

M.M.R. Care Limited

Moorhead Rest Home

Inspection report

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15 December 2015

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Moorhead Rest Home on the 14 and 15 December 2015. Moorhead Rest Home is registered to provide accommodation and personal care and support for 27 people. The service is a detached property located on the main road from Accrington to Whalley. At the time of our visit there were 26 people accommodated at the home.

The service was last inspected in September 2013 and was found compliant in all areas inspected.

At the time of this inspection there was a registered manager employed. 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.

Throughout this inspection we received positive feedback from people who used the service, visitors and community professionals. People expressed satisfaction with the service provided and spoke very highly of the staff that supported them. Comments included, "I would put my name down for here" and "It's absolutely wonderful here".

We saw the service had robust processes and procedures in place to maintain a safe environment for people using the service, staff and visitors. Detailed and up to date health and safety checks were in place covering areas such as hazardous substances, external and internal equipment and the kitchen environment. Audits on equipment and furnishings were done on a monthly basis. We saw the service had a robust fire procedure and each person living at the service had a personal evacuation plan.

People told us they felt safe living at the home. They referred to the home as a safe place. Safeguarding referral procedures were in place and staff had a good understanding around recognising the signs of abuse and had undertaken safeguarding training.

At the time of inspection we found the service had adequate staffing levels and noted very little staff sickness. People told us their needs were met promptly and efficiently. Staff told us they did not feel rushed with their daily routine and this enabled them to spend time conversing with people. We observed regular staff interaction to support this.

We found an overall good recruitment system in place and a thorough induction process for all new staff.

Processes were in place for the appropriate administration of medication. Staff were adequately trained in medication administration. We noted the service had a 'homely remedy' policy and we saw assessments in each person's file to support the policy.

We saw the service had created detailed individual risk assessments for all people using the service. These risk assessments included diet and nutrition, pressure relief and mobility.

We saw detailed care plans, which gave clear information about the people's needs, wishes, feelings and health conditions. These were reviewed monthly and more often when needed by the registered manager.

We saw evidence of detailed training programmes for staff. We noted some staff had "care certificate" training. All carers had a Level 2 or above NVQ (National Vocational Qualification) or were working towards a Diploma in Health and Social Care. All people spoken with were very positive about staff knowledge and skills and felt their needs were being met appropriately.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions. The manager also demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who uses the service in their best interests. At the time of inspection we found that no person using the service was subject to DoLS.

We saw that people's nutritional requirements were being met and choice was offered at every meal time. We saw the food was freshly prepared and served at a suitable temperature. Dining tables were well presented and adapted cutlery was provided to some people to promote independence. We saw appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements.

We saw positive staff interaction and engagement with people using the service. Staff addressed people in a respectful and caring manner. The service had a calm and warm atmosphere. We observed people laughing and conversing.

We had positive feedback from people using the service, relatives and staff about the registered manager. People told us they were happy to approach management with any concerns or questions. We saw evidence that an open door policy was followed.

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.

People told us they felt safe. They were supported by care staff who were considered to be of good character and had been recruited through a thorough and robust procedure.

The service had detailed environmental risk assessments and procedures which were reviewed effectively.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of procedures to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was good guidance in place for staff about how to support people in a safe manner.

Is the service effective?

Good ●

The service was effective.

Systems were in place to ensure staff were sufficiently trained.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

Staff received a detailed induction prior to commencing employment.

Supervision and appraisal was carried out effectively and in line with the service policy requirements.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with kindness and their privacy and dignity was respected by staff.

People's care and support was provided according to their wishes and preferences.

People and their families were involved in the care planning process and were invited to care reviews.

People were involved in decisions around their day to day lives.

Staff were knowledgeable about people's individual needs.

Is the service responsive?

Good ●

The service was responsive.

People told us they enjoyed living at the service.

Care records were detailed and clear. Care was adapted to meet people's individual needs and requirements.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

There was a good range of activities offered and people were encouraged to take part in activities of their choice.

Is the service well-led?

Good ●

The service was well-led

The service had a registered manager employed who was registered with the Care Quality Commission and was qualified to undertake the role.

The registered manager monitored the quality of the service provided through audits, observation and gathering feedback from people who used the service, staff and visitors.

Staff told us they felt well supported by the registered manager in their role and were able to approach her with any issues.

The registered manager operated an open door policy.

Moorhead Rest 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 was 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 14 and 15 December 2015 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 26 people receiving care at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with four people who used the service and four relatives. We talked with three care assistants, the cook and the registered manager. We also spoke with three visiting health care professionals.

We looked around the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

The people we spoke to told us they felt safe living at the service. People's comments included, "I feel very safe living here". "I know I am very safe here, staff make sure of that". One relative told us they had looked at many different homes before deciding on Moorhead Rest Home and that they had the upmost confidence that their relative was very safe and well looked after at the service. We spoke with three health care professionals during the inspection who all confirmed they had no concerns with the care and treatment of people using the service. One professional stated. "I would put my name down for here, this is a service who knows how to get care right".

We looked at what processes the service had in place to maintain a safe environment and protect visitors, staff and residents from harm. We found that the service had very detailed health and safety checks which covered areas such as kitchen environment, accidents, first aid, electricity, work equipment, external and internal equipment and hazardous substances. We saw that each of these subject headings had a detailed breakdown of further areas to be considered, such as the reviewing of policies, ensuring that suitable risk assessments were in place, physical checks of equipment and ensuring that all documentation was signed. The registered manager told us that it was her responsibility to ensure these checks were either carried out by herself, a contractor or the employed maintenance person. We saw evidence that these checklists were appropriately completed and kept up to date.

We saw the service had robust fire risk procedures in place and detailed annual fire risk assessments were followed. These risk assessments covered areas such as ensuring fire exit signage was clearly marked and monitoring the fire alarm. Care staff we spoke to told us fire alarm tests and drills were frequent. We saw fire training was up to date. We also noted that each resident had a personal fire assessment in their file which offered detail on their mobility and responsiveness to a fire alarm. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment.

The registered manager told us audits of equipment and furnishings were carried out on a monthly basis. These audits covered areas such as the examination of stairs, bannisters, commodes, tables, door closers, nurse call systems and doorbell. The registered manager told us she would ensure these checks were carried out by the maintenance person, herself or external contractor. We noted these audits were up to date and completed in full.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with staff and the registered manager. Staff spoken with showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff told us they had received training and guidance on safeguarding and protecting adults. We saw evidence of up to date safeguarding adults training on the service's training matrix. We saw that staff had also had training on positively responding to behaviours. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. However, we noted that contact numbers for the local authority and the Commission were not displayed in the building. The registered

manager told us she would ensure this was done as a matter of priority.

We looked at staff rotas. These indicated processes were in place and aimed to maintain consistent staffing arrangements. We saw a consistent staffing level with very little staff sickness. One staff member said, "If anyone rings in sick it is always covered between us, but this does not happen very often. Sometimes if it is short notice the manager or deputy manager will cover it".

The manager told us the service runs a "bonus scheme". The service will pay each member of staff one pound for every shift worked. Every 26 weeks this money is given to staff. This encourages less sickness. The staff told us this is a good incentive to come to work and "works really well".

During the inspection we found there were sufficient staff on duty. Staff we spoke with told us they did not feel rushed when carrying out their daily duties. One staff member said, "I never feel rushed and if things get busy the registered manager or deputy manager will help out". People using the service told us they never felt rushed with their daily routine. One person said, "Staff are always around to help me when needed. There are enough staff around in the morning and evening to help me, I never feel rushed". Another person told us, "Staff are very good, they always respond to me quickly when I press my nurse call, no matter if it is day or night". One visitor told us they visited frequently during the week and have always seen a good staff presence in the building.

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. The three recruitment files had appropriate information in line with current guidance. We saw required character checks had been completed before staff worked at the service and these were recorded. The files also included a detailed employment history with explained gaps in employment, proof of identity and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the way the service supported people with their medicines. People we spoke to told us they received their medication daily. We saw a "homely remedy" assessment was present in each person's care file. This meant people experiencing discomfort had quick access to items for treating minor ailments, without the need to contact their GP. We saw that topical creams were kept in bedrooms and detailed documentation about the application of the cream was evident along with signature sheets for staff to evidence this had been done.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Medicines were stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. There were systems in place to check aspects of medicine management practices on an on-going basis.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Senior care staff, the registered manager and deputy manager were responsible for administering medicines. We saw they had completed medicine management training. We noted names and signatures were kept at the front of the medication records to clearly show who was

authorised to administer medication. The registered manager told us that staff members' competence to administer medicines safely was assessed on a monthly basis.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations. We looked at three care records. We found individual risks had been assessed and recorded in people's care files. The assessments included moving and handling, behaviours and pressure relief. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. We found all risk assessments to be detailed and up to date.

Is the service effective?

Our findings

People we spoke to told us they were happy with the care and support they received from the service. One person said, "It's absolutely wonderful here. Staff go that extra mile for me". Another person said, "It's like home from home here. Staff really look after me". Comments from health care professions included, "Staff are fabulous. They only need to be told once. They get it" and "All the residents look happy when I visit. Such a nice atmosphere".

We looked at the processes in place for staff training. Staff told us they felt they received a good level of training to enable them to effectively undertake the caring role. One staff member told us, "I really enjoy training. We have a good variety and it's all up to date. If there is anything we feel we need in addition we can just ask the manager and if it is relevant it will be arranged. There is also a communication book where we can suggest new training".

We saw a good training matrix system was in place. The system would send alerts to the registered manager when people were required to update their training. We saw the training offered to all carers was relevant to the caring role and covered a wide range of topics including emergency first aid, dementia, person centred planning and dignity and respect. We saw the service supported staff as appropriate to attain recognised qualifications in health and social care.

We looked at the induction processes for new staff. Arrangements were in place for new staff to complete an initial 'in-house' induction. This included an introduction to the service's policies and practice. The registered manager confirmed processes were in place for new carers to complete an introductory training in care to a nationally recognised standard (The Care Certificate). Staff told us they felt the induction prepared them for their role. One staff member said, "The induction was good. Once I had received the training and read the policies, I had to shadow an experienced member of staff before I was allowed to support people unsupervised". Visitors spoken with expressed no concerns around the ability of the staff. One visitor told us, "The staff here are very experienced. They definitely know what they are doing. I visit regularly and while I am sat here I watch and listen to the staff. They are always very professional".

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the 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 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 checked whether the service was working within the principles of the MCA and whether any conditions or

authorisations to deprive a person of their liberty were being met. We noted that no one was subject to DOLS at the time of the inspection. However the registered manager and staff spoken to demonstrated a good understanding around the principles.

The registered manager told us staff received supervision every six weeks. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Staff spoken with told us they received one to one supervision and on-going support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. The registered manager told us appraisal meetings were not as frequent as they should be. She recognised the importance of appraisal meetings and assured us she would look to improve this over the next few months.

We looked around the premises. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. One person said, "I love my room, it's like home from home". We noted there was a maintenance person employed at the service whose role was to maintain the décor and ensure the service had adaptations as required to meet the individual needs of the people living there.

We observed the meals service at lunch time. We noted the dining tables were set with table cloths, drinks, napkins and condiments. The meals looked plentiful and appetising. We noted people enjoying the mealtime as a social occasion. We observed several examples of people being sensitively supported and encouraged by staff with their meals. We noted one person was provided with adapted cutlery to enable them to eat their meal independently.

We noted the service employed a full time chef. We saw meals being prepared from freshly bought produce. The people we spoke with told us the meals were very good and always hot when served. One person said, "The food is excellent. It's all fresh. The chef is very good at his job". We looked at processes in place to offer a balanced meal choice. We noted the service had a four weekly meal planner which was influenced by the people using the service. The people we spoke with told us the chef often chatted with them about their preferences. We noted through talking to people and staff that people's preferences were well documented

Processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary.

Is the service caring?

Our findings

The people we spoke with made positive comments about the staff team and the care and support they received. One person said, "Staff are absolutely wonderful, I have the 'life of Riley' here, I really can't complain about anything". We spoke with visitors who told us they felt their relatives were treated with care and attention. One visitor said, "The carers are definitely handpicked. I couldn't ask for better care. My [relative] is always clean and presentable".

We observed people being offered choices throughout our inspection. People told us staff always considered their choices. One person said, "I go to bed when I wish and if I decide to have a lie in I can". Another person told us, "I need assistance with getting dressed but I always choose what I want to wear".

We saw that people were spoken to in a respectful manner and staff were friendly in their approach. One person told us, "The staff always have lots of time for me and will sit with me. This makes me feel valued as they are genuinely interested in my life and experience". Another person said, "Staff are very considerate, they always ask and give me choices. If I don't feel like doing something they will respect that. I do what I want to do, sometimes I spend time in the lounge but I decide on the day. Staff respect that". During the inspection we observed positive and respectful interactions between staff and people using the service. One staff member told us, "I always give 100% in my role and I feel all staff do. It's such a nice place to work with a lovely atmosphere".

The service had a 'key worker system' in place. This gave every person who used the service a named member of staff who had responsibility for overseeing aspects of their care and support. Staff spoken with gave positive examples about how they ensured they treated people with dignity and as an individual. Staff also told us they had received training in 'dignity at work' and 'equality and diversity'. People who used the service told us the system worked well. One person said, "I like my key worker, it's nice to know I can build a relationship up with them and that they will oversee my care. I feel like I have a good relationship with them". Another person told us, "I am happy with my key worker but I know I can request someone else if I need to".

Over the two days of inspection we observed people spending time in their rooms. We spoke to some of these people who told us they enjoyed time alone to sit and read or listen to music. One person told us, "Staff are always very respectful, they always knock before entering my room". Another person told us, "Sometimes the carers will come and sit with me for a few minutes. I like that".

People told us they attended quarterly residents meetings and were encouraged to express their views and opinions on a day to day basis. One person told us, "I attend meetings but I know if I have any issues I can speak with a member of staff or the manager and my issues will be resolved". We saw evidence of frequent residents and family meetings and visitors told us they found them beneficial. The staff told us the meetings were useful for helping to keep people informed of proposed events, offering people the opportunity to be consulted and make shared decisions.

We saw a designated area at the entrance of the building which was used for sharing information about forthcoming activities and events. Advocacy information was also available should anyone choose to access the service.

Is the service responsive?

Our findings

People we spoke to told us they enjoyed living at the service. Comments included, "Oh they really look after you. They have helped me get back on my feet". Another person said, "I can't find anything negative to say about the care". Visitors we spoke with stated they were very happy with the care their relatives received. One person said, "My [relative] has settled in better than expected". Another person told us, "I knew it was good, I have known people who have lived here. It's the best choice. The staff are very skilled".

We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager told us there were processes in place to assess people's needs before they used the service. The assessment involved gathering information from the person and other sources, such as families and care professionals. We looked at three people's care records and noted that the pre-admission assessments were detailed with relevant information.

The manager told us that each person using the service had a care plan. We looked at three of these care plans and found adequate progress had been made in developing the care planning process to support the delivery of care. We saw that each of the plans had a very detailed 'daily living requirements' summary which covered from the time of waking to the time of retiring. It included areas such as food preferences, hobbies, allergies, dietary needs, personal care requirements and mobility. We noted care plans in response to identified needs and preferences. These included detailed directions for staff to follow on meeting the needs of the person. People we spoke with told us they had been part of their care planning process. We also saw detailed information recorded on liaising effectively with other agencies such as district nurses and doctors.

The registered manager told us she had robust procedures in place to review care plans on a monthly basis. We noted it was the role of the senior care staff and deputy manager to review all care plans. This was overseen by the registered manager. We noted the care plans in the three care files we saw were fully up to date. We spoke with visitors who confirmed they had also been an active part of their relatives care plan annual review. One visitor told us it was a useful meeting and they felt a valued part of it.

The registered manager told us all people have a hospital pack in the care file. This pack contained detailed information about the person's medical history, allergies, medication, daily living requirements and a picture of the person. This would help provide continuity of care if the person was transferred to another service. We saw evidence of these packs in the files we looked at.

We noted one to one time was spent with people to complete 'my life story' information. This story looked at areas such as the person's childhood, employment, significant relationships, memories, life events and what was important to them. People told us they enjoyed this time reminiscing. One person said "This means a lot to me. I love to reminisce. It's so nice to speak to someone about the things that have been important to me throughout my life. The staff really like to listen to my stories. It makes me feel valued".

We noted a variety of activities were offered on a daily basis. The registered manager told us the service employed two part time activity coordinators. A physiotherapist attended the service on a weekly basis to

carry out gentle exercise with people as part of the activities programme. People we spoke with told us there was "always something going on" during the afternoon. We saw a number of people who had visited the hairdresser and had their nails manicured. One person told us "I love to be pampered. I have my nails and hair done weekly".

We found positive relationships were encouraged and supported. People told us they had regular contact with their friends and families. One person said, "I often go out with my family". One visitor told us they visited most days and were always made to feel very welcome. Another visitor we spoke with indicated that they were always made to feel very welcome and were offered refreshments by staff during their visit. Visitors explained to us that they were always involved in aspects of their relatives care and support and were always kept informed of any health issues or appointments. One visitor said, "The manager always contacts me to attend any hospital appointments and if I can't go they ensure a member of staff accompanies my relative". Another visitor told us, "All my [relative's] appointments are made by the manager. They are very efficient with this. I am always kept informed".

We looked at how complaints and compliments were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display in the service. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible.

The registered manager told us people using the service were encouraged to raise any issues at the residents meetings. We saw positive examples of responses to complaints by people and their families. People told us they felt confident that any issues raised would be dealt with appropriately. Comments included, "Any concerns are acted upon immediately" and "I feel very comfortable approaching any staff member or the manager with any issues I have". Staff demonstrated a good understanding of the processes to follow should they receive a complaint or have one themselves. Staff told us issues are dealt with during the team meeting. The registered manager expressed a commitment to resolve any matters quickly.

Is the service well-led?

Our findings

People we spoke to during the inspection made very positive comments about the registered manager. These included, "Oh she is wonderful. I can go to her any time with a question and she will help me". Another person said, "I cannot say anything negative about her. She is always very friendly and keeps the staff in check".

There was a registered manager in post. The registered manager had responsibility for the day to day operation of the service. She was supported in her role by the deputy manager. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care.

We saw a wide range of policies and procedures were in place at the service. These provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

Effective audit systems were in place and kept up to date. The service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires. We saw that the questionnaires were also sent to GP surgeries and other health professionals who had contact with the service. Comments from the questionnaires included, "The personalities and attitudes of staff are exemplary" and "This is a wonderful home and is run to a high standard".

We saw evidence that staff meetings were held on a three monthly basis. These meetings were used to feedback any complaints, compliments and any good or bad practice examples. Staff told us these meetings were beneficial and provided an environment for everybody to come together and discuss any new ideas, plans or issues they may have.

Staff we spoke with were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities and duty of care. Staff were very complimentary about the management of the service. They told us they had received the training they needed and were well supported by the management team. Staff we spoke to told us how the registered manager kept a "Tight ship" and that this was appreciated as staff had clear leadership. One staff member said, "The manager is very fair and strict but nice with it".

The registered manager was very approachable and she considered the agency was well led. The registered manager told us she gave 101% to her role, had "Very high standards" and felt this filtered down to staff. People we spoke to told us the registered manager was always visible around the service and if she was in her office the door would always be open. Staff told us they felt the registered manager always had time for them and they felt able to discuss anything with her. One staff member said, "This is the best private sector

place I have worked in. I would be happy for my parents to be here. I feel supported 101% in my role as a carer". Another staff member told us how staff were encouraged to bring new ideas to the service.

We noted that the service had a long standing consistent staff team with very little staff turnover. Any loss of staff had been due to retirement or moving away. One staff member said, "Jobs here are like gold dust. I know of carers from other places who would love to work here".

We noted the service had a 'statement of purpose'. A copy was also accessible in large print. This clearly outlined the underpinning principles of the service and its commitment to ensuring people received high quality care and support. The provider's philosophy was based on the belief that 'all people accessing the service are entitled to be treated as individuals. And that the service will provide all people with a life that is as comfortable as possible with homely surroundings'.

We found the service had 'Investors In People' status. This was displayed in the entrance hall and detailed "this is a very well managed care home. The home has a clear vision, mission purpose and plan for the future".