Pilgrims' Friend Society

Leonora 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 inspected this service on the 20 and 21 September 2018 and it was unannounced.

Leonora Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Leonora Home accommodates 20 people in one adapted building. At the time of our inspection there were 12 people living at the service.

There was a registered manager in post. 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 our last inspection in May 2017, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines that were prescribed 'as required' (PRN) were not managed safely. We asked the provider to complete an action plan to show what they would do and by when to meet the Regulations. At this inspection, we found the service had made the required improvements.

Medicines were managed safely. We observed staff administering medicines and saw their practice was safe. The medicines administration records were completed in full with no unexplained gaps. Protocols for 'as required'(PRN) medicines were in place with good detail for staff to know when to administer particular medicines.

Risks had been identified, assessed and there were detailed risk assessments in place to keep people safe. There were environmental risk assessments, which identified generic risks, safety measures were detailed and reviewed regularly.

There were sufficient staff available to meet people's needs. Staff understood their role in keeping people safe and had received training on safeguarding people from harm. The registered manager had carried out the required pre-employment checks before staff started work.

Staff were trained and had opportunity for regular supervision. New members of staff had an induction period where they could learn about the job role. There was a clear staff structure and everyone was aware of their responsibilities.

People had sufficient food and drinks. Feedback from people about the food was very positive, they appreciated the choice and quality on offer.

The premises were kept clean and well maintained. At our last inspection we observed staff wearing gloves

in corridors. At this inspection staff did not apply gloves until they were in people's rooms or bathrooms. The service was a small home that felt very homely.

People were supported by a staff team that knew their needs well. We observed kind and positive interactions. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Care plans were comprehensive and regularly reviewed. There was a 'key-worker' system in place, which meant people were allocated a member of staff to work more closely with.

People had been given the opportunity to record their end of life wishes. The service had supported people at the end of their lives with assistance from healthcare professionals.

Activities were varied and provided daily. People had the option to be involved but could also choose to spend time doing their own activity. Visitors were welcomed without restriction.

There were regular meetings for people, relatives and staff and minutes were kept. Surveys were completed so that feedback about the service could be sought. Complaints were managed, recorded and investigated in full.

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.

Medicines were managed safely.

Staff were recruited safely with the required pre-employment checks in place. There were sufficient staff to meet people's needs.

Risks had been identified and measures were in place to make sure people were safe. The environment was risk assessed and well maintained.

The service was clean with no odours noted. We observed the staff followed effective infection prevention and control good practice.

Is the service effective?

Good

The service was effective.

People's needs were continually assessed and referrals were made to healthcare professionals where needed.

People told us they were very happy with the food. Food was of good quality, people had choice and the support they needed to eat and drink sufficiently.

Staff were trained and supported by the provider and registered manager. They had opportunity for formal supervision and an annual appraisal.

The home had 20 rooms, two had en-suite facilities and some were quite small. Plans were in place to build a new home nearby.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

Family members and friends were able to visit without restrictions. People were supported to maintain important relationships.

People were involved in their care and support. There were regular 'resident's meetings'.

Is the service responsive?

Good

The service was responsive.

People's care needs were being met. Care and support plans were detailed and reviewed monthly.

Activities were available and varied. People were encouraged to participate and given support from staff if needed.

Complaints were recorded and investigated by the registered manager. All complaints received were closed.

End of life care had been provided and people were supported to make decisions about what they wanted at the end of their lives.

Is the service well-led?

Good

The service was well-led.

The registered manager gathered people's views and feedback. People, relatives and staff told us they found the registered manager to be approachable.

Community links were established. The service had a number of regular volunteers who visited to provide support to people.

Team meetings were held regularly and minutes kept. Staff told us they felt supported by the registered manager.

Quality assurance was comprehensive and made sure all areas in the service was monitored. All senior staff were involved in quality assurance systems.

Leonora 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.

This inspection took place on 20 and 21 September 2018 and was unannounced. It was completed by one inspector 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. For this service, their experience was older people.

Before our inspection visit, we reviewed the information we held about the service. We looked at information within the statutory notifications the provider had sent to us. A statutory notification is information about important events, which the provider is required to send us by law. We also reviewed information the provider had sent us in the provider information return. This is information the provider sends us annually to give us key information about the service, what the service does well and the improvements they plan to make.

We spoke to five people, six members of staff, two relatives, a care team leader and the registered manager. We looked at four care plans, two recruitment files, medicines administration records, health and safety records and reviewed records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection in May 2017, we identified a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as the service was not managing medicines safely. At this inspection, the service had made the required improvement and this key question is rated as Good.

People received their medicines safely and as prescribed. People's medicine administration records (MAR) were completed accurately. Where people had been prescribed 'as required' (PRN) medicines, protocols were in place to direct staff who knew people's needs well. Improvements had been made to how the staff recorded 'as required' medicines on people's MAR. All handwritten entries on records had signatures from two members of staff. This reduced the risks of transcribing errors. Where people were prescribed topical medicines (creams), there were body maps in place which told the staff where on the body creams needed to be applied. Staff also used body maps to record the position of transdermal patches on the person's body. This reduced the risk of errors by making sure staff knew where on the body, the previous patch had been applied. Staff could then remove the patch before applying a new one.

We observed staff administering medicines and found their practice was safe. They made sure they explained to people what the medicine was for, they signed the records after watching people taking their medicines. People's care plans contained detail on how people liked to take their medicines. For example, one person liked to take their smaller tablets first and always with water. Medicines were stored securely and staff checked the temperatures of the rooms where they were stored daily. The staff also checked and recorded the temperature of the medicines fridge. We saw on three occasions the room temperature had gone up to 26 degrees. Medicines rooms should be kept at a maximum of 25 degrees in order for medicines to remain effective. The registered manager told us the action the staff took to keep medicines stored safely. They had moved the medicines trolley to a secure room with an air conditioning unit, however this action was not recorded. The registered manager told us they would adapt their temperature form so that action taken could be recorded next to the temperature reading.

People and relatives we spoke with, told us they felt safe at Leonora Home. Comments included, "I feel safe, because I've known this place for so many years and I get on well with all the staff", "The place [Leonora Home] is safe because no-one can come in without signing in", "I feel safe because they [staff] are very good at checking on you, and they know who is doing what" and "If I have problems here, the staff are always available to help."

People were protected from risk of infections as staff adhered to infection control procedures. We saw staff followed good hygiene practice. Personal protective equipment (PPE) was available to staff and we observed they used it appropriately. The home was clean and free from unpleasant odours. People were satisfied with the cleanliness of their rooms. One person told us, "Very good care is taken of my room, they make my bed for me and I'm very happy with the cleaning. The crockery always looks clean." Another person said, "I'm quite satisfied with the cleanliness."

The kitchen had been inspected by the environmental health department from the local authority in

January 2018. They had been awarded a '5' rating. This meant the kitchen had very good hygiene practice. Feedback from the officer was that the kitchen staff had 'excellent' hygiene practices. Staff received food hygiene training and it was updated when needed.

Risks to people's safety had been identified and assessed. There were detailed and personalised risk management plans in place for staff to follow to ensure people were kept safe. For example, one person was assessed as being able to walk short distances. Their plan informed staff that for mobility outside of the building the person would need a wheelchair. This would ensure the person was safe. For another person we saw that they may need a hoist to help them mobilise. The risk management plan had details of what sling to use and how to use it. Where people had been assessed as high risk of developing pressure ulcers there was guidance for staff to follow to monitor skin integrity. Staff had made sure that people were using suitable equipment such as specialist mattresses and the detail was recorded in their plans.

There were comprehensive risk assessments relating to the environment and generic activities. These were detailed and reviewed regularly by the business and/or registered manager. People had personal emergency evacuation plans in place, which outlined what their needs were to evacuate the service in an emergency.

Accidents and incidents had been recorded and monitored by the registered manager. They told us they analysed all incidents to identify patterns and to review safety measures. Records demonstrated that action had been taken to put additional measures in place. For example, where people had experienced falls staff had made referrals to occupational therapists. Reviews of people's environments had been completed to see if there were any hazards that could be removed. One person told us that they had experienced a fall. They said that the registered manager had visited them to discuss the fall, how it had happened and what could be done to prevent it happening again. The person told us, "That discussion helps me to feel safe."

Systems were in place to support staff to learn from incidents. The registered manager told us that incidents were discussed in supervisions or team meetings. The staff had made changes to systems to prevent reoccurrences. For example, there had been some medicines errors. In order to reduce the risk of this happening again the senior staff used the MAR to guide their handover. A handover is where staff meet to share daily information on people's needs. We observed that during handover the senior member of staff checked each person's MAR as they discussed their needs. This system enabled the senior member of staff to check for gaps on the MAR daily.

Maintenance records demonstrated that the premises and equipment was checked regularly for safety. External contractor's serviced equipment regularly and the service employed a maintenance officer to take care of day to day maintenance. Health and safety audits were completed annually to check the service was compliant with the provider's safe systems of work.

Prior to our inspection we had received correspondence from the local fire safety officer that they had visited Leonora Home. They had found that there were a number of issues that needed addressing with regards to the environment. We discussed these findings with the registered manager and the maintenance officer. All the issues raised had been addressed or were in progress. There were regular fire safety checks completed on the fire escapes, emergency lighting, fire alarm systems and fire extinguishers. Staff received fire training and took part in fire drills.

Recruitment was managed safely. The registered manager made sure pre-employment checks were completed. All staff had references in place and a check with the Disclosure and Barring Service (DBS). A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working

with certain groups of people.

Staff we spoke with told us how they protected people from harm and abuse. All staff received regular training on safeguarding people and told us what indicators they were looking out for. Staff described what they would do if they had any concerns and they were confident the registered manager would take appropriate action.

There were sufficient staff available on shift. The registered manager told us they used a dependency tool to monitor the staffing levels. We observed people had support at the time they needed it, call bells were answered without delay. People told us that overall, bells were answered in a timely way. Comments included, "They [staff] answer the bell as quickly as they can and are generally very good", "They usually come quite quickly, I don't have to wait all that long" and "Sometimes there's a wait at night, because the staff have to do a lot of cleaning." We asked the registered manager about waiting times at night. They told us that on occasion a person may be asked to wait a few minutes for a cup of tea whilst the kitchen floor dried. Part of the night staff duties was to wash the kitchen floor while it was not in use.

Good

Is the service effective?

Our findings

People were happy with the food on offer at Leonora Home. Comments included, "The food is very good and there's plenty of it. There is too much sometimes so I have to ask for a smaller portion", "It's lovely food and you're offered second helpings at every meal", "The food is brilliant. The variety is so good that sometimes over three weeks there's no repetition of the same meal" and "The food is very enjoyable, I look forward to meal times."

The catering manager had an up to date list of people and their individual preferences and needs. Senior staff kept the catering staff up to date with any changes to people's needs, for example, if a person had lost weight. The catering manager told us if people were at risk nutritionally they would add additional calories to their food. This is called a 'fortified diet'. We observed meal times and they were relaxed and unhurried. People had choice of food and drink and were offered other alternatives if they did not want the options on the menu. Vegetables were served in serving dishes on the dining tables. This meant people could help themselves to vegetables which maintained their independence and offered choice.

People's needs were assessed prior to moving into the service. Needs continued to be assessed so that the right care and support could be provided. Where any additional support was needed, the service referred to external healthcare professionals such as district nurses. Records demonstrated that people regularly saw their GP and district nurses where appropriate. People told us, "The community nurse has been in to dress my legs, she's in twice a week" and "A doctor is usually in every Monday and I think there's a nurse who works with the doctor who sometimes carries out the doctors' orders." A relative told us, "We are trying to change dentists for [relative] and the staff have been very helpful."

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 be as least restrictive as possible. Staff we spoke with understood the principles of the Act and we observed that people were encouraged to make decisions about their care and treatment. One person told us, "The staff definitely always ask my permission before they do anything." Where people lacked capacity, we saw the service had worked within the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service had made applications to the local authority for authorisation but were waiting for an assessment. The registered manager kept the local authority up to date if there were any changes in people's needs.

People told us they were being supported by staff who were skilled in their roles. Comments included, "I'm getting the help I need, the staff are very careful with me, helping me to use the frame and the wheelchair, they are skilled in supporting me" and "One member of staff in particular is very intelligent and knows what

she's doing, but they're all helpful." One relative told us, "They [staff] are always 'on the ball'. Today they've given me a copy of an appointment letter which I knew about anyway, but it's reassuring that they also know, and have passed it on."

New members of staff had to complete an induction when they started at the home. Care staff completed the Care Certificate as part of their induction. The Care Certificate is a set of 15 standards that care workers are expected to complete to make sure they can demonstrate the right skills, values, knowledge and behaviours to provide quality care. Once completed all staff received training in a range of subjects such as moving and handling, first aid, dementia and the Mental Capacity Act. One member of staff told us, "We have good training here, it has helped me to become competent in my role." Training was updated as needed. If there was any training staff wanted to do they told us they could ask and it would be provided.

Senior staff regularly completed working practice audits where they would observe staff engaging with people. This made sure staff were competent in their roles and working to the values of the organisation. Supervision was available regularly to all staff. Supervision is a formal process, which enabled staff to discuss their concerns, training needs and development with their line manager. Staff told us this process helped them feel supported.

The premises were an adapted building in private grounds. There was outside accessible garden space. The premises were dated with two rooms having en-suite facilities. The provider recognised this and there were plans in place to build a new home nearby. People told us whilst they appreciated the care there were issues with the environment. Comments included, "The room is quite small and there isn't any storage space, so I've had to store some possessions under my bed", "The building is in need of modernisation and improvement, people look at it and I think they're influenced by it. I think the care matters more and that's very good", "When they get the new building it will be much better" and "The physical environment isn't the smartest and it's not purpose built, although we feel at home when we come here and [relative] is very settled."

Good

Is the service caring?

Our findings

People and relatives told us that the staff were caring, kind and helpful. Comments included, "The staff are all very kind, I get on with them all, they're especially caring because of the Christian ethos and that's very important to me", "The staff are very caring, they take an interest in me and my life and I take an interest in them and their lives. I ask them about their pets and families and we've built up a relationship", "The staff are so kind" and "[Relative] has settled down really well and enjoys being here and seems to get on well with the staff."

Observations of interactions between people and staff demonstrated that staff were kind, caring and showed respect for people. People were addressed by their preferred name and spoken to in a respectful way. Staff adapted their communication dependent on people's needs. We observed staff got down onto the same level as people by kneeling or sitting next to people. Staff touched people lightly on the arm to get their attention to communicate and spoke clearly. We were able to observe positive interactions, which indicated good relationships had been formed between people and staff. It was evident that the staff knew people well. When relatives visited it was evident they also had good relationships with staff.

People were supported to maintain relationships that were important to them. Relatives were welcomed and spoke positively about the staff at the home. There were no restrictions on visiting. One relative told us, "We're always welcomed and feel very much at home here, in fact we'd like to book our own places!" There was a 'key-worker' system in place. This was a system where a member of staff was allocated to work closely with an identified person. The member of staff would take time to get to know the person in more detail and work with their family members. 'Key- workers' were responsible for some identified duties such as making sure people had toiletries they needed, attending external appointments with the person and helping people keep their rooms as they wanted them. One member of staff told us, "I was sewing buttons on for my key-worker person yesterday, I don't mind doing that for them at all."

The staff team promoted privacy and dignity. Comments from people included, "I've been amazed by the way all the staff knock on the door and wait for me to say they can come in", "The staff are careful washing me, they wash my back and feet. I'm covered up, and they make sure no-one comes in" and "I feel comfortable with the staff washing me, mostly I'm covered with towels and it's private. The staff look after my dignity." Staff gave us examples of how they promoted people's dignity. They told us they always respected people's wishes, they made sure doors were closed when providing personal care, they pulled curtains if needed. Senior staff regularly completed dignity audits. They checked with people that they were happy with how staff spoke to them, that staff knocked on their doors before entering and if they felt they had enough privacy.

People were involved in making decisions about their care and support. People chose when they wanted to get up and go to bed. People could spend their time doing what they wanted, they could spend time in their rooms or the communal areas. We observed some people enjoyed sitting with others in communal areas so they could socialise. We also saw that some people enjoyed being in their own room where they had a television. The registered manager told us that a television was not available in the communal areas,

however people could have one if they chose in their room.

There were regular 'resident's meetings' where people could voice their views, any concerns and ideas. People told us these meetings helped them to feel listened to. Comments included, "We have group meetings and talk about how we feel about things, they [staff] do listen and if it's possible and sensible to change things they do" and "You do have your say and [registered manager] responds to things people bring up, as far as possible things get done. Some things can't be changed such as the building, but they try to sort out a solution." Minutes of the meetings recorded that discussion was recently held about having background music playing during mealtimes. Following the meeting the registered manager completed a survey to gather people's views on this topic. The majority of people did not want to have music playing. The registered manager told us they would keep this decision under review so that people could change their minds if they wished.

Leaflets and information was available about local advocacy services. Advocates could act as a representative for a person if they needed help voicing their views, making decisions or protecting their rights.

People were encouraged to personalise their own rooms if they wished. Small items of furniture could be accommodated and pictures had been hung on walls. People told us the staff respected their belongings. One person told us, "My clothes are all marked and they come back nicely washed and pressed." People's personal and confidential information was kept securely. Records were stored in offices and care plans were only accessed with a log in and password. Handover meetings between staff were held in a private room with the door closed.

Good

Is the service responsive?

Our findings

People said that they were happy with the activities programme, which included daily opportunities for worship and prayer. Comments included, "We have board games, hymn singing, visiting speakers", "There's something on twice a day, I don't take part in all of it as I'm busy writing a book", "I enjoy jigsaw puzzles and the singing group or listening to music. We have hymn singing at the weekend which is nice" and "There's a 'paper' every week that tells you what activities are on and who's doing it. Most people are happy with Christian music and a lady comes to do craft activities."

There was an activity worker employed who was supported by volunteers. Staff also facilitated activities during quieter times of the day. There was a plan available on notice boards and people had a copy in their rooms. People were supported to follow their interests and take part in activity when they wished. The registered manager told us the home had good links with surrounding churches through their volunteers. This meant that people could go out to local church services if they wished. People told us they enjoyed meeting people from the local community. One person said, "I really enjoyed the meeting with young people from two nearby churches. They came to sing with us and were so enthusiastic. We had a good time."

During our inspection a volunteer came to talk to people about starting a new activity 'keep fit'. People had expressed concern at the level of activity. The volunteer came and spoke to people about what the activity involved and that it could be done from an armchair. This reassured people that they could do it prior to the activity starting. Some people at the service were using technology to keep in touch with family members. People were supported to use internet communication applications.

Prior to moving into the home, the registered manager or care team leader visited people to complete a pre-admission assessment. One person told us about their experience of this process. They said, "The manager came to see me, she asked me some questions and took notes, it was thorough. I had questions for her as well, it was a two-way process." The assessment was used to devise people's individual care plans which were stored on an electronic system.

People had detailed care plans that were reviewed regularly. Care plans were written covering all of people's needs such as mobility, skin care, nutrition and sleeping. This made sure staff had the required detail to provide person centred support. We saw in one person's sleeping and resting plan the staff had recorded how many pillows the person liked and how often they wanted to be checked during the night. In people's skin care plan there was detail about what creams people needed to use and what their preferred skin care routine was. For example, one person wanted a shower daily, their cream to be applied and then their powder. They also wanted their key-worker to support them to manage their facial hair.

The care plans contained a one-page profile on people's individual routines giving information such as where they liked to eat their meals, when they liked to get up and go to bed. This gave staff a summary of needs which could be easily read. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss

can access and understand information they are given. The service had assessed people's individual needs and there was detail in their care plan about how to communicate with them. If people required aids to communicate such as hearing aids this was recorded. For one person we saw that for them to communicate effectively the staff had to make sure they were facing them. Documents could be provided in different formats and a larger font if needed.

When staff logged into the electronic system they could see a message board which was used to share important information. We saw the message for the day was relating to a person requiring their food intake to be monitored. This system enabled the service to share important changes with all of the care staff when they logged in. Daily records were completed by staff which recorded what they had done to support people. These were detailed and personalised.

Complaints were recorded and investigated. Records were kept of all the action taken and we saw all complaints had been closed. The registered manager took responsibility for investigating and responding to complaints. We saw they had checked the complainant was satisfied with the outcome.

End of life care had been provided with support from healthcare professionals and the local hospice at home service. People had been given the opportunity to record their end of life wishes. This information was personalised and gave staff guidelines on what the person wanted to happen at the end stages of their life. For example, one person had recorded that they wanted hymns to be played, they wanted to remain at Leonora Home and wanted specific fragrances to be placed in their room.

When people had died there was a service held at the home. The registered manager explained this was to support people who were not able to attend the funeral. They told us that doing this had helped people with their grief.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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. The registered manager had been registered at the service for many years.

There was an open and inclusive culture at the service. People, staff and relatives told us they felt the registered manager was approachable. Comments we received included, "The manager is very visible and approachable, she's always here and is easy to talk to" and "I find her approachable and kind, I can tell her anything." People told us they were happy living at Leonora Home. One person told us, "I've been very pleasantly surprised with being here, I've never been in a care home before and I looked at another but something about it turned me off. I'm glad I made the choice to come here." Another person said, "I'm very happy here." One relative told us, "Things started to go wrong for [relative] at home. Since [relative] has been here and has settled in so well, the transformation is amazing."

Leonora Home is a service provided by the Pilgrims' Friend Society, a Protestant Christian charity. The Christian ethos of the charity was an important factor for people when choosing the home. Comments included, "It's very important to me that we have a caring Christian philosophy here, and that we have visiting ministers, who are very good speakers", "The Christian input is very important to me, I've been surprised that there's so much, and I suppose it might put some people off, but I can join in if I like or stay in my room if I please" and "It's important for me to be here, as I'm with like-minded (Christian) people."

People were able to and encouraged to voice their views and give feedback about the service in a variety of ways. There was a feedback book in the dining room for people to write their views on any aspect of the catering provided. We saw that all the comments were positive. There were opportunities for people and their relatives to complete surveys. In a recent survey some relatives had said they did not know the complaints procedure. In response the registered manager made sure the complaints procedure was put up in the foyer of the home. The registered manager told us that one person did not like the new chairs that were sourced for the dining room. The registered manager kept an old chair for them to use. They used this chair until they were ready to try one of the new ones, which they did.

Staff told us they enjoyed working at Leonora Home. Comments from staff included, "I love it here, it is a small community of people and a homely environment", "It is quiet here, small and homely, I like that" and "I love working with our residents, they are like family. I like helping people and sharing experience and knowledge of the bible." There were regular team meetings and minutes kept. Records demonstrated that full staff meetings were led by a different team. For example, the recent staff meeting was led by the care staff. Staff told us they felt supported by the provider and the registered manager. One member of staff told us, "I feel supported by [registered manager], if they are on leave I am able to ring others for advice, there is always someone available to call." One member of staff told us they thought the staff at Leonora Home were "a happy team."

There were opportunities in place for staff to develop if they wished. Staff could complete work based qualifications and take on additional responsibilities. Once qualifications were achieved staff received a small financial reward for their efforts. One member of staff had received additional training to be the moving and handling trainer for other staff. Another member of staff took responsibility for nutritional monitoring. They worked with the catering team to monitor nutrition. The provider had achieved Investors in People Silver accreditation. This meant they were committed to meet a set of standards of staff management.

Quality monitoring systems were comprehensive and robust. There was an annual programme for quality monitoring to make sure all areas of practice were covered. Most audits were completed on a monthly basis. All the senior team took responsibility for completing audits and identifying actions needed to improve. Senior care workers completed monthly audits such as key worker audits, room audits and dignity audits. In a monthly dignity audit, we saw one person had responded with an answer of fair to a question about having a private place to meet visitors. The staff recorded that they would put this on the 'residents meeting' agenda. In an audit following the meeting the answer had changed from fair to good.

The registered manager told us that they had recently visited another of the provider's homes to complete an audit. The registered manager from that home visited Leonora Home to complete an audit. This had proved to be a positive experience. The registered manager told us it was good for "a fresh pair of eyes" to come and look at the service. The registered manager did a monthly walk around the home checking people's rooms, the communal environment and call bell response times. The checks were recorded and action plans produced. Once action had been taken to make the improvement needed the registered manager signed the actions as completed.

A monthly report was prepared and sent to the provider to share key information with them. The registered manager monitored falls, medicines errors, complaints, development of pressure ulcers and people's weight loss. This information was shared with the provider so they had an oversight of governance.

There was partnership in working with others. Staff worked with various healthcare professionals to make sure people's needs were met. The service had a group of volunteers from the local community who worked together to provide pastoral support. There were a number of volunteers which the service called 'home visitors', who provided support to people on a one to one basis or as a group. The activities co-ordinator, with support from the home visitors organised activities, trips out to the local community, prayer meetings and organised for various speakers to come into the home. Links were made with local schools who regularly visited people. The registered manager told us the local primary school children had been visiting weekly which had been successful and well received by people.