Your Health Limited

Langwith Lodge Care Home

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

We carried out an unannounced inspection of the service on 18 May 2017. Langwith Lodge Care Home provides accommodation for persons who require personal care, for up to a maximum of 54 people. On the day of our inspection 30 people were using the service.

On the day of our inspection there was a registered manager in place. 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.

During our previous inspection on 28 and 29 July 2016 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the assessment of people's care and support needs when they lacked the capacity to make their own decisions. During this inspection we checked to see whether improvements had been made and we found they had.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had now been followed when decisions were made about people's care.

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance was regularly reviewed to enable them to support people effectively. Staff felt supported by the registered manager.

People were supported to maintain good health in relation to their food and drink. People's day to day health needs were met by staff and referrals to relevant health services were made where needed.

Staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed. There were enough staff to keep people safe and to meet their needs. People's medicines were managed safely. Protocols for the safe administration of 'as needed' medicines were in place for most but not all of these medicines.

Staff were kind and caring and provided people with dignified, respectful and compassionate care and support. Staff responded quickly to people when they showed signs of distress or had become upset. Staff understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained, although two toilets did not have working locks. People felt staff treated them with respect. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

There were opportunities for people to take part in the activities that were important to them, with people's views regularly requested on how further improvements to the activities could be made. People living at the

home had detailed person centred care plans in place that recorded their preferences and likes and dislikes. Staff were knowledgeable about people's preferences. People were provided with the information they needed if they wished to make a complaint and they felt their complaint would be acted on.

The registered manager led the service well and was respected and well-liked by all the people we spoke with including visiting health and social care professionals. People were encouraged to provide feedback about the quality of the service and this information was used to make improvements, although an action plan had not yet been formed following the most recent results. The continued development of staff and the registered manager's performance was a key aim of the provider. Quality assurance processes were in place to ensure people and others were safe in the home.

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.

Staff could identify the potential signs of abuse and knew who to report any concerns to.

Risks to people's safety were continually assessed.

There were enough staff to keep people safe and to meet their needs.

People's medicines were managed safely. Protocols for the safe administration of 'as needed' medicines were in place for most but not all of these medicines.

Is the service effective?

Good

The service was effective

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had now been followed when decisions were made about people's care.

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance was regularly reviewed to enable them to support people effectively.

Staff felt supported by the registered manager.

People were supported to maintain good health in relation to their food and drink.

People's day to day health needs were met by staff and referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and provided dignified, respectful and compassionate care and support.

Staff understood people's needs and listened to and acted upon their views.

People's privacy and dignity were maintained, although two toilets did not have working locks.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

There were opportunities for people to take part in the activities that were important to them, with people's views regularly requested on how further improvements could be made.

People living at the home had detailed person centred care plans in place that recorded their preferences and likes and dislikes. Staff were knowledgeable about people's preferences.

People were provided with the information they needed if they wished to make a complaint and they felt their complaint would be acted on.

Is the service well-led?

Good

The service was well-led.

The registered manager led the service well and was respected and well-liked by all the people we spoke with including visiting health and social care professionals.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements.

The continued development of staff and the registered manager's performance was a key aim of the provider.

Quality assurance processes were in place to ensure people and others were safe in the home.

Langwith Lodge Care 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 checked 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 comprehensive inspection was carried out on the 18 May 2017 by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During the inspection we spoke with nine people living at the home, five relatives, the cook, three members of the care staff, the maintenance person, the deputy manager and the registered manager. We also spoke with two visiting health and social care professionals.

We looked at care records relating to six people living at the home as well as medicine records for 19 others. We reviewed other records relevant to the running of the service such as, staff recruitment records, quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

All of the people and the relatives we spoke with felt they or people living at the home were safe. One person said, "I feel safe, we're all good friends." Another person said, "I do feel safe here." A relative told us they felt their family member was safer here than at other homes they had lived at before as staff regularly monitored them and checked their family member's needs were met.

Processes were in place to reduce the risk of people experiencing avoidable harm. A safeguarding policy was in place. Staff had received appropriate safeguarding of adults training and the staff we spoke with understood who to report concerns to both internally and externally to agencies such as the CQC or local safeguarding teams. A staff member said, "We've all had safeguarding training, if I felt something needed reporting I'd get straight in touch with the local safeguarding team."

Information about how to reduce risk of injury and harm was available in people's care plans. We saw that staff had completed assessments to identify and manage risk for a number of areas including trips and falls, environment and fire safety. The assessments included information for staff on how to manage risk. For example, how staff could keep a person safe when mobilising with a frame. We saw that risk assessments were kept up to date by monthly review or when a person's needs changed. These assessments were regularly reviewed. Care staff we spoke with were aware of people's needs and the support they required to reduce risk.

Staff aimed to reduce risk in the least restrictive way by still allowing to people to make unwise decisions with safety measures in place. A staff member we spoke with gave an example. "We had one person who had smoked all their life and still wanted to smoke here. Even though they had trouble walking we supported them to go outside to have their cigarette which they really enjoyed."

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Regular servicing of equipment such as hoists, walking aids, gas installations, fire safety and prevention equipment were carried out, with specially trained external professionals used to service the more complex equipment such as lifts. We observed staff supporting people with moving around the home. The equipment they used to do so was used safely. People had individualised personal emergency evacuation plans (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These were regularly reviewed to ensure they met people's current needs.

When accidents and incidents had occurred at the home the registered manager ensured these were investigated thoroughly. Where professional guidance was needed to reduce the risk to people this has been requested. For example, a person had started to fall regularly at the home and the registered manager requested a review from the local falls team to offer support on how to reduce this risk. Records also showed monthly analysis of all accidents and incidents was carried out by the registered manager to help identify any trends to enable them to put further support in place for people to reduce the risk of reoccurrence.

People gave their views on the number of staff available to support them and whether they had to wait long

for staff to come to them when they needed them. One person said, "You don't wait long. There's no difference what time of day, they're good all the time." Another person said, "They generally come quickly, I've only had to wait once." A third person said, "They're very nice staff, as far as I can tell there are enough, I don't have to wait." On the whole, relatives also agreed there were enough staff in place. One relative said, "I suppose there is enough staff, it's mostly okay. One went with [my family member] when they went to hospital. Then the staff member stayed with [my family member] until really late." Another relative told us they were, "Generally satisfied there are enough staff around although sometimes I think they could do with a couple more at night."

All staff we spoke with told us they felt there were enough staff to meet people's needs safely. One staff member said, "I don't feel like we are ever understaffed. The residents get their care and we get our breaks." Another staff member said, "We've got plenty of staff. Plus staff are really good at helping out and coming in if we need them. Although that's not very often." During our inspection we observed staff delivering care and support in a clam and unhurried manner. People were not left unattended for long periods of time. Call bells, pressed by people in their bedrooms when they needed staff support, were responded to quickly. Records which recorded how long it took staff to respond when a bell had been pressed, showed people rarely had to wait longer than one minute for a member of staff to attend. We checked the rotas for the day of the inspection and found the number of staff working on the day of the inspection matched the numbers recorded.

Safe recruitment procedures were in place. Checks on staff suitability to carry out their role before they commenced work were carried out. This included checks to establish whether a potential member of staff had a criminal record, whether they had sufficient references and proof of identity. This reduced the risk of people receiving care and support from unsuitable staff.

Regular assessments of people's level of dependency were carried out. This enabled the registered manger to ensure sufficiently trained and experienced staff were in place to meet people's changing needs. Where extra staff were needed and this could not be covered by employed staff, then agency staff were used. The registered manager told us they requested the same agency staff each time to ensure consistency of care for people. They also told us when a new agency member of staff attended the home; an induction was carried out to ensure they were aware of fire exits and other hazards within the home. We saw a blank copy of this checklist but the registered manager was unable to show us a completed version. The registered manager assured us that these were completed but was unable to provide examples.

A relative told us they were happy with the way their family member's medicines were managed at the home. "They have got [name's] medication sorted; [name] was very agitated and is a lot calmer now."

People's medicine administration records (MAR) contained a photograph of them to reduce the risk of medicines being administered to the wrong person. Additionally, details of people's allergies were also recorded to reduce the risk of them experiencing avoidable harm. We saw the way people liked to take their medicines had also been recorded. We observed a member of staff administer people's medicines. They did so safely and patiently.

In each of the 19 people's MAR that we looked at we saw these had all been completed correctly showing when people had taken or refused to take their medicines. The accurate recording of the medicines people had or had not taken reduces the risk of people experiencing avoidable harm.

When people received 'as needed' medicines, protocols for the safe administration for the majority of these were in place. As needed medicines are not given at set times of the day and are only administered if a

person is showing signs that the medicines are needed, such as an increase in pain or agitation. A small number of these medicines did not have these protocols in place. However, when we checked people's MAR we found the administration of these medicines was rare. The registered manager agreed to review this and ensure protocols were in place for all as needed medicines.

People's medicines were stored safely in locked cabinets within a locked room. When medicines were administered the staff member ensured the trolley was not left unattended, or, if it was for a short period of time, all medicines were locked safely away. This meant people were unable to access medicines that could cause them harm. Regular checks of the temperature of the room, cupboard and fridges where the medicines were stored were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures recorded were within safe limits.

Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

Good

Is the service effective?

Our findings

During our previous inspection on 28 and 29 July 2016 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the principles of the Mental Capacity Act 2005 not being followed when decisions were made for people who were unable to make them for themselves. This also included the process for ensuring people's liberty was not illegally deprived. During this inspection we checked to see whether improvements had been made in this area and we found they had.

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. We checked whether the service was working within the principles of the MCA.

All care plans now contained assessments of people's capacity which were reviewed regularly. Thorough, detailed assessments were carried out for individual areas of daily life including, diet, administration of medicines, personal care, personal hygiene, safety and finances. Assessments took place over three days to allow a comprehensive, informed judgement of a person's capacity. Where a person had been assessed as being unable to make an informed decision, decisions were made with their relatives, staff and if appropriate health and social care professionals to ensure the decisions were always in the person's best interests.

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). We looked at the documentation for two people and found staff adhered to the terms of the DoLS.

Staff displayed a very good knowledge of MCA and DOLS and were able to give good examples of its application. Observations of staff showed that they always asked for people's consent before carrying out care or support tasks and explained what they were doing and why.

People told us they felt staff understood how to support them and did so effectively. One person said, "They've been trained so they should know, but I am free to do as I want." A relative said, "The staff seem well trained, they notice when [my family member] is not well." Another relative said, "The care is good and appropriate to [my family member's] needs. They're [staff] looking after [name's] condition well, not like the other home [where the family member had previously lived]."

Staff received a detailed induction, with new staff undertaking the care certificate training. The care certificate is a set of minimum standards that can be covered as part of induction training of new care workers. Following their induction staff received a detailed and on-going training programme designed to equip them with the skills needed to support people effectively. Staff praised the training and support

provided for them. One staff member said, "You get so much training here you are treated really well." A second staff member told us training had improved since they had worked at the home. They also said, "There was a time when training lapsed but now we get sent on everything that comes up. We get loads of training now."

The registered manager had a clear focus on providing all staff with the skills needed to support people effectively. They told us they had identified training courses in more specialist areas when people's needs had changed or a specific risk had been identified at the home. For example, one member of staff had been sent on a 'dental awareness' course. The registered manager told us this course enabled the staff member to identify when people's dentures may not be fitted correctly and could be causing them pain. This was particularly effective for people who were unable to communicate verbally, if their dentures were causing them discomfort or pain.

Staff felt they received sufficient support from the registered manager to enable them to carry out their role effectively and felt able to discuss any concerns they had during regular supervision sessions. One staff member said, "I can just go to them [registered manager] with any issues. They are very firm but very fair. If you've done something wrong they tell you but you always get the support you need." Another staff member said, "If I've got problems, or I think anything needs changing, I can go in and discuss it. We get supervision meetings every three months or so."

The registered manager told us that all staff were either enrolled or about to be enrolled for external professionally recognised qualifications such as diplomas (previously NVQs) in adult social care. Records viewed confirmed this. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

People's care records contained detailed guidance for staff to enable them to communicate effectively with people. Due to the wide ranging needs of the people living at the home, with some people living with dementia, staff were required to use a variety of different methods to communicate and engage with people. Throughout the inspection we saw staff doing so effectively. This included a patient approach when helping people to transfer around the home, supporting people with their lunch or engaging in general conversation. Guidance was also in place for staff to support people who may present behaviours that may challenge others. We saw people respond positively to the way staff supported them throughout the inspection.

People were positive about the food provided for them at the home. One person said, "It's very good food." This person told us they could be "a bit funny" about their food and the staff always offered them an alternative which they appreciated. Another person said, "The food's excellent, but there is far too much of it, everyone's putting weight on!" This person also said, "You get a very good choice, or they'll change it for you." Relatives told us they thought the food was good and there was a sufficient amount available for people. One relative said, "The food looks good, and [my family member] can be very choosy with food."

We observed two meal times and saw that staff supported people who required assistance in a calm and unhurried manner. Meals were served in staggered sittings to allow staff more time to support people who required assistance to enjoy their meal without being distracted. At all meals people were sat in groups chatting between themselves and with staff. Meals looked appetising and people appeared to enjoy them. We saw that people had a choice of meal and other options were available if required. For example, we observed one person who requested a meal as they sat down, changed their mind when the meal was served. Staff immediately prepared a different meal which the person enjoyed. The cook told us, "If people want something we haven't got, I make sure I do it for them the next day."

Kitchen staff were aware of peoples dietary requirements and used adaptive methods to ensure everyone had access to an appetising meal. For example, food moulds were used to ensure that food that needed to be blended or mashed still looked recognisable as meals of meat or vegetables.

Care staff supported people to be as independent as possible with their meals. A staff member said, "One person eats with their hands. This has been identified in the care plan and we support it. I'd rather they did that and ate independently and enjoy their food. We make sure they don't just have finger food, we serve them proper hearty meals."

People were supported to maintain healthy nutrition and hydration. Staff displayed a good understanding of peoples dietary requirements. Where people had been identified as being at risk of malnutrition or dehydration, a record of their food and fluid intake was completed to enable staff to identify significant increases or decreases in their consumption. People were weighed regularly and the input of GPs and/or dieticians had been requested to give guidance for staff to support people where concerns about their food intake or weight had been identified.

People's day to day health needs were met by staff. People told us they were able to see a wide variety of healthcare professionals to support them with their health needs. Records viewed supported this. One person said, "The GP comes and the optician and the chiropodist." A relative said, "The doctor comes straight away or the practice nurse."

Where people had specific health conditions such as diabetes or the requirement for regular repositioning to reduce the risk of the development of a pressure ulcer, detailed care plan information was in place to assist staff with supporting people safely and effectively. A healthcare professional who visited the home regularly described the care provided as, "Some of the best I have seen."

Good

Is the service caring?

Our findings

People told us they thought the staff were kind and caring. People told us they liked the staff, felt comfortable in their company and had formed positive relationships with them. One person said, "The staff are very good." Another person said, "The staff are kind and caring, there's no trouble at all with that. I like going to them if I need help."

Staff interacted with people in a kind, compassionate and caring way. We saw warm and friendly interactions between people and staff. Although staff were busy throughout the day, they took the time to sit and talk with people, paying people compliments about the way they looked or simply asking if people were ok and if they needed anything. We also saw staff respond quickly and effectively to people who had showed signs of distress and had become upset. We saw one person had become uncomfortable in their chair, the staff offered a reassuring word in their ear, sat with them for a while and then the person's demeanour changed to a much more positive state.

People were supported by staff who had a good understanding of what was important to them. People's life history and past achievements were recorded to enable staff to have a good understanding of the person and what was important to them. Staff we spoke with demonstrated a good understanding of people's character and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. We saw an example where one person had very specific wishes in relation to their religion and these wishes were respected and acted on.

People were encouraged to make decisions about their care and support needs and were regularly asked for their views in case they wanted to make changes. A relative said, "They will work around all [my family member's] options and preferences, they always give them an option." We saw staff continually asking people for their views throughout the inspection ranging from what they wanted to eat and drink, where they would like to sit and whether they would like to go back to their bedrooms or remain in the communal areas.

Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

We saw people were supported to be as independent as they wanted to be. People told us they encouraged to do things for themselves where able. We observed many examples where staff encouraged people to do more for themselves. Examples included, mobilising around the home and eating or drinking independently or with limited staff support.

People told us they felt staff treated them with dignity and respect. A person said, "If we treat them right, they treat us right." A relative said staff treated their family member, "like a human being." We observed many examples of dignified care and support being provided throughout the inspection. Staff spoke discreetly about people's personal care needs and were attentive when a person had food on the face following their meal. Respectful language was used at all times. When people were supported with being transferred throughout the home, staff engaged fully with them.

The registered manager told us a particular passion of theirs was to ensure that people living with dementia led as fulfilling and dignified life as possible. They told us they had applied for Derbyshire County Council's (DCC) 'Dignity Award'. This is awarded to homes that provide a consistent experience of dignity and respect for all who receive a service. The registered manager told us they were confident they would be successful. We were also informed that some staff had attended an advanced dementia training course, with the aim to help staff understand more thoroughly how to provide care and support for people living with the dementia. The registered manager told us this course was a great success and they were already looking at ways to implement their learning to improve people's experiences at the home. This showed the registered manager had an innovative and forward thinking approach to providing dignified care for all.

People's privacy was respected within the home. There was sufficient private space throughout the home if people wished to be alone, or to spend time with family and friends. We did notice two toilets did not have a working lock which could impact people's right privacy and dignity.

People's care records were handled respectfully and were locked away when not in use.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We observed and spoke with relatives visiting during the inspection who confirmed this.

Good

Is the service responsive?

Our findings

People received care and support that met their individual needs. A range of assessments and care planning documents were in place that had been completed prior to each person coming to live at the home. These had been completed with the input of each person where able, and with relatives where appropriate. Each of the records were regularly reviewed to ensure they met people's current needs. People's wishes and preferences were then written into comprehensive care and support planning documents that were regularly reviewed to ensure they met people's changing needs. A person living at the home commented on staff respecting their personal choices about their daily routine. They also said, "I can get up and go to bed when I want." Another person said, "I can do what I want, I'm pretty independent." A relative told us they were confident in the care provided for their family member. "They seem to take extra care of [my family member]."

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time, for example when administering medicines and personal care. We saw that staff communicated well with each other and people using the service to ensure that everyone received the care and support they required. Staff we spoke with had a thorough understanding of people's needs and told us they found the care plans contained useful information.

People were supported to follow their interests and take part in social activities. A person described the activities at the home. "We do some baking and painting and I play dominoes and try to fill in the time." This person did say they wished there was more for them to do during the day. Another person said, "I can talk to people, I like that and I watch TV." Relatives told us they felt there was enough for their family members to do. One said, "There is enough for [name] to do, they try to participate."

The registered manager told us they had listened to people's concerns about the activities at the home and had recently changed the hours the activities coordinator worked. They told us previously the activities coordinator worked 9.00am until 3.00pm. They found these hours were not effective as many people were eating breakfast, were still in bed or later had not long finished their lunch. Therefore the hours were changed to 12.00pm until 7.00pm. They told us this had been effective in involving more people later on in the day.

Records showed a number of organised activities were provided for people. These included singers attending the home, trips to local pubs and cafes and the involvement of the local community for events at the home such as bonfire night and summer fayres. Plans were also in development for the instalment of a Butterfly farm for people to enjoy and a holiday to Butlin's was also in the process of being organised for later in the Summer. The registered manager acknowledged that providing personalised activities for all people living at the home was a challenge, but they felt they were listening and constantly seeking to make improvements.

None of the people we spoke with told us they had needed to make a formal complaint. However, they all felt they could talk to staff or the registered manager to resolve a complaint if necessary and had confidence

they would be helped and any problem would be resolved. Relatives also felt confident with the process. One told us they would speak to the registered manager and had done so about a specific issue they had which was resolved to their satisfaction.

A complaints policy was in place. Records showed when complaints were received they were handled appropriately and in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People, relatives and staff were asked regularly for feedback to contribute to the continued development of the service. This feedback was provided in a number of formats. Regular meetings, telephone interviews for relatives who were unable to visit regularly and questionnaires were used to inform the registered manager and the provider of people's views. A relative told us they had been to two meetings recently and, "They [the registered manager] log down your comments and make changes." Another relative confirmed they had recently completed a questionnaire to give their feedback. We looked at this questionnaire and found a variety of questions had been asked including, the overall quality of the care provided which all 21 respondents rated as 'good' or 'very good'. The registered manager told us they had not yet formed an action plan or response for people as the survey had only recently been completed, but assured us the plan would take into account all views and would drive improvement at the home.

Staff also felt able to give their views. All the staff we spoke with felt the service was well led, that there was an open culture and that they could speak openly with the manager and had faith she would deal any concerns raised.

People, staff and relatives spoke highly of the registered manager. People told us they felt they could talk to the registered manager. One person said, "I can talk to the manager, I can talk to any of them [staff]." Relatives agreed. One relative said, "We think it's fantastic here. We came to visit and everything was organised by the manager, she was so helpful and got [my family member] in quickly as we'd taken them out of one home." Staff also praised the registered manager. One staff member said, "She notices everything. She is always walking around; she knows the residents and what problems they may have." Another staff member said, "The staff all respect her, they feel they could go to her as a friend but know she's the manager as well."

The two health and social care professionals we spoke with during the inspection praised the approach of the registered manager. One said, "The registered manager is motivated to get the staff well trained and to provide the best care they can. The manager responds really well to any guidance I give." The other said, "The manager is nice, very helpful and will help staff out when they need it."

The home was led by a passionate, caring and experienced registered manager who had the best interests of all people and staff at heart. They continually looked for way to improve the lives of the people living at the home and the working environment for all staff. Staff were given the confidence to make decisions for themselves but were always provided with support if they needed it. Staff roles and expertise was continually developed. Staff were assigned lead roles in areas such as infection control, dignity, safeguarding and nutrition and were expected to expand their knowledge by attending internal and external training courses. More advanced key roles have been introduced overtime when people's needs have changed. The most recent example the introduction of an 'acute kidney and injury' lead with the staff member attending a training course provided by the local Clinical Commissioning Group (CCG).

People were supported by staff who had an understanding of the whistleblowing process and there was a

whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

Quality assurance and auditing processes were in place to ensure people who used the service, their relatives, staff and visitors were safe and the standard of the care and support provided was high. We reviewed some of these processes in areas such as medication and the environment and saw they were completed regularly, with agreed actions and areas for improvement reviewed to ensure completion.