Care Quality Commission

Oakleigh Lodge Residential Home

Oakleigh Lodge Residential 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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection was carried out over two days on 17 & 18 June 2015 and was unannounced on the first day. Oakleigh Lodge is a residential care home that provides personal care and support for up to 15 adults over 65 years of age, some of who are living with dementia. The oldest person at the home was aged 102 years. At the time of our inspection the home was full.

Accommodation was provided in a residential area of Hove. The home had a communal lounge and dining area and an attractive and fully accessible garden.

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.

Upkeep of some areas of the home and gardens was not maintained. This was reflected in the feedback we received from some people, and included this comment, "This isn't the smartest place but the care is good. I have

Summary of findings

recommended this place to a friend but they weren't happy with the environment but I think the care is excellent." We have made a recommendation about the regular on-going maintenance and safety of the premises.

Audits of cleaning had not identified the failure to complete tasks relating to the upkeep of the environment and maintenance around the home. We have identified this as an area of practice that required improvement.

Improvements were required for opportunities for people to engage with meaningful activities. People were generally positive about the opportunities for social engagement and the activities offered though we also heard that people would welcome more opportunities in this area. For example, one person told us, "I so love the art classes and would like it more often. It's only one hour each fortnight and it goes so quickly but then things do when you're enjoying yourself." The registered manager acknowledged further work was required to ensure people were stimulated and kept occupied. We have identified this as an area of practice that required improvement.

There was guidance for staff on actions to take to minimise risks to people and provide appropriate and individualised care to people. Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and outcomes to be achieved. People's medicines were stored safely and in line with regulations. People received their medicines on time and safely.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. People were happy and relaxed with staff. They said they felt safe. We heard different views about whether there were sufficient staff to care for them. Overall there were sufficient numbers of suitable staff to keep people safe. One person told us, "Do you know, I have a great feeling of safety here. I couldn't be in better hands".

People felt well looked after and cared for and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They treat you well here, it's a home from home." A visitor told us, "Fantastic, we know mum is safe and happy."

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work with people who required care. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the registered manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. Emergency procedures were in place in the event of fire.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as dementia and end of life care. Staff had received both one to one supervision meetings with the registered manager and annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "The food is home-made and good. I went off my food before I came here but I've picked up now and I've had two sweets today so I feel much better". There was a daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People were encouraged to express their views and completed surveys, and feedback received showed people were satisfied with the care they received. People and their relatives said staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, they sort it out quickly".

Staff were asked for their opinions on the home and whether they were happy in their work. They felt

Summary of findings

supported within their roles and described an 'open door' approach from the registered manager. The management were always available to discuss suggestions and address problems or concerns.

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?
Oakleigh Lodge was safe.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and cared for by staff.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness.

Medicines were stored and administered safely.

Good

Is the service effective?
Oakleigh Lodge was effective.

Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and one to one supervision.

Good

Is the service caring?
Oakleigh Lodge was caring.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity. Staff had built a good rapport with people and they responded well to this.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff care.

Good

Is the service responsive?
Oakleigh Lodge was not consistently responsive.

Requires improvement

Summary of findings

Improvements were required for opportunities for people to engage with meaningful activities. People were generally positive about the opportunities for social engagement and the activities offered though we also heard that people would welcome more opportunities in this area.

People received care which was personalised to reflect their needs. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

Is the service well-led?

Requires improvement

Oakleigh Lodge was not consistently well-led.

The upkeep of the home was not safely maintained. Upkeep of the home and some areas of the gardens were not maintained. Audits of maintenance and the environment had not identified the need to complete monthly tasks relating to this area.

The registered manager took an active role within the running of the home and had good knowledge of the people who lived there and staff. There were clear lines of responsibility and accountability within the management structure.

There were systems in place to capture the views of people and staff and it was clear that care was based on people's individual needs and wishes.

Incidents and accidents were documented and analysed. There were systems in place to ensure the risk of reoccurrence was minimised.

Oakleigh Lodge Residential 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. The 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 home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out over two days on 17 & 18 June 2015 and was unannounced on the first day. It was carried out by two inspectors and 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 they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the home must inform us about. We contacted selected stakeholders including three health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided. They were happy for us to quote them in our report.

During the inspection we spent time with people who lived at the home. We focused on speaking with people who lived in the home, spoke with staff and observed how people were cared for. We spoke with three relatives of people. We spoke with the provider, the registered manager, and three care staff.

We observed the care people received. We spent time in the lounge, dining area and garden and we took time to observe how people and staff interacted. Because some people were living with dementia that restricted their spoken language we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at three sets of personal records. They included individual care plans, risk assessments and health records. We examined other records including three staff files, quality monitoring, records of medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 30 September 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People, their relatives and visiting professionals told us they felt people were safe. They were confident the staff did everything possible to protect them from harm. They told us they could speak with the registered manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. For example, one person told us, “Do you know, I have a great feeling of safety here. I couldn’t be in better hands.”

People’s rooms were kept clean and safe for them. People told us, “I’m very happy with the way they keep my room clean” and “You only have to mention something to the cleaner and they get onto it straight away.”

The staff we spoke with demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. They gave us examples of poor or abusive care to look out for and were able to talk about the steps they would take to respond to it. One member of staff said, “If there was anything that was unsafe or can I say, abusive I would report it and I’m confident it would be dealt with immediately but I know we have the option of calling social services or CQC." Staff training records confirmed that all staff had completed training on safeguarding adults from abuse. The registered manager told us there were opportunities for safeguarding concerns to be discussed at meetings. Policies and procedures on safeguarding were available in the office for staff to refer to if needed. We saw safeguarding flow charts, these included the up to date contact details of the local authority safeguarding team.

Care plans showed each person had been assessed and potential risks were identified. Detailed management strategies within plans provided clear guidance to staff on how each individual should be cared for in a safe and consistent way which protected their dignity and rights. For example, people’s opportunities were expanded with good care and management systems that enabled them to maintain their lifestyle, participate in activities they liked and access the wider community. The management and staff had a positive attitude towards managing risk. For example, On the day of our inspection the weather was hot and we saw that details regarding heatwave planning were considered at the home. People were supported to sit outside and enjoy the sunshine safely. Staff ensured that people were appropriately dressed, that sun cream was applied and cool drinks were readily available.

Assessments included identified risks around areas such as maintaining skin integrity for people who required assistance in aspects of daily personal care, meeting challenges caused by living with dementia and also nutritional risks, including the risk of choking. Files also contained risk assessments that included information for staff on how to care for people appropriately and keep them safe. We saw various risk assessments, including the care needed to move and handle people safely and the support people required when accessing the community. Where risks were identified there were measures in place to reduce these wherever possible. All risk assessments had been reviewed monthly or more often if changes were noted.

There were sufficient numbers of suitable staff to keep people safe, meet their needs and fulfil the responsibilities for cooking, cleaning and administration. We were told that the registered manager, who currently worked hands on for each of their shifts was increasing the number of ‘office’ days they had each week in order to complete management tasks. Staffing levels remained constant on a day to day basis. They were based on people’s needs and the type and level of care each person required throughout the day and planned activities. Staff were deployed in a way that was consistent with personalised care. On the day of our inspection there were three staff on duty. A person said, “I think there is always adequate staff here. It seems fine.” Another person had a different view and said, “They need more staff, you can pull the bell and it can be ages before anyone comes so you have to wait if you want anything done.” The relative of this person added, “I’ve not experienced that when I’m here, they always come quickly enough but obviously I don’t know how it is when I’m not here.” Our own observations were that calls bells were not rung frequently but when they were activated they were responded to promptly. Another person told us, “Staff can be busy sometimes but I am quite independent so I’m alright.” A relative said, “My relative has been here seven years and a lot of people have been here a long time. Their needs have got much greater but I haven’t seen an increase in staff to accommodate this. Although they have been brilliant at adapting to my relative’s needs the staff can seem short of time.” Staff told us there were enough on

Good

Is the service safe?

duty. They said that if there was a shortage, for example due to staff sickness, the registered manager arranged for cover staff and that staff who knew people's needs already were offered the additional shift.

We looked at the management of medicines. Care staff were trained in the administration of medicines. Staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

We saw staff member administering medicines sensitively and appropriately. The administration of medicines was checked at each step of the process. Staff always checked that they wanted to receive the medicines and asked if they had any pain or discomfort.

Medicines were stored appropriately and securely and in line with legal requirements. People had their medicines stored in a locked metal medicine cabinet. Staff recorded the temperature within the medicine storage area daily to ensure that medications were kept within the correct temperature range. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Policies and procedures on all health and safety related topics were held in a file in the office and were easily accessible to staff. Staff told us they knew where to find the policies.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Fire safety equipment, water safety and electrical equipment were included within a routine schedule of checks.

People were protected, as far as possible, by a safe recruitment system. Appropriate recruitment checks took place before staff started work. Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to care for people effectively. People's and their relatives said staff knew them well and understood the care needs of their loved ones. One person said, "They are very good at what they do I have complete confidence in them." Another said, "They are all well trained as far as I can see. The staff always seem to be doing courses."

Staff told us they had completed an induction when they started work. They said they received regular formal supervision, an annual appraisal of their work performance and they attended regular staff meetings. One member of staff said, "I have one to one supervision with my manager every three months and an annual performance review. [My manager] is very approachable. I can speak with them at any time. It's good because it's not all one way."

Training records confirmed that staff had completed an induction programme and training that the provider considered mandatory. Training included such areas as safeguarding, moving and handling, fire safety, basic first aid, food hygiene and infection control. They had also completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and other training relevant to the needs of the people living at the home.

Staff told us that they received a range of training that ensured they were able to meet people's needs effectively which included dementia awareness. When we spoke with staff about their training in dementia they were able to tell us about what they had learnt and how it had helped them to care for people. For example, staff told us how they had gained an understanding that when they offered choices to people living with dementia it was important to provide choices that enabled the person to participate in decision making rather than being overwhelmed by too many choices.

We saw in daily notes that staff closely monitored people's health and wellbeing. Where there were concerns, they were referred to appropriate health professionals. The registered manager told us that the GP was a regular visitor to the service. People had access to a range of health care professionals, such as district nurses and occupational therapists. A healthcare professional told us the staff were well informed about the needs of people and were proactive in asking for advice if they had any concerns.

They praised the quality of care provided to people. A healthcare professional told us for example, "They have good experience in residents with a dementia and are always willing to develop their knowledge and skills around this area." They explained that the home helped meet the health and social care needs of people by liaising with them and reviewing the changing needs of people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had submitted DoLS applications in relation to some of the people living at the home and these were currently being processed by the relevant authority. People's rights were protected as the registered manager understood and followed the legal requirements in relation to DoLS.

Policies were in place in relation to the Mental Capacity Act 2005 (MCA) and DoLS. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. They confirmed they had received training in these areas and demonstrated a good awareness of the code of practice and were able to demonstrate this in relation to a best interest decision to pursue a course of treatment. Clear procedures were in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make specific decisions for themselves.

Nutritional assessments were in place that identified what food and drink people needed to keep them well and what they liked to eat. The staff saw the health gains for people associated with good nutritional care. People were supported to have sufficient amounts to eat and drink. Drinks and snacks, including fresh fruit, were readily available and accessible to people. Menus were discussed at meetings and staff promoted healthy eating and supported people with healthy options. A person said, "The food is excellent and there is enough choice." Another person said, "The food is home-made and good. I went off my food before I came here but I've picked up now and I've had two sweets today so I feel much better." At lunchtime we saw that one person became confused with the choices on offer during a mealtime. Staff were respectful and reassured them they were going to receive what they

Good

Is the service effective?

wanted and expressed a preference for. We saw one person who had not initially wanted the starter changed their mind and wanted one after they saw what it was and a member of staff gladly provided this for them.

Good

Is the service caring?

Our findings

The atmosphere within the home was welcoming, relaxed and calm. Staff had developed positive and caring relationships with the people they cared for. People were happy and at ease with staff, we observed people smiling, laughing and sharing a joke with staff. We saw that staff had a good rapport and interacted well with people; they demonstrated warmth, understanding and kindness. A person said, "The staff are courteous and polite in all they do. The girls have a lovely way about them." Another person said, "It's very comfortable and caring, they're happy to do anything for you. They are so kind and thoughtful."

People, their relatives and healthcare professionals spoke positively about the caring attitude of the registered manager and staff. Staff we spoke with had a good knowledge about people's backgrounds, their current needs, strengths and anxieties and the level of caret they needed. One staff member explained to us that their role was to support the people they care for to live as independently as possible and develop good relationships with them. We saw people were continually chatting with members of staff and each other. One person said, "It's so nice to have chit chat with the girls. They are so friendly and thoughtful."

The challenges staff faced trying to gain the views of those people living with dementia was recognised by the registered manager. People's views were formally considered and taken into account through various means such as reviews. At the day to day level, staff provided people with on-going commentary, giving information and explanations for the care they were giving at any time. This was combined with an understanding of the importance of giving time people needed to make decisions and choices. We saw that staff involved people and facilitated choice over their daily routines. For example, we saw that plans were changed for a person's activities when they showed signs of tiredness. We heard an exchange between a member of staff and person, "Are you alright [person referred to by their preferred name]. How are you feeling? Do you want to lie down on your bed or get dressed and come down with me?" When the person was unable to make a decision the staff member gave them time to think about what they wanted to do. They said, "I'll give you some time and space and come back in a minute and see. Is that ok?" The person smiled and told the member of staff they were happy with this.

Care plans contained relevant and personalised information in relation to the individual's life history, likes, dislikes and preferences. They set out goals appropriate for the individual and were also drawn, where it was appropriate, from a range of sources who knew the person well. They showed that people and their relatives were involved in the care planning process. It was evident from people's records and discussion with the registered manager and staff that important events such as family occasions, family contact and involvement with health and social care professionals was recognised and facilitated. For example, good verbal and written communication was maintained with families about any changes with their relative. A relative told us that they had regular contact with the registered manager and staff and they felt involved in the care of their family member, "Every step of the way."

The registered manager and staff followed the principals of privacy in relation to maintaining and storing records. There were arrangements in place to store people's care records, which included confidential information and medical histories. There were policies and procedures to protect people's confidentiality. Care records were stored securely. The room used to store records was secure. Personal and private information was not left unattended. Staff had a good understanding of privacy and confidentiality and had received training in this area.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us there were no restrictions on visitors and how they were welcomed. A relative said, "I visit often and can stay as long as I want, I am always made welcome and feel comfortable visiting."

Requires improvement

Is the service responsive?

Our findings

People received care that was planned and centred on their individual needs. A person told us that the registered manager and staff understood their needs. One person told us, "I like to go for a little walk but only as far as the lounge now. I used to go outside but that's a bit much now. As soon as I'm ready I just let them know and every day they accompany me for my little walk." A relative said, "They let my relative do as she likes and keep as much independence as possible."

Care was provided that enabled people to take part in social activities. People were generally positive about the opportunities for social engagement and the activities offered though we also heard that people would welcome more opportunities in this area. One person told us, "We are lucky to have such a choice of things to be involved in." Another person told us, "We can follow our own interests." People spoke highly of the activities that were provided and commented that they looked forward to particular events but that they had voiced an opinion that more could be provided. We saw that a singer visited the home from time to time and that there were arts, crafts and exercise classes fortnightly. One person said, "I so love the art classes and would like it more often. It's only one hour each fortnight and it goes so quickly but then things do when you're enjoying yourself. I would love the classes to be once a week." To reinforce the evident pleasure and productivity of these sessions we saw some beautiful watercolour paintings people had produced some time ago and which were clearly a source of pride for people, visitors and staff.

We saw a hoop la session held in the lounge. During this and throughout the day it was noted that the television was constantly on, though it was difficult to say that people were taking notice or gaining enjoyment of it. People told us, "It puts me off going into the lounge." Another person said, "The television is so loud sometimes you can't have any conversation. I'm a bit sad about it."

Care plans were personalised and sufficiently detailed to guide staff on the nature and level of care and support each person needed, and in a way they preferred. Plans and risk assessments were reviewed regularly and this ensured they were current and relevant to the needs of the person. The monthly reviews identified any changes necessary to people's plans. One person was resident on a short term basis following an operation and was able to stay with their partner who was already permanently living in the home. They planned to return home following a period of convalescence. They told us, "This is where I wanted to come after my operation. This place is excellent and I find it providential that we found it. Such a wonderful place, I can't fault it. The people are very, very nice.

People were involved in developing their care plans. They told us told us they had spent time talking to staff about the care they needed, their choices, about how this was provided. One person told us, "The manager comes around every month and has a chat with me about my care. She writes it up and we discuss it together." Choice extended into every aspect and included morning, daytime and bedtime preferences." I get up when I like and go to bed when I'm ready. No one is made to go to bed at all. In the evening they just check with people when they're ready for bed and to let carers know when it suits them." One staff member said, "We ask each other about residents and other staff tell me about things they think I should know about all our residents."

Staff knew people as individuals and were able to communicate effectively by listening attentively and interpreting body language. Communication wasn't solely task focussed. It was a meaningful exchange of ideas and enquiries of each other that led to a sense of deep warmth, concern and kindness. A relative described how staff were able to communicate effectively with their family member who was living with dementia. They described how this had improved their quality of life because it reduced their frustration.

People's bedrooms were personalised and adapted with their own belongings such as televisions and music. People were able to individualise their rooms with items that were meaningful to them.

The provider's complaints policy and procedure was made freely available in the home and contained details of relevant external agencies and the contact details for these. Staff were able to explain the importance of listening to, or recognising, when people were concerned or upset and described how they would support people in these instances. The home had not received any complaints or concerns in the last 12 months. A relative told us that they did not have any concerns or complaints with the home and that any issues were always picked up and dealt with by the registered manager and staff before they ever reached that stage.

Requires improvement

Is the service well-led?

Our findings

People spoke highly of the home's management and commented that they felt the home was well run. One person said, "The manager always makes sure the girls are doing their caring well. She'll see to it. She says it as it is and has a nice way of doing it." A relative said," They're a good team, well led and the atmosphere is always nice."

Systems were in place to monitor and analyse the quality of the service provided. These included audits and quality assurance checklists. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits identify what the service does well and highlight shortfalls and areas for improvement. They help drive improvement and promote better outcomes for people who live at the home. However, upkeep of the home and some areas of the gardens were not maintained. For example, we saw three areas of the ceiling in the lounge and adjoining conservatory where plaster was missing, a wall had damp marks and the garden was overgrown in places. Some relatives and visitors reflected our observations of the home. One relative said, "This isn't the smartest place but the care is good. I have recommended this place to a friend but they weren't happy with the environment but I think the care is excellent." A visitor said, "I would bring my own mum here but the only thing I would say is that I like things to be immaculate and as you can see, it isn't perfect."

It is recommended that the provider take steps to ensure the ongoing upkeep and safety of premises through the implementation of regular maintenance processes.

Despite having the mechanisms in place to review the quality of the service provided, the registered manager was not consistently completing them. For example, audits of cleaning had not identified the failure to complete tasks relating to the maintenance of the environment. Audit processes were found to have not identified issues impacting on the quality of service in this area. The provider and the registered manager accepted the oversights within the audit process in this area and undertook to address this.

Staff were familiar with the overarching philosophy and vision of the home. There were a set of values which they understood and put into practice. People, staff and visitors commented time and again that Oakleigh Lodge had a 'homely' feel. Care was delivered in a safe and personalised way with dignity and respect. It ensured independence was promoted at all times. The registered manager told us that the philosophy of the home was based on positive working with an open and honest culture. This was evident in the feedback we received about staff and the registered manager from people, relatives and professional healthcare workers. One person said, "My relative has staff who they have known for some time now. They've got a good relationship." Another person told us, "[The manager] is very good. If you've got something bothering you they always listen and sort it out as quickly as they can."

The home was well organised and had effective leadership from the registered manager. They provided day to day leadership, though we saw that opportunities to effectively manage the busy home could be limited by being, 'hands on' as care staff on the rota for every shift worked. Staff told us the registered manager was knowledgeable, inspired confidence in the staff team, and led by example. The registered manager said they worked in an inclusive way and encouraged staff to progress and develop their skills and knowledge. Staff said that they were treated fairly and were listened to. They were encouraged to share ideas and proposals if they felt they would enhance best practice and the lives of those they cared for. By being a small team and working closely with each other, staff received direct support on a daily basis. They said the registered manager was open and approachable. One staff member told us, "[The registered manager] is brilliant. She knows us all really well and however busy she is, always has time for us." Staff told us there was good team working and an approach to care that was firmly centred on the needs of people living at the home.

Throughout the inspection staff informed us that there was good communication within the home. Staff said they felt well supported within their roles and described the open approach adopted by the registered manager. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with the registered manager. One member of staff told us, "They [the registered manager] is approachable, on the rare occasions they are in the office you can always knock on their door, they are always available."

The registered manager kept up to date in areas relevant to the needs of people, with new guidance and developments

Requires improvement

Is the service well-led?

that promoted and guided best practice. They used this to inform staff and drive improvement. For example, we saw that the registered manager had begun to work with the care home in reach team. The team gave advice, training and information for care homes that provide care to older people living with dementia.

People and their family members were involved formally and informally with the home in a meaningful way. A satisfaction survey was completed by eight people, though none were dated and we were unable to accurately identify the time period the responses referred to. An annual satisfaction survey for relatives was undertaken in November 2014. Only one reply was received from a relative that could be positively dated to this time. Two other responses were located but were not dated. It was noted that the responses were all positive. One person's reflections were representative when they commented, 'Very comfortable, a good place to be living in.' A relative told us that they were fully involved in the support of their relative and were regularly consulted on any issues or concerns that may arise regarding their family member. They said, "They have an excellent manager. They are approachable, informative and welcoming". Informal feedback was received via day to day conversations and communication from people, their relatives, stakeholders and the staff team.

Handover between shifts was thorough and staff had time to discuss matters relating to the home. Team meetings were held and staff were paid to attend and contribute.

Staff were able to discuss aspects of people's care and support as well as other practice and administrative issues. A staff member said, "Compared to what I've seen elsewhere I think we provide an amazing standard of care and much of that is because of the manager. Staff and residents are always in a good mood and there's a happy atmosphere. Meetings and opportunities to sit down and check in with how we are all feeling help us keep positive."

Residents and relatives meetings were held twice a year. We saw that the next one was due two weeks after our visit. We heard that they combined the business element of the meeting with an opportunity for a social get together. In this case, a tea party was planned. For those people who didn't want to attend the meeting and social a special effort was made to seek their views on a 1:1 basis. Minutes identified these were used to capture feedback and provide updates on key issues such as home renovation and staffing changes. Thought and consideration had been put into how to gain people's views. For example, we saw from November 2014 a document was used to gain people's views about food and catering. It asked people to, 'Tell us your top three foods' and asked, 'What foods they used to cook at home', it also asked people to, 'Describe their three most enjoyable meals' and 'What they would like to try?' This highly personalised approach and innovative way of gaining people's views elicited positive responses and insights. It informed the knowledge known about people and thus the care that could be delivered.