently.

Bedrooms at Newstead Lodge looked homely and people could bring in their belongings to make their rooms personalised. We saw one room had a 'tree' scene on one wall. The manager told us the person had liked this, so chose this room when they first visited. One member of staff told us, "It's important to make it like home for people. Trying to create a calm environment is vital for people living with dementia. You need to speak kindly to people and listen to what they need." The manager told us staff were encouraged to support people with kindness and they told staff 'Please care for people as if you are caring for your Mum or Dad' at staff meetings.

People had choice about how they spent their day, for instance, they got up and went to bed when they wished to. One family member told us they had requested their relative swap bedrooms as they preferred another room, and this had happened that morning. The relative told us, "As soon as we asked, they helped."

Staff involved people, and their families when appropriate, to be involved in making decisions about facilities provided. We saw a discussion had recently been held about purchasing new garden furniture. A brochure had been shown around to obtain people's views about what to buy and the new furniture had arrived on the day of our visit.

People had a choice about the gender of care workers providing their personal care. We observed one person was receiving support from two male's care workers. We saw on

## Is the service caring?

their care records that they had said they were happy to have care staff of either gender support them. The manager told us another person had originally wanted only female care workers and that this was respected. However, this person had now changed their mind, and were now happy to receive support from both male and female care staff.

The manager told us privacy and dignity were 'paramount' and we saw staff ensured this when supporting people with their care. A staff member told us that dignity meant, "Allowing people to be independent and providing them with self-respect." We observed people were taken to their rooms when being assisted with personal care. Another person was covered with a blanket whilst being hoisted.

Each bedroom door had a sign on which could be changed to 'Please enter' or 'Do not enter at this time' and gave people further control over access to their rooms. Another person was hard of hearing and staff made sure they were at their preferred level when talking to them. Staff were skilled in ensuring dignity and privacy for people.

We asked whether any advocacy services were used for people. The manager explained no one used an advocate currently, however one person had involvement of a solicitor in managing their finances and the home liaised with them about this. We did not see any information available for people around advocacy.

# Is the service responsive?

## Our findings

The manager completed a pre-admission assessment for people before coming into the service to make sure they could meet their needs and the home was suitable for them. Once people were admitted, a further assessment was undertaken, and care plans detailed information for staff to enable them to be responsive to people's individual needs. There were two types of care plan, one with medical information and another which centred around the person's history and preferences. Relatives provided this information for staff if people were unable to do this themselves.

One person told us, "I have been involved in my care from the beginning. So have my family. Staff do explain things." We saw one person had dementia and at times they were reluctant to be supported with personal care. Staff knew they preferred to use a specific bathroom and if they used certain words to encourage them, they were more likely to accept help. Another person with dementia had been refusing to eat at times. Staff understood if they sat and had a drink with this person, they would let the staff member assist them to eat their meal. Staff were skilled and knowledgeable in how best to support people and we saw had skills particularly in supporting people living with dementia.

People told us there were some activities to enjoy at the home. All the people living at the home were asked to pay £30 a month towards some of these. If people did not wish to do this then they could choose not to pay, or pay towards occasional events. One person told us, "There are some activities here. There is the piano man and an exercise man who come here. I have to pay for it though and I don't think that is right. Some of the staff will spend time talking to me which I really appreciate." Another person told us, "I keep myself entertained most of the time. I like to read and watch my TV programmes. There are sometimes events going on in the lounge and I will go to those." The cost was communicated to people on admission to the home and we saw this information, which was given to people. We asked the provider if a person would be excluded if they wanted to join in with an activity

but had not paid for it. They told us people could pay for one off activities if they wished to, and the reason they charged, was that it enabled them to keep the overall fee charge down for people.

People we spoke with told us they did some other activities during the day that met their needs and interests. One person was supported to visit a local convenience store to purchase newspapers. We observed a staff member spending time talking with people and giving hand massages in the lounge while some other people played handball. Each day a coffee morning was held when staff were encouraged to stop and sit to have a drink and chat with people. We saw some staff doing this on the day of our visit. A church service was held at the home once a month and people attended this if they wished to. The manager told us one person liked 'swing' music and so they played this music for them sometimes. Staff had arranged to link in with a local community club for people to join in with some of their social events. We saw there were enough activities for people to do, however some people did not like to pay for some activities additionally.

People we spoke with told us they knew how to make a complaint if they needed to. A copy of the provider's complaints policy was displayed in the reception area of the home and we saw a suggestion box was provided. One person told us, "I haven't made any complaints, there is no reason to complain." Another person told us their daughter liked the home and they had 'no complaints', as they did too. We saw complaints were recorded, addressed and a response given. There was a complaint raised in April 2015 when a staff member had not used a piece of equipment correctly. We saw there was a response to this and the manager had taken the appropriate action in addressing this. The manager told us one person had made a verbal complaint that morning about a dressing on their leg. The nurse had explained to them this could be changed and they did this, in order to resolve the issue they raised. The provider told us that complaints required a response within 28 days but they aimed to do this within seven days, and we saw that complaints had been responded to within this time.

# Is the service well-led?

## Our findings

There was a registered manager in post at the service and they were supported in their role by the quality manager and provider. Everyone we spoke with was positive about the effectiveness of the management team. One person told us, "There is a new manager and we have had our ups and downs. I think it's all okay now though. The manager has listened to me and I feel I could raise concerns with them." Another person told us, "I feel confident enough to raise concerns." We heard one person speaking with the manager and they told them, "You're lovely". During our visit the manager told us about some of the people who lived at the service and their needs and it was clear they knew people well. We saw reference on some records to 'Citizens of Newstead Lodge' and saw this was the culture, to involve people as part of the home 'community'. We saw this reflected in the newsletter which talked about people and staff jointly, as a community with their news and celebrations.

Staff felt supported by the management team and had opportunities to be involved in the running of the home. One staff member told us, "I could raise issues if I needed to. There is a calm atmosphere and I really like working here." We were aware there was a whistleblowing policy and one staff member told us about this, and that they would use this if they felt they needed to. A staff meeting had been held in March and April 2015. We saw the minutes of these and that staff had been reminded to get to know the people at the home during the coffee morning and to 'access this opportunity'. We saw staff doing this on the day of our visit. Another reminder was given about ensuring relatives were offered drinks when they came and we saw staff doing this. We saw the results of a recent staff survey where staff had been given the opportunity to feedback any issues they had, and this was positive.

The management team consisted of the registered manager, manager and deputy manager, who was a nurse. We asked the manager what they were proud of at the home and they told us "Delivering high quality care and being responsive to complaints and feedback." The manager walked around the home daily to check how the service was running, and address any issues they identified. They told us they liked to be 'hands on' in supporting people and staff and assisted with care when required.

People told us that the manager was approachable and spent time speaking with people on an individual basis, to check whether they were happy with the service they received. One person told us, "The manager will come and talk to me from time to time to ask if I am happy with everything."

People and their relatives had opportunities to put forward their suggestions about how the service was run. Group meetings for people and relatives were held, the last one being February 2015. Within the minutes of this meeting, we saw one person had said, 'This is a lovely place, everyone is lovely, the care staff are wonderful'.

Surveys were carried out for people that lived at the home and we saw a quarterly newsletter was displayed providing news updates and information for people. The manager told us, "We keep families up to date with any changes."

The home environment consisted of two lounges, a smaller one and a larger one. They told us the home had recently been re - decorated and had some new flooring. A new carpet was due to be fitted on the day of our visit. There was a new extension on the ground floor and all of the rooms were en-suite rooms. Improvements had been made at the home recently and areas upgraded. The manager told us the provider was willing to spend money on improving the service when this was required.

The manager told us they felt supported by the provider and while the registered manager was away. It was unclear how long this person was going to be away, but the provider told us it was over four week and they were visiting three days a week to support the other manager. One staff member told us, "I always go to [provider] if I have any problems," and described it as "A happy little home." The provider told us they telephoned the home twice a day usually, to support staff with any issues they may have.

We looked at other systems and records in relation to monitoring the quality and safety of service provided. These were completed weekly and were up to date, and included checks on areas such as infection control and accidents and incidents. Any trends identified were analysed by the management team to determine the cause, so that actions could be taken to reduce the risk of similar issues from occurring again. The manager completed daily health and safety checks to ensure the environment was safe including checks of rooms and

## Is the service well-led?

cleaning. The manager told us anything identified at these checks was rectified immediately if possible, and the building was maintained with assistance from a handy person who came in when required.

The manager was able to tell us which notifications they were required to send to us. We had received these notifications from them, including one telling us the registered manager was temporarily absent from the

service. The manager told us the local authority had visited two months ago and they had suggested some improvements in their systems for recording care. These changes had now been completed by the management team. We saw the management team were proactive and systems ensured the home was safe and the care provided met people's individual needs.