Rodney House (Weston) Limited

Rodney House 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 21 and 22 January 2016.

Rodney House Care Home provides accommodation and personal care without nursing for up to 28 people who are living with dementia. At the time of our inspection 27 people were living at the service. There were four residents' lounges on the ground floor, described as 'cottages' named Butterfly, Vintage, Lullaby and Garden Cottage. Residents with the same level of independence were being cared for together in each of these cottages. At the time of the inspection, Lullaby Cottage was not being used by residents.

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. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People were cared for safely by staff that had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff.

Medication was dispensed by staff who had received training to do so. The home had a system in place for ordering, administering, storing and disposing of medicines and this helped to ensure that people received their medicines as prescribed.

We found that people were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral to the local authority where someone was being deprived of their liberty.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met and they were happy with the food. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a GPs and district nurses.

Staff were attentive to people's needs and were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People and their relatives knew how to make a

complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires, observations and by talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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.

There were sufficient numbers of staff to meet people's needs safely.

Risks of abuse to people were minimised because the provider had an effective recruitment procedure.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise and respond to signs of abuse to keep people safe from harm.

People received their medicines from staff who were competent to carry out the task.

Is the service effective?

Good

The service was effective.

People's consent was sought in relation to their care and treatment. Where people did not have the capacity to make their own decisions about their care, the staff had recorded best interest decisions in line with the Mental Capacity Act 2005.

Staff were suitably qualified and knowledgeable. They were supported by the manager through regular supervision and appraisal.

People looked happy and healthy and they were supported to maintain a balanced diet.

Detailed records were kept in care plans of input into people's care by external healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff spoke to people in a friendly, inclusive and familiar way.

People's preferences' regarding care and support was recorded

in their care plans.

Staff respected people's privacy and supported them to ensure their dignity and independence was maintained.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and contained sufficient, up to date information and guidance to ensure that the care delivered by staff was consistent.

Activities, outings and entertainment were provided so that people were kept occupied.

People knew how to make a complaint and complaints were responded to within the timescales set in provider's policy.

Is the service well-led?

Good

The service was well-led.

Staff said they were supported by management and worked together as a team, putting the needs of the people who used the service first.

The registered manager had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions.

The registered manager led by example and expected all the staff to carry out their role to the same standard.

There was an ethos of continual development within the service where improvements were made to enhance the care and support provided and the lives of people who lived there.

Rodney House 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. This inspection was planned to check whether the registered 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 21 and 22 January 2016 and was unannounced. The inspection was completed by an adult social care inspector and an expert by experience. An expert by experience is someone who has used this type of service or knows about this because their relatives have received this type of care or support.

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 looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement about the service.

Some people were unable to tell us their experiences of living at the home because they were living with dementia and were unable to communicate their thoughts. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people.

During our inspection we were able to communicate with some people who lived at Rodney House and five visiting relatives. We also spoke with the registered manager, the care manager, five members of staff, the cook and a visiting professional.

We looked at five people's care plans along with the associated risk assessments and their Medicines

Administration Records (MARs) and nine staff files. We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

We looked at a selection of documentation in relation to the management and running of the service. This included quality assurance information policies and procedures, stakeholder surveys, recruitment information, staff training records and records of maintenance carried out on equipment and facilities. We also completed a tour of the premises to check infection control practices.

Good

Is the service safe?

Our findings

The service was safe.

People, who were able, told us they felt safe at the home and with the staff who supported them. They told us they could talk to any of the staff. Several people said they had, "No worries" about the care they received. Another person said, "One is safe here in all respects, there are no problems", and "I feel everything is safe, nobody bothers me, I would tell the one in charge if they did; There is nothing that worries me." They said they liked the fact that there was always someone there who would do whatever they could to help. Relatives stated, "My loved one has been moved to a room upstairs and feels safer there" and "I feel my loved one is safe here in all respects, there are no problems".

Risks of abuse to people were minimised because the registered manager undertook checks to make sure that all new staff they were suitable to work at the home. In the nine staff files we looked at we saw these checks included copies of application forms, minimum of two references, a Disclosure and Barring Services (DBS) check and proof of identity. This meant people were supported by staff who were safe to work with vulnerable people.

Staff told us they had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff described how they would recognise potential signs of abuse through changes in people's behaviour such as becoming withdrawn or refusing to eat and physical signs such as bruising. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were resolved and people were protected.

We observed that people were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One relative told us about asking for assistance. They said, "I rang the bell. The carer was here in 3-4 minutes." Other relatives said, "If I call they come promptly" and "If there are any emergencies they are here." Staff confirmed they thought there were enough staff on duty but "An extra pair of hands would always be welcome." They said the rotas were a true reflection of staff on duty and they had not worked a shift when the correct number of staff were not present. In addition to the staff on the rota, the manager and care manager were always in the home and staff told us they provided additional support. The manager, staff and relatives told us this meant people were able to attend appointments if necessary outside the home. The manager or care manager also provided cover at night if needed. Cover was provided by one of the registered managers from other homes' in the group when the manager and care manager were away, the meant staff were always supported by a suitably qualified person. We saw that the service did not use agency staff during the day to cover staff absence, preferring to use existing staff for continuity of care.

The care plans we reviewed contained risk assessments, which outlined measures in place enabling people

to take part in activities with minimum risk to themselves and others. Staff told us and we observed that people were encouraged to be as independent as possible and had risk assessments and support plans in place relating to their mobility. One person had been assessed as at risk of falling within the home. Their care plan contained instructions to the staff to give them plenty of time and to use their walking frame with staff support as needed. . The person had not fallen since. Other people used their walking sticks and lifts to access the building. When required hoists were available to move people safely.

We saw that staff had accurately recorded and reported all incidents and accidents at the time of the incident. Learning from incidents and accidents took place and appropriate changes were implemented. The manager had a system where they recorded the location, time and outcome of the accident in order to look for trends and patterns in accidents to ensure appropriate action was taken to reduce risks.

Records demonstrated that people had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been considered and recorded.

We looked at medicine administration records and people had prescribed medicines to meet their health needs. Staff told us they were only allowed to administer medicines when they had completed training and were competent. Training records confirmed staff had received training in the safe management of medicines. The home used a computerised system to dispense and record people's medicines. Weekly audits were being undertaken by the manager to check medication administration records (MARs) were completed and stock levels were correct as there had been issues with the system, which had been reported to the local authority and the Care Quality Commission. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct. We observed staff completing a medicine round. They followed the procedures in line with the service medication policy. There were also processes in place for topical medicines, such as creams for external use. Each MAR included a picture of the person, to help confirm people's identity reliably and to ensure people received the medicine that was prescribed by their GP.

The home had an up to date medication policy in place, which spoke about the 'safe medication administration procedure' and also around training required for the staff who administered medication. Staff said they received training and received a medication competency observation every year. These were evidenced through staff files we reviewed.

During our walk around the premises we saw the home was very clean and tidy. We looked at various areas of the home including the communal lounges, dining room and bathrooms. We also looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained very well throughout. Relatives told us they felt the home was clean. One person said, "It's clean." Another person said, "Look how clean it is." One relative said, "It's not long had a new paint job in the lounges." The manager told us there were three domestic staff , a head housekeeper and handyman that covered seven days a week. Cleaning schedules had been put in place for the domestic staff by the head housekeeper in the home and we observed staff cleaning on the day of our visit. We looked at the maintenance records and saw all necessary checks had been carried out within timescales recommended in relation to the home's policy. The head housekeeper told us, and we saw, that the manager checked the cleaning schedules weekly and addressed any issues or repairs.

Good

Is the service effective?

Our findings

The service was effective.

People received effective care and support from staff that had the skills and knowledge to meet their needs. Staff were knowledgeable in key topics such as medication, safeguarding and moving and handling people. Staff had also received specific training in dementia awareness. A relative commented, "I have no concerns whatsoever, I know my relative is in good hands." We saw all staff had attended the providers' mandatory training such as fire safety. The manager kept a training record for all staff which showed when refresher training was needed.

Staff told us the key to knowing the people who lived there was spending time with them and talking to their families about how best to support them. Staff told us they felt able to raise any questions with the manager or care manager about how best to support people and they would be addressed. One staff member told us, "If I had any worries I would go straight to the manager." Staff told us they completed refresher courses via workbooks, which we saw evidenced in their staff files. The manager told us all staff had access to the online training account and were registered for all topics available to care workers. Staff confirmed they were completing these courses one at a time. Senior staff had higher level qualifications in health and social care.

Staff files showed that all new staff had received an induction into the home, tailored to their role, and they had been supervised during their probationary period. Records showed that new staff were given a named mentor and worked on shift alongside them for support and guidance. Staff recognition schemes were in place including employee discounts, employee health care cash plan and a bonus scheme for staff that were observed as performing beyond their job description.

Regular supervision and observations of staff took place and records we saw were thorough. Staff told us they felt supported by the manager and care manager and felt confident to raise any issues with them. Staff also had an annual appraisal and were given feedback on their performance, as well as advice about external training that they could access if required. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

Staff told us that they had a thorough handover at the end of each shift. This was a means of communicating any issues, concerns or incidents which had occurred to the oncoming shift, so that important information was relayed to them and not overlooked.

All of the care files that were reviewed had a section in them which evidenced that people had consented to the care and treatment planned for them. Each person's care records had a consent form and this was signed by the person or, if they were not able, by their relative or representative if they had the legal authority to do so. We observed staff always asked people about their wishes before delivering any care to them. For example, they asked people what they wanted to do after a meal. It also showed that people were involved as much as possible. Consent was sought for other things like having photographs taken during

activities. We observed people being given choices and control over their decisions wherever they were able to. For example, at mealtimes where staff showed people two choices of plates of food and during activities, if the person would like to join in a group activity or do something on a one to one basis with a member of staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Care files showed and the manager confirmed that there were several people living at the service who were subject to a DoLS. Records showed these decisions had been made in the person's best interests and GP's and social workers had been involved in this decision-making process. These were reviewed regularly and the manager monitored when further applications for extending these authorisations were required. We saw evidence that best interest meetings had taken place to ensure that people received care in the least restrictive way. For example one person consistently refused their medicine, so the registered manager in partnership with the GP had held a meeting to discuss whether it would be in the person's best interest to have their medicine administered covertly. This is when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. We found that all the relevant people had been consulted and a copy of the decision was kept in both the persons care plans and within the medicine records

We saw from people's records there was information recorded about nutritional needs and that nutritional assessments were reviewed regularly. This review helped staff identify people who were at risk of losing or gaining too much weight. Weights were monitored monthly or more frequently when an issue had been identified. We saw entries in the care records which showed staff sought advice or assistance from health care professionals such as the GP, dentist, speech and language therapy and dietician where concerns were identified. We saw that this professional advice had been incorporated into people's care plans. Staff we spoke with were aware of this advice and supported people to eat and drink appropriately.

People were supported to eat and drink sufficiently to maintain a balanced diet. People told us they enjoyed the food. One relative said, "[name] is always offered a choice, it's one of the only decisions they can make now". We saw people who required soft or different diets were supported with these. The cook and staff we asked knew which people needed specific diets. We saw that one person with a health condition which compromised their ability to swallow had their meal prepared in a way that made it safer for them to manage. One staff member said, "We go above and beyond to make sure people eat sufficiently."

We completed an observation over lunch and found people received their food in a timely manner. Residents, who were able, confirmed they always had enough to eat and drink stating "We get plenty to eat and a choice of this or that"; and "I get plenty to eat, I like everything they give me." People experienced a relatively calm and relaxed meal time. Staff offered drinks and supported people with their meal should they require assistance. We observed a person not eating and trying to stand up. We saw staff quickly go over and ask the person if they had finished and if they would like a pudding. The person sat down and ate their meal in response to this. We spoke with staff and discussed what this meant for the person. They told us due to the person's level of dementia they liked to go through the motions of being seated at the table at the start

of the meal and staff tried to encourage them to remain with everyone else and eat something but sometimes they just wanted to sit somewhere else and staff supported them to do this. Staff were aware the person had not eaten all of their meal as this was monitored on a daily basis.

We saw that a drinks trolley was taken around the lounge areas throughout the day with a choice of hot and cold drinks, biscuits and snacks and staff encouraged people to drink regularly to reduce the risk of dehydration.

People's general health and well-being was being promoted by staff. Care records showed that their healthcare needs were met and the staff involved external healthcare professionals in people's care where necessary.

The home had pictorial signage displayed on doors, such as the lounge and toilets, and on bedroom doors to reduce the risk of people becoming disorientated while moving independently around the home. Handrails were placed along corridors and in bathrooms to assist people with their mobility and to encourage their independence. All residents' bedroom doors have their name and a photograph on them to aid recognition, and residents are encouraged to have personal familiar objects from home such as photographs, paintings and memorabilia in their rooms. The garden was safely laid out to accommodate people so they could sit out in the garden if they wished.

Good

Is the service caring?

Our findings

The service was caring.

People who were able to comment, were positive about the care they received and felt that all their needs were being met in a way that suited them. They confirmed that they were treated with dignity and respect. Their comments included: "Staff are all ok, no problems"; "They are all as good as gold here"; "They look after me nicely"; "They are good to me, we have a laugh and a joke";" Girls are lovely and kind"; and "The lady who helps me is very nice".

A relative told us, "It's my mum that's here; the staff got to know her really quickly, they are all so friendly; things are going really well." Another relative commented, "Staff are kind, my loved one is treated with dignity and respect at all times, they sit with them and chat, they know them very well" and "I am 100% happy about the care my loved one gets here, if I was not they would not be here". Another said, "I know the staff well now and have a good relationship with them, they take note of everything I say and do the best they can with the resources they have, it is like a home from home." A healthcare professional said, "The staff know everyone really well so whenever we come they can put people at ease. You can see they have good relationships."

The manager stated that all relatives were asked to be involved in care plan reviews. A relative we spoke with confirmed this, they told us care plans are reviewed every six months. Other relatives also told us that communication from the staff was excellent so that they always knew what was happening with regards to their family members. Another relative said they had also discussed and planned end of life care as this had already been discussed with their loved on and family prior to admission.

Staff understood the importance of treating people with dignity and respect, we saw staff offering people support discreetly and knocking on people's doors before they entered their rooms. During discussions staff told us, "When I am going to provide personal care, I always close people's doors and curtains. I always explain what I am doing while I am doing it", and "I call people by their preferred name and respect their wishes, if they want to do activities or sit in their room that's their choice and I respect that." We saw staff cover peoples' laps with blankets to maintain their dignity whilst moving them with the hoists.

During a medicines round we saw one person becoming anxious. The member of staff who was close by remained professional and used their knowledge and experience to ensure the situation did not escalate. They spoke to the person in a calming way and reassured them using distraction techniques; asking the person if they wanted a cup of tea and to come with them to do an activity that they knew the person liked. We saw that when the person was calm, the member of staff ensured that they received the care and support they required.

We saw one person walking with purpose around the home who appeared to be disoriented to time and place. Staff used their knowledge of the person's life history and family to interact with them and quickly

engaged them in conversation which visibly calmed the person. Staff spoke to the person in a reassuring way and demonstrated kindness and compassion when supporting them.

During the inspection we saw numerous visitors coming to see people. A member of staff told us, "We are lucky some people here have families and friends who come and visit quite regularly." The manager informed us there were no restrictions placed on visiting times and the service actively tried to involve people's families in their care whenever possible. Relatives we spoke with confirmed this.

Staff were aware of their obligations to keep people's private information confidential. The registered provider had policies in place to guide staff regarding when and how people's information could be shared; for example with other healthcare professionals. The manager confirmed, and we saw, that people's personal and private information was stored safely. This help to ensure information was kept confidential and respected by staff.

Good

Is the service responsive?

Our findings

The service was responsive.

The registered manager told us that all the people who lived at Rodney House had a comprehensive pre-admission assessment of their needs. Relatives told us they had been involved in their loved ones care plan pre admission. Risk assessments were carried out and a care plan developed to deliver personalised care to each individual. Staff were given as much information about each person as possible, before the person moved into the home, so that they could get to know the person. We observed staff adapting the way they engaged with each person to meet that person's individual needs.

We looked at five people's care records. Care plans were written in a personalised way and gave staff detailed guidance on the way that person preferred to be supported in all aspects of their lives. Care plans were cross-referenced to risk assessments and to care plans relating to other aspects of the person's care. Care records included information about people's life history and people's likes and dislikes. Information was added as staff got to know the person better. Relatives told us that when their family member moved into the home they were all involved in discussing and deciding with staff the care and support their family member needed. They said that staff "Took on board straight away" what their family member liked and did not like, which helped the person settle in. They were always kept informed if there were any changes to the care required by their family member. There was evidence that the manager was communicating with people and their relatives. We saw that regular relatives meetings took place

Staff kept daily records which gave sufficient information about people's daily lives. All records gave details of any changes in care needs and if a condition needed closer monitoring or any cause for concern.

The home had a planned activity schedule, which was organised by the staff based on what people had expressed an interest in. Some activities were organised as group activities and some on an individual basis. On the first day of the inspection the home was having a "50's Rock and Roll" theme day, the staff had dressed up in 1950's outfits and one of the lounges had been decorated. We observed people, staff and relatives enjoying music and the party food the cook had made especially for the occasion. Staff and the manager explained that they had a themed day every week based on people's experiences and preferences. On the second day of the inspection, there was a visit from a musician who sang and played songs that everybody knew. We saw that all people were enjoying the music and able to sing along.

People were encouraged to join in activities of daily life, such as sweeping the floors, folding laundry and washing up. Some entertainers came into the home and some outings had been arranged. The manager said, "Staff have an understanding of the importance of meaningful activity and can adapt the way activities are provided to suit the person they are working with." Relatives told us that their loved one, "Loved to join in the singing" and "Really enjoyed the theme days." Another relative told us staff encourage their loved one to be as independent as possible and allow them to make decisions, such as when they get up and where they choose to sit, or if they wish to join in activities.

The provider had a complaints policy and procedure in place, which was advertised around the home. The manager said that all staff, including the management team, made a point of talking to people and their relatives all the time, making sure they were satisfied and any issues were addressed. Those people, who could told us they had, "No worries" and "If anything was wrong I would tell the nurse". Another person said, "I would tell the girls if I was unhappy, I would not put up with anything". People's relatives told us that they knew how and to whom to complain if they needed to. One relative said they had no complaints but would know what to do if they were concerned about anything. Another person said, "I've no complaints." A third person said they did not have any complaints but, "They give you the opportunity if you want to criticise." A healthcare professional said, "I've never heard anyone complain." Staff demonstrated that they would respond appropriately if anyone wanted to complain. The manager showed us that they had received three formal complaints in the last 12 months. The complaints had been responded to within the timescales of the policy. The manager said that any trends were analysed and improvements made wherever possible.

Good

Is the service well-led?

Our findings

The service was well led.

The registered manager told us they promoted a culture that was well led and was centred on meeting people's needs. Relatives and people who were able told us how they were involved in decisions about their care and how the service was run. The management and running of the home was 'person centred' with people being involved at all decisions that they were able to make. People were empowered by being actively involved in decision making so the home was run to reflect their needs and preferences. For example, people made decisions about how to occupy their day and meal choices. Relatives told us that they were invited to regular meetings with manager and staff, to ensure that the support provided met their loved ones current care needs. Relatives also said that they found the manager to very approachable and felt the home was well run. One told us "I can talk to [name] at any time as they are always around."

There was a clear ethos at the home which was communicated to all staff. It was important to all the staff and management at the service that people who lived there were supported to retain their independence as long as possible, be happy and live their life as they chose. We saw this being carried out in the delivery of care that was personalised and specific to each individual. The manager worked in the home every day supporting staff. This helped ensure they were aware of the culture in the home at all times.

Staff explained that there was a clear management structure in the service which provided lines of responsibility and accountability. They stated that the manager had overall responsibility for the home with support from the care manager during the day and a night senior had responsibility for the night staff. A senior staff member worked on each shift to provide support to the staff. The manager said that they monitored what was going on in the home in order to make sure people, relatives and staff were happy or needed support. The manager and care manager were accessible to staff at all times which included a manager always being available on call to support staff. Frequent discussions took place between the manager and staff about any issues that affected the running of the home, minutes of team meetings confirmed this.

We observed the interactions between the manager and the staff. They also told us the manager routinely attended daily 'handover' meetings when staff had completed their duties and the next staff shift was starting. The manager played an active role. Staff told us they did this to ensure they knew the needs of people who lived at Rodney House. They also told us this helped ensure staff were supported by a manager who was accessible to them and was a positive role model.

The manager was able to demonstrate good management and leadership as there was management support available to staff at all levels. As well as the manager there was also a care manager , two head seniors, one responsible for the residents and the other responsible for staff, and senior carers in post. Regular meetings of the homes' management team were held. A senior carer told us these meetings were; "Open, transparent and honest" and were; "An opportunity to learn and share good practice." There was

effective communication between staff and the service's management. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff told us they had opportunities to raise any issues about the home, which was encouraged at supervision and staff meetings. Staff said there was a learning culture which allowed staff to be critical of the service at staff meetings so that valuable improvements could be made. The manager explained they wanted to ensure that the home was up to date and followed current best practice. For example the manager updated staff on policy developments such as changes to dementia care, the mental capacity act and safeguarding procedures.

The manager and care manager were trying to develop and maintain positive links with health care professionals. A health care professional told us they felt the home met people's needs with confidence.

Staff told us that they had a good understanding of the people they cared for and they felt able to raise any issues with their managers if the person's care needed further interventions. Staff we spoke to explained that they had high standards for their own personal behaviour and how they interacted with people. They said the manager made sure they were aware of any worries or concerns people, or their relatives might have and regularly sought out their views of the home. We saw that the manager spoke daily with people, visitors, relatives and the staff to gain their views as this supported constant development and improvement of the service provided to people. Staff told us they liked working at the service and found the manager to be very approachable.

We saw that the home had a quality assurance system which included gathering views from relatives and stakeholders about the home. Following the ethos of 'Dementia Care Matters' which is a leading dementia care, culture change training organisation, the staff and manager observed people daily using the 'Well Being and Ill Being' Audit, where staff use observations to determine whether people are for example happy, safe and relaxed or angry, sad and lonely. From our conversations with relatives and stakeholders they assured us their views were requested and any views shared were welcomed. The manager and care manage investigated and reviewed incidents and accidents in the home. Care plans were reviewed to reflect any changes in the way people were supported and supervised.

There were effective systems to monitor and check the performance of the home. These included comprehensive health and safety checks to identify both that the service was safe for staff and people, and if any improvements were needed. We also saw records of regular checks of the staff duty roster, infection control and the cleanliness in the home. There was also regular monitoring of the home to ensure it was operating effectively and that people's needs were safely met.

The manager and staff were committed to continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. Areas where improvements could be made were identified so the service could better meet the needs and preferences of people. Action plans were devised where it was identified improvements could be made in service provision.

Notifications had been sent to the Care Quality Commission by the manager as required by legislation. For example, services have to notify us about any injuries people receive, any allegation of abuse, any incident reported to the police or any incident which stops the service from running.