

Coventry and Warwickshire Partnership NHS Trust

137 Wall Hill Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook this unannounced inspection on 7 April 2016. The last inspection was completed on 20 June 2013 and the service was meeting the regulations we assessed.

137 Wall Hill Road provides accommodation for up to five people who have a learning disability. At the time of the inspection there were five people living at the home.

The service has a registered manager in place. A registered manager is a person who is registered with The Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and all the staff we spoke with were passionate about providing a service that placed people and their families at the very heart of the service. This was confirmed with us by two health care professionals we spoke with and through speaking with relatives.

All the staff we spoke with said that the registered manager and registered provider were dedicated, supportive and approachable. They said whatever people needed was provided to ensure people had the best quality of life they could achieve.

We observed that people who lived in the home were settled and contented. Relatives told us they only had positive experiences and praise for this service.

Staff treated people as individuals with dignity and respect. Staff were knowledgeable about people's likes, dislikes, preferences and care needs. They approached people in a calm, friendly manner which people responded to positively.

Staff we spoke with told us how they encouraged and supported people to make decisions for themselves, which ensured people were able to live the life they chose.

New staff to the service completed a comprehensive induction period to ensure that they had the skills and knowledge to support people. Staff received regular training to update their skills and to keep in line with current best practice.

Staff had received training about how to ensure people's rights were respected and how to safeguard people from abuse. They were able to describe the different types of abuse that may occur and said they would report any issues straight away. This helped to protect people.

Risk assessments and detailed care plans were in place. This helped staff to deliver the care and support that people needed in the way they preferred.

There were robust medication systems in place. Medicines were only given to people by staff who had completed the appropriate training. Regular observations were completed with staff who gave medicine to ensure that they continued to do so in a safe manner.

People were offered appropriate food and fluids to maintain their nutrition. Staff took pride in serving appetising and nutritious food. Those who required prompting or support to eat were assisted by patient and attentive staff which ensured that people's nutritional needs were met.

Spontaneous activities took place, staff spent quality time with people to give them emotional support and comfort.

Staffing levels were reviewed and adjusted as necessary by the registered manager to meet people's needs.

Regular checks were completed by the manager and the provider to ensure that care provided was of high quality and was done safely. Equipment used within the home was regularly maintained which meant that it was safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and the reporting procedures to the local authority. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them. People were supported to take positive risks and were supported by staff to do this safely.

There were sufficient numbers of skilled and qualified staff available to ensure that people had their needs met in a timely way. Staff recruitment processes ensured staff were matched to people using the service.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received training, supervision and had a yearly appraisal. We observed that staff were highly skilled and experienced in delivering care and support to people who lived in the home.

People's mental capacity was assessed to ensure their rights were protected. People were supported by staff to make decisions for themselves.

People were provided with a choice of food and drink that met their nutrition and hydration needs.

Is the service caring?

Good ●

The service was caring.

We observed staff treated people with dignity, respect and kindness. Staff were extremely knowledgeable about people's needs, likes, interests and preferences.

People were encouraged and supported by staff to be as independent as possible to live the life they chose.

People's wishes were recorded for end of life care, where appropriate family members had been involved in these plans.

Is the service responsive?

Good ●

The service was responsive.

People were treated as individuals. Assessments were undertaken to identify people's needs and these were used to develop care plans for people who used the service. Changes in people's health and care needs were acted upon to help protect people's wellbeing.

The service provided a wide range of activities for people. Staff were responsive and undertook activities with people on a spontaneous basis to engage them. Staff were knowledgeable about people's life history so they could speak with them about their lives and family and help them reminisce.

Relatives told us they felt able to raise concerns and would complain if they needed to.

Is the service well-led?

Good ●

The service was well-led.

An experienced registered manager was in post who promoted the highest standards of care and support for people. This was confirmed through discussions with staff and relatives.

Staff told us they would not want to work anywhere else. They said they felt well supported by the registered manager who was approachable and listened to their views.

The provider's ethos was positive and there was an open and transparent culture. Staff understood the management structure in the home and were aware of their roles and responsibilities.

Health care professionals were extremely positive about the quality of the service provided to people.

137 Wall Hill Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This service was inspected by one inspector on 7 April 2016 and the inspection was unannounced.

Prior to the inspection the registered provider was asked to complete a Provider Information Return (PIR). We found that the information provided in the PIR was accurate to what we found during our inspection.

We looked at the statutory notifications we had received and spoke with the local authority commissioner of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS.

People who lived at the home were either unable to communicate verbally or had limited verbal communication skills. We spent time observing how people were cared for and how staff interacted with them so we could get a view of the care they received. We 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 spoke with the registered manager, three care staff and two healthcare professionals. We spoke with two relatives by telephone to gain their views of the service.

During our visit we looked at five people's care records and records relating to the management of the service. These included the provider's policies and procedures, maintenance records, quality assurance documentation, staff rotas, staff training records and the complaints file.

Is the service safe?

Our findings

Relatives told us that people were safe. One relative said, "[Name] has everything necessary to keep her safe." Another relative said "It's wonderful nothing is a problem the staff sort things out, they get the doctor for [Name], I have no worries at all whilst [Name] is here I can go home and I am happy because I know they are alright."

A notice board at the entrance to the home had a leaflet called 'Keeping people safe'. This informed family and friends about the action that would be taken if abuse was suspected of occurring. Staff we spoke with confirmed they had undertaken very detailed safeguarding of vulnerable adults training and they could tell us about the different types of abuse that may occur. All the staff we spoke with said they were actively encouraged to raise any issues immediately to the registered manager and to the local authority. This helped to protect people.

Staff understood and provided the individual support people needed to keep them safe. Staff were observant and attentive to people's movements. For example, we saw staff were available to assist people to rise from chairs using hoists and the correct manual handling techniques. Staff ensured that the correct sized equipment was used which helped to prevent falls or injury. They were quick to attend to people if they looked unsteady on their feet or were seen to be getting upset. Staff were seen to actively protect people's health and safety whilst allowing them to maintain their independence.

During our visit we spoke with a health care professional. They said that they had never seen anything that had concerned them. They said, "I don't feel there are any concerns here at all, the staff are all on the ball."

The service had effective systems to identify and manage risks to people's health and wellbeing. For example, we viewed accident and incident records. These records were very detailed. The registered manager looked for patterns or trends of incidents before taking action to reduce the risk of similar accidents or incidents happening again. We saw timely advice was obtained from relevant healthcare professionals to help to maintain people's wellbeing.

We looked at the medication system in operation at the home. We discussed how medicines were ordered, stored, administered, recorded and disposed of. We saw robust systems were in place. People were identified by photograph on their medication administration record (MAR). Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to people. We observed a member of staff asking a person if they wished to take their medication. They told the person what it was for and took their time to sit patiently and talk with them whilst they took their medication. They then asked the person if they had had enough to drink and asked if they were 'alright' before leaving them.

A health care professional involved with monitoring medication systems at the home told us how the registered manager continually discussed the medication systems and storage and had followed their guidance on the safest methods to be adopted. The registered manager confirmed that all the staff who

administered medication had undertaken training. Regular checks on the management of people's medicines took place and advice was regularly sought from the provider's clinical lead to ensure the medication systems remained safe.

We saw staff assisted people in a patient and safe way with their medication. They verified people's identity before giving medication to them and made sure people had taken their medicines as prescribed.

We checked how people were recruited to work at the home. The registered manager told us they looked for staff who displayed very caring qualities and for those who expressed the willingness to develop these qualities. The registered manager told us the selection of staff was carried out after all relevant pre-employment checks had been undertaken. Disclosure and Barring Service checks (DBS) had been completed for all staff as well as references from previous employers. This helped to ensure staff recruited were suitable to work at the service.

People had detailed personal evacuation plans in place which were easily accessible in an emergency. These included information about how to support people in the event of an emergency. Checks on equipment were undertaken, such as hoist slings and wheelchairs, to ensure they were safe to use.

Is the service effective?

Our findings

People told us the service they received was good and they received care and support from staff when needed. One relative told us the staff were, "Like family, I can trust them to always have [Name's] best interests at heart." Another relative told us ""It's wonderful nothing is a problem the staff sort things out; they get the doctor for [Name]."

We saw staff had a good understanding of the needs of each person and had the skills and knowledge to support people effectively. We spoke with staff about how they were supported to fulfil their roles. They told us they felt confident and had undertaken training to support people effectively.

Staff told us they completed an induction when they started at the home and they completed all their training which was considered mandatory by the provider during their induction. Staff also completed a period of 'shadowing'. This is where new care staff work alongside experienced members of care staff. This enables new care staff to see what is expected of them and assists them to understand people's individual needs and preferences.

Staff shared with us examples of recent training courses including person centred care, safeguarding and moving and handling training. Staff told us they were encouraged to undertake qualifications to develop their skills and knowledge. For example, staff had completed training with regard to specific medical conditions relevant to the people who lived at the home. There was an up to date training and development plan for the staff team which enabled the registered manager to monitor training provision and identify any gaps. The plan also highlighted when staff were due to refresh their training. This helped to ensure that staff kept their knowledge and skills up to date.

Training records showed that staff received training about epilepsy and how to support people if they had a seizure. Staff explained to us the different types of seizures people had and how they were to respond to these. One member of staff explained that they had medication which was used if a person's seizure lasted longer than four minutes and how they would administer this. This showed that staff understood how to support people with their health needs.

Staff told us they had regular one to one meetings with the registered manager and that this encouraged them to consider their care practice and identify areas for development. Staff told us they found these sessions useful and supportive. Annual appraisals were also held where staff members' personal development was reviewed.

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 this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found staff had a good understanding and knowledge of the key requirements of MCA and DoLS. Staff had received training and put this knowledge into practice on a regular basis and ensured people's human and legal rights were respected. Care records showed that people's capacity had been assessed and, where necessary, meetings had been held in a person's best interests and the outcome recorded. The registered manager had assessed where people were being deprived of their liberty and had submitted applications to the local authority. There were five people with DoLS in place.

Each person who lived at the home had their nutritional needs assessed and this was reviewed on an ongoing basis. Information about people's preferred foods and drinks and food allergies was recorded. This information was used to plan meals for people. Care staff told us it was important that they provided meals and refreshments that people enjoyed. One member of staff told us "If someone wants something specific to eat and we don't have it, it's no bother for us to go get it for them."

Where people had difficulties in maintaining their weight, staff monitored their food and fluid intake and discussed any issues with the registered manager and relevant healthcare professionals. People who were at risk of losing weight were weighed regularly and if their weight was too low they were monitored closely and a referral was made to the dietician. People's weights had been noted in their care plans and relevant nutritional monitoring tools were being used to ensure people received adequate nutrition.

Before lunchtime staff offered people a choice of meals and their choice was cooked for them. We saw people were offered a choice of whether to eat their lunch in the dining area or in their room. Lunch time was peaceful and calm.

Meals were appetising and well presented. Staff were available to offer assistance to people whilst eating. We saw that they encouraged people to do what they could for themselves but guided and prompted or assisted people where necessary. We saw staff observed people's body language to see if they were enjoying the food. People we spoke with said the food was "wonderful."

Relatives we spoke with told us the food was very good and there was plenty of it. We observed mid-morning and afternoon drinks and snacks were provided. A member of staff said, "Food is an important part of people's lives."

We saw from looking at people's care records that speech and language therapists, dieticians, general practitioners, a dentist, opticians, chiropodists and mental health workers visited people who lived at the home, where this was required. People also attended hospital appointments escorted by family or staff. A health care professional we spoke with said, "The staff tell us about anything or they tell the GP, so I have no worries at all. Everyone is so well looked after."

We saw if a person's health changed and staff were concerned for their wellbeing the person's family were contacted and informed of this. They were also reassured by the staff that their relative had been assessed and action had been taken, for example a GP visit had been requested to help to maintain the person's health.

A second health care professional told the service was extremely good at keeping them informed of any issues which they needed to be aware of so they could respond in a timely way to support people. They said that all avenues were exhausted by the staff to help people to remain calm and contented without resulting to the use of prescribing sedative drugs. They said, "Professionalism is used when dealing with clients, it is

excellent."

Each person had a health passport. This contained information about how staff should communicate with the individual concerned along with medical and personal details. This document could then be taken to the hospital or the doctor to make sure that all professionals were aware of people's individual health needs. We saw that information had been kept up to date and reviewed appropriately when people's health needs had changed.

Staff told us how people's wishes regarding their end of life care were known as well as their decisions about resuscitation. We saw that where people were unable to make a decision about this appropriate people were involved, for example relatives and GP's. In one file we saw that a Do Not Attempt Resuscitation (DNAR) form was in place to ensure the person's wishes were known in the event of an emergency.

Is the service caring?

Our findings

People who lived at the home were positive about the service. When asked if they felt that the staff were caring one person smiled and another person nodded vigorously. We observed that the staff throughout the service were compassionate, caring and attentive to people.

We spoke with relatives who were extremely complimentary about the caring attitude of the registered provider, registered manager and staff. A relative we spoke with said, "Staff are lovely with people, if they get excited staff don't shout, they have a lovely calm way, gentle, quiet and comforting." They went on to say "The staff are never condescending or patronising. They are incredibly patient and understanding." Another relative said, "The care is way beyond outstanding. Staff treat [Name] with the utmost kindness and respect. What is really lovely is that everyone is part of the care team; they all interact in a really positive way with the residents. It is a happy place with lots of laughter where I was always made to feel welcome and a place I enjoyed being."

Staff told us that they saw themselves as 'guests' at 137 Wall Hill Road. The main emphasis was that people were at home; this enhanced people's wellbeing. We observed staff were highly motivated to provide excellent care for people. A member of staff told us "I've worked for a different home and we were always short staffed at Christmas. Here it is different. Here people ask to work over Christmas so we can celebrate it together."

Throughout the service we observed staff treated people with the utmost dignity and respect. Staff addressed people by their preferred names. We saw that if a person had their bedroom door closed staff always knocked on the bedroom door and waited for a response before entering their room. Staff gained consent from people to deliver care and support to them. We saw that staff were open and effective communicators with people, relatives and health care professionals.

Each person's care file provided information about how people communicated. This included explanations for staff of what specific words, sounds or gestures meant. One file described the signs which indicated a person was feeling distressed and what actions staff should take to calm them. When we asked staff how they understood if this person was anxious they were able to give information which matched what was in the care file. Staff were also able to describe how they could support and comfort each person. This showed that staff understood the needs of each person and that they were able to communicate effectively with them.

We sat and observed people in the lounge area to see how staff interacted with them. We saw the staff respond to people's needs and talked with them. Staff had time to spend talking and interacting with people which was not focused on completing tasks. We saw staff responded to people in a kind, compassionate and timely way.

We saw staff understood people's behaviour very well and diverted people's attention if they were getting anxious. For example, we heard someone starting to shout, a member of staff gently approached them and

asked if they were alright. The person gave the member of staff a handkerchief which they had been holding and the member of staff asked if they would like to go for a walk. This appeared to calm the person.

People's diversity was celebrated and supported by the staff. For example, people dressed in their preferred clothes and were supported to undertake their individual hobbies. We observed people were treated as individuals and were able to do what they wished. People were encouraged to make their own individual decisions, helped and supported by staff. A member of staff we spoke with told us, "The residents are all lovely. They are not pushed to have a certain routine; we go with the flow so people live the life they choose."

We saw that staff demonstrated a compassionate attitude towards people. For example, a person was listening to music in a communal area, staff were seen sitting and talking to them, holding hands and stroking their arms in a comforting manner. Whilst walking around the home we saw all staff spoke with people only in endearing terms and re-assuring them if they appeared distressed or upset.

The registered manager made herself available to see how care was being delivered throughout the service. They were able to prioritise the support needed, for example, they noted if people were settled and contented or if someone needed assistance, this was offered immediately by the registered manager and then by other staff.

We asked relatives if they were involved in people's care planning. All the relatives we spoke with said they had enough involvement to know people were being looked after well. Relatives told us this gave them "Great comfort." One relative said "As far as I'm concerned, the approach to care was patient centred." They went on to explain that the staff were very determined to treat each person as an individual and to enable them to do what they wanted.

We saw if a person's condition changed and staff were concerned for their wellbeing the person's family were contacted and informed of this. They were also reassured by the staff that their relative had been assessed and action had been taken, for example a GP visit had been requested to help to maintain the person's health.

The registered manager told us, "It is important to provide the best care, support and environment to people to help them live their lives to the full supported by skilled, dedicated staff who understand the importance of achieving this." This was apparent during our visit.

The registered manager told us that visiting was not restricted and that friends and relatives were welcome at any time. Relatives confirmed this and one explained that the staff supported their relative to visit their house. This showed that people were supported to maintain relationships that were important to them.

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that their care and support needs could be met there. This assisted staff to deliver responsive care and support. Once people had come to live at the home people or their representative had been involved in developing care plans. These were reviewed regularly to reflect people's changing needs.

People's care records were personalised. Staff wrote the records with the help of the person, where possible, or family members to ensure that people's preferences for care and support were known.

There was a proactive approach to care planning. Staff told us how their focus was based upon each individual's views and opinions and said that people and their family were central in making decisions about the care and support provided. Information about people's life, mental capacity, future wishes, preferences, likes and dislikes were known by the staff who considered this information and provided support with the information in mind. People had a 'This is Me' file which provided a condensed version of the information in their care records. This gave new staff an overview of the individual and could also be used to inform staff at other services such as hospitals how to best support the person.

The information we received in the Provider Information Return (PIR) told us there was a complaints policy and procedure in place with people having direct links to the manager. We were told by the registered manager that if any concerns or complaints were raised, formally or informally, these were recorded so that any trends could be identified and the provider's complaints policy was followed to respond to these. We saw leaflets were also provided in the reception area to inform people how they could raise any complaints. The leaflets were written in an "Easy Read" format which allowed people who lived in the home to understand the information. Easy Read is a way to provide information which includes simple sentences and pictures to convey information. No complaints had been received in the 12 months prior to our inspection. Relatives we spoke to told us that they felt confident that if they had any concerns they would be addressed by the manager.

The registered provider had recently undertaken a comprehensive review of all internal and external events and activities provided. They looked at how staff spent their time and focused on providing an enriched environment that would create a natural opportunity for activity and engagement. The registered manager told us "I have authority and the budget to increase staffing to allow people to have one to one support for activities." The registered manager told us that they had created a vegetable patch in the garden which people enjoyed using.

We saw that activities planned during the week for people reflected their individual interests. Activities included visiting a local shop which one person enjoyed, head and hand massage and being read to.

During our visit we saw staff spent quality time with people, sitting and talking. Activities were spontaneous, for example we saw a person sat with a member of staff picked up a ball after a person indicated to it and they and the person enjoyed throwing it back and forth. Another member had gone shopping with a person

the previous day and they had bought ingredients for baking. During our inspection the person was supported to make cupcakes which were then served after lunch. A third member of staff was seen taking a person to a day centre which we were told the person enjoyed attending. One relative we spoke with told us, "There is always something going on, people can choose what they want to do. Staff know them so well and know what they like. [Name] has a better social life than I do; they're always going out and about!"

Is the service well-led?

Our findings

A registered manager was in place who had been employed in this role for five years, this demonstrated consistent management and leadership within the home. Relatives told us how the registered manager led the team by example to ensure people who lived at the home, their family and visitors received the very best support. One relative told us "The care [Name] receives is exemplary; all of the carers are remarkable this is due to the careful recruitment, training and mentorship they receive from the manager." Another relative said "It is magnificent here. The staff are absolutely wonderful. I love the manager; she cannot do enough for you. [Name] is so well looked after. The manager makes all the difference." Relatives also told us they had seen the registered manager telling staff that they were doing a fabulous job. This helped to encourage staff.

Relatives were complimentary about how the home was run. One relative told us, "It is an amazing place, every single practitioner works to their best with commitment and pleasure. It is impressive each time we visit." Another told us "Everyone is treated with respect and warmth in a loving atmosphere with excellent care taken with nutrition, interests of each person. It's just first class!"

The registered provider and registered manager placed a strong emphasis on continually striving to improve the service. The registered manager had completed a self-evaluation of the home called "Your Time to Shine." This was in line with CQC's inspection process and enabled the registered manager to assess the quality of service provided. Plans for on-going improvements were produced and these were continuously referred to during the year to ensure that target dates were being met.

One improvement made in the previous 12 months was that the registered manager had reviewed the staffing levels and had identified that people who lived at the home required additional assistance in the afternoons, in order to access more activities. To provide better support to people during this time, the registered manager had revised shift start and end times. The registered manager told us staffing levels were flexible and were monitored and adjusted to make sure everyone who lived at the home had enough support to live their lives in the way they chose. Relatives we spoke with told us if people were not well, or were unsettled, extra staff were put on duty to look after them. This was confirmed by speaking with the staff and looking at staff rotas. A member of staff said, "There are always enough staff, we work together really well." There was an on call system in place which meant that staff could always contact a manager. One member of staff told us "We ring and we get whatever we need if something does go wrong we have the support there. I would not like to work anywhere else."

In the action plan there were also goals for the year ahead. The registered manager had identified that staff sickness and absence needed to reduce. The record of staff sickness and absence showed this had significantly reduced in the past three months. By reducing staff absence it improved the care people received by improving consistency. The registered manager explained that they did not use agency staff. If there were staff absences bank staff were used, these are people employed by the provider on an 'as required' basis. The registered manager explained that this meant that people were always supported by people that they knew which also aided consistency.

The registered manager demonstrated to all staff the values, ethos and expectations of providing a high quality individual service to people and their family. This was apparent in the home's Statement of Purpose which was provided to people. The provider's values were "Compassion in Action" "Working Together" "Respect for Everyone" and Seeking Excellence." The registered manager told us that she demonstrated these values to her team by listening to people's opinions and responding with empathy. The registered manager also told us that she would "always strive to achieve more, to support staff to gain new skills and to provide the very best we can for the people who live here."

The culture of the service was open and transparent. The values of the service were reinforced constantly during staff meetings. The management team told us the ethos was to 'provide the very best care, support and environment to people to help them to live their lives to the full, supported by skilled and dedicated staff who understood the importance of achieving this.'

There was a very clear management structure in place. Staff were aware of the roles of the management team. Staff told us the manager had a 'hands on' approach and worked with them to mentor them in providing the most up to date practices. The registered manager had a detailed knowledge of the care and support provided to each person within the service, and was heavily involved in supporting people and monitoring how the service was delivered. We saw when the registered manager walked through the home they stopped to speak with people on friendly first- name terms.

All the staff we spoke with told us how they valued the registered manager's energy and desire to provide the very best service possible to people. They said excellence was always strived for. A member of staff we spoke with said, "The manager is outstanding and supportive. They are always looking to improve things. If anything goes wrong the manager is straight onto it." A health care professional we spoke with said, "Four or five staff have told me that the manager is the most amazing mentor." Another health care professional said, "The manager is really good. Everything is running smoothly, everyone is so well looked after."

As part of the recruitment process people who lived in the home met with potential new staff. This allowed the interviewers to see how potential staff interacted with people. The registered manager said that they would then have formal interviews with people who interacted in an empathic and caring manner.

Staff told us they felt very privileged to work at 137 Wall Hill Road and said they would not want to work anywhere else. One member of staff said, "I love it here, it is the best job I have ever had." When staff were asked why they felt this was they told us it was because of the positive and innovative leadership and the company policy of always putting people who lived at the home first. Staff told us they felt truly inspired and were empowered to voice their opinions.

The registered manager explained that they did not have family meetings; this was because relatives could not attend. Instead, to gain feedback, questionnaires were regularly sent to relatives and healthcare professionals. We looked at the results of the most recent questionnaire which showed that all relatives were happy with the care provided and no recommendations for changes had been made.

Staff meetings were held regularly and people who lived in the home attended these. This allowed the views of people in the home to be obtained and staff told us "They are the heart of what we do; of course they should come to the meetings. It's not 'them and us' it's a 'we.' We are one family here."

The registered manager monitored the quality of the care provided by completing regular audits. These were carried out weekly or monthly. They looked at people's nutritional needs, medicines management, care plans, infection prevention and control, training and recruitment and staff's professional registration.

The registered manager evaluated the audits and created action plans for improvement, when improvements were needed.

The provider regularly visited the home and completed audits to ensure the service was safe and effective. We were told by staff that the more senior management were approachable and they spent time speaking with the people who lived in the home, "They don't come and shut themselves away in an office." This meant that the provider was able to gain an accurate view of the service and was involved in promoting a high quality of care.

A range of meetings with health care professionals took place to gain their views and input about the services provided. The registered manager told us that any feedback received was acted upon to ensure that the home provided the best services possible to everyone. A health care professional said, "The manager makes a massive difference to many people's lives, I'm not sure she realises herself quite what an impact she has-she is an extraordinary person." Another health care professional said, "I think because I have spent so many years in this field I know how unusual this level of care is. They are constantly seeking ways to improve."

The registered manager told us that she received support from the provider and from other registered managers in the area. We were told that the provider arranges regular meetings for all the local registered managers to meet and share good practice as well as to gain support from each other. We were told by the registered manager that this is very valuable because "I'm never alone, I know I always have the support of the wider team."

The registered manager was aware of her legal responsibilities to the CQC and had good knowledge of what she was required to notify us of. No notifications had been submitted during the previous 12 months, this was because there were no incidents that had required a notification.