Ms Susan Carol Thorne

Maddalane Care 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

Overall summary

The Inspection took place on 20 and 28 January 2015 and was unannounced. At our last inspection on 24 April 2014 we found breaches of legal requirements related to the assessing and monitoring the quality of service provision and records. The provider produced an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

Maddalane Care Home provides care and accommodation for up to 12 people. On the day of the inspection 11 people were living in the home. Maddalane provides care for older people. The service had a registered provider. Registered providers 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.

Summary of findings

People and staff were relaxed throughout our inspection. There was a calm and pleasant atmosphere. People were often seen laughing and joking and told us they enjoyed living in the home. Comments included; "I enjoy living here, I've settled in lovely here" and "The staff are really good, I'm really happy living here." A relative said, "We never thought […] would ever settle in any home, but they have. The home and staff have been excellent and […] is so happy here."

People spoke highly about the care and support they received, one person said, "I'm well cared for and well looked after." Another stated: "Staff are very helpful and caring they couldn't be any more helpful." Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People or where appropriate those who matter to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected. A relative commented, "Staff respect people's choices, they support people, but give people the control over how they are supported."

People's risks were managed well and monitored. People were promoted to live full and active lives and were supported to be as independent as possible. Activities were meaningful and reflected people's interest and individual hobbies.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GP's, social workers, occupational therapists and district nurses.

People told us they felt safe. Comments included, "No doubt I feel safe" and "I definitely feel safe." Staff knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interests. People's safety and liberty were promoted. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People and those who mattered to them knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. No written complaints had been made. A relative commented, "There is never a need to complain, what is there to complain about, it's all good."

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included: "I love working here and appreciate the support I get" and "Every day I go home believing I have made a difference to people's lives in a good way, I love how rewarding my job is."

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. Staff benefited from sector specific training that helped ensure best practice was used when delivering care. A staff member said: "We are always being encouraged to increase our skills and learn."

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient numbers of suitable, skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Is the service effective?

Good

The service was effective. People received care and support that met their needs.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and supportive staff.

Staff were knowledgeable about the care people required and the things that were important to them in their lives.

Is the service responsive?

Good

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People were supported to maintain relationships with those who mattered to them and maintain community and social links.

Is the service well-led?

Good

The service was well-led. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Maddalane Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by two inspectors on 20 January 2015 and one inspector on 28 January 2015. The first day of inspection was unannounced. This meant the provider and staff did not know we were visiting.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people who lived at the home, seven relatives, the provider, the deputy manager and six members of staff. We also spoke with an independent trainer who provided training to the staff at the home, a maintenance man who carried out repairs within the home, a National Vocational Qualification (NVQ) assessor who supported staff working at the home and two health care professionals, a GP and a physiotherapist, who had both supported people who lived at the home.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at six records related to people's individual care needs, all records related to the administration of medicines, six staff recruitment files and records associated with the management of the service, including quality audits.

Good

Is the service safe?

Our findings

People who lived at Maddalane Care Home told us they felt safe. Comments included; "I always feel safe" and "The object of me coming here was to keep safe, I was worried about my safety at home, here I am not worried." A relative commented; "[…] is absolutely safe here, we couldn't wish for them to be in a better place."

People were protected by staff who had the knowledge required to recognise signs of possible abuse. Records showed staff were up to date with their safeguarding adults training. Staff felt confident that any reported signs of suspected abuse would be taken seriously and investigated thoroughly. One staff member said; "If I saw any sign of poor practice I would go straight to the manager, I think people are definitely safe here." Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People told us they felt there were enough staff to meet their needs and keep them safe. One person said; "Whenever I press my alarm for help, the staff come and see to me right away." A relative told us, "The home is never lacking in staff." And "There's no hanging around, if people need help they get it, you never need to go looking for staff, they are always on hand." Staff confirmed there were sufficient numbers of staff on duty to support people. Comments included; "There are always enough staff on duty" and "We have enough staff on duty to make sure the residents get everything they need." The provider told us staffing levels were regularly reviewed and a new member of staff had recently been recruited as a result of this. They confirmed agency staff were not being used currently and the staff employed were very flexible and willing to cover absences such as sickness or leave. Staff were not rushed during our inspection and acted promptly to support people when requests were made. For example, we observed one person who requested assistance with their toileting needs was supported immediately by staff to have their need met.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member commented, "I know before I started here a lot of checks were carried out to make sure I was safe to support the residents here."

People were supported to take everyday risks. We observed people move freely around the home as they chose. The service had a secure garden which people confirmed they enjoyed and were free to use as they wished. People made their own choices about how and where they spent their time. Where possible, people were encouraged to go out independently into the local community. One person told us; "I often go out for walks on my own and really enjoy it. I let staff know where I'm going." Another person said, "I went out for a walk on my own yesterday, that was nice and today I'm going out to a club." Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, one person had been moved to a ground floor bedroom due to having been assessed as a high risk of falls. This helped the person to maintain a level of independence through not having to request staff assistance to manage the stairs safely.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, one staff member checked a person's sugar levels after they had requested a food item that may have had a negative impact on their health. The recording indicated it would not be advisable for the person to consume the food item. This was explained clearly to the person. The person understood the reasons given and agreed not to have the item. Alternative food items were also suggested but declined.

Medicines prescribed to be taken 'as required', were recorded accurately and evidenced people were offered choice of whether they felt they required it or not. For example, we observed one staff member ask a person if they would like a tablet that was prescribed 'as required'. They explained the medicine was for pain relief, the person verbally communicated "Yes" and the staff member gave them the required dose. They then watched the person take the medicine and correctly recorded the person had taken it on their personal MAR sheet.

Good

Is the service safe?

People were kept safe by a clean environment. All areas were free from clutter and trip hazards. Staff followed the home's policy regarding the control and prevention of infection. They understood their roles and responsibilities in maintaining a clean and hygienic place for people to live, one staff member commented, "We all have a responsibility to make sure the home is well cleaned, we are given very clear guidance on what needs to be done each day and we always make sure we do it. We all know how important that is." People told us the home was always nice and clean. One person said, "It's always kept lovely and clean." A relative commented, "The home is always warm, clean and tidy."

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person stated; "The staff here are very good and all know what they are doing, I'm well looked after." A relative said "All the staff are well trained and know what they are doing, very competent." A National Vocational Qualification (NVQ) assessor commented that from what they had seen, having carried out several observations within the home, they felt staff had the right skills needed to provide good care and support to people.

New members of staff completed a three day induction programme, which included being taken through all of the home's policies and procedures. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. This made sure staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to independently support people. Ongoing training was planned to support staffs' continued learning and was updated when required. One staff member commented, "The training here is really good, I have recently completed my end of life training which will really help me." We spoke with an independent trainer who had been contracted to carry out training within the home. They commented that the provider was committed to raising the standards of care for people. The provider told us the trainer had recently been employed to enhance staff knowledge and help ensure current best practice was used to support people.

The provider informed us how they supported staff to achieve nationally recognised qualifications. They sourced support from and had established links with an external agency that obtained funding on their behalf. This enabled staff to take part in training designed to help them better their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the provider to improve their skills and obtain qualifications. Staff told us this gave them a sense of achievement and helped them to meet the needs of people living in the home. Comments included; "I was firstly supported to complete my NVQ2 and I then asked if I could do my NVQ3. I was told yes straight away"; "I'm currently doing my NVQ2, the management encourage us to improve and support us to do so" and "You get good recognition here, I'm being supported with my NVQ2, which is something I never thought I could achieve and I am, which makes me feel proud." The NVQ assessor confirmed the provider supported their staff to improve their knowledge and skills. Enabled them time to spend with staff and conduct observations within the home to support staff learning and development.

Staff commented they felt well supported through regular supervision and team meetings that took place. Staff told us they used this time to discuss issues of concern, learn from each other and follow best practice advice. Comments included; "I get good guidance and support from the management."; "I used my supervision to raise issues I had and I was listened to, things have changed and improved." And "I can talk to […] at any time not just when I have supervision. I get a lot of support and this really helps me."

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The provider was aware of the recent changes to the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. The provider at the home had assessed that currently nobody who lived at the home was being deprived of their liberty and therefore no application's had been made. We discussed this with the provider and agreed with their assessment.

People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed and listed what the service could do to help each person maintain a healthy balanced diet. People were encouraged to say what foods they wished to have made available to them. A recent residents meeting was used to discuss people's meal preferences. People's choices had been incorporated into the menu and the provider told us the menus were constantly updated to

Good

Is the service effective?

reflect the fact that people's tastes change. People confirmed their food choices were respected. Comments included; "We get asked what things we would like to eat. If they can then a few days later we get given it" and "We get a nice choice of food, there's always an alternative on offer, if you don't wish to have the main option." People, where possible, were involved in the purchasing of the food and could choose to accompany the staff during shopping outings. One person commented: "I have gone out shopping with […] I enjoyed doing that."

We observed staff interaction with people during the lunch time period. People were relaxed and told us the meals were good, at the right temperature and of sufficient quantity. Comments included; "Nobody goes to bed hungry in this home."; "The food is absolutely lovely and plentiful." and "The food is very good, I never go hungry." There was a jovial atmosphere, people chose to have music playing as they ate and nobody was rushed. One person struggled with their meal. A member of staff promptly went to the person and asked them if they would like support. They started to become tearful. The staff member reassured them everything was ok, calmed them and offered a list of alternative food choices. The person chose one of the options and this was brought to them immediately. The person chatted happily with other people sat at their table, whilst they finished their new meal independently.

People's day to day health needs were met. Daily living notes recorded where people had informed staff or staff had identified people were unwell. Preventative action was taken and relevant health and social care services had been referred to at the right time to maintain people's good health. For example, a GP had been requested to visit two people on the day of our inspection. One person told us, "I have been awake all night; I asked to see a doctor and the staff have called them for me." The provider confirmed the other person had been monitored over the past 24 hours as staff had noted a decline in their breathing. Both people were seen by the GP, antibiotics were prescribed and these were collected by staff the same day. The GP confirmed, staff were quick to call and followed the advice they gave. Care records detailed where health care professional's advice had been obtained regarding specific guidance about the delivery of specialised care. For example, staff had noticed a deterioration in a person's mental health and promptly requested an assessment from the memory service team.

Good

Is the service caring?

Our findings

At our last inspection on 24 April 2014 we found breaches of legal requirements related to the records kept at the home. People could not be assured that information about them was kept in a confidential way. The provider drew up an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

People spoke highly of the quality and consistency of the care they received. Comments included; "The staff look after you very well"; "I am definitely well cared for, the staff couldn't do enough for me and are very caring." And "I love living here and the staff play a big part in that." Relatives said; "Staff here are just lovely and very kind" and "The staff offer a really personal touch, they really care." A health care professional told us in their experience, the care provided at the home had always been excellent and people were well looked after.

Staff interacted with people in a caring and compassionate manner. We observed one member of staff took immediate action to comfort a person who had showed signs of distress. Their prompt intervention helped the person to have their needs met and within a short time the person was happy and joking with staff. Another person sought help from staff when their television had stopped working. They expressed concern that they would miss a programme they enjoyed. A staff member promptly stopped what they were doing and took practical action to ensure the person was able to watch the programme of their choice.

Staff had good knowledge of the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in their care records. Staff comments included, "We are a small home and this helps with us forming really good relationships with people" and "We know what people like and enjoy doing. We do our best to provide it for them." The provider commented Maddalane was the people's home and it was important people felt like they mattered and belonged. For example, one person enjoyed completing a task which would ordinarily be performed by staff. A staff member commented, "This gave […] a sense of purpose, they know the other residents inside out and take pride in getting everything spot on for each person."

People told us they were supported to retain their independence and where possible be actively involved in their care and treatment. For example, one person explained how they were still encouraged and enjoyed being able to self-administer and manage one aspect of their medicine administration. A healthcare professional commented that staff allowed people to do things for themselves. They felt staff followed their advice and promoted independence.

People told us their privacy and dignity were respected. Comments included, "My privacy is always respected" and "Staff are very good when it comes to my privacy and make me feel very comfortable." Relatives that visited were offered rooms where they could talk in private. Staff closed doors and curtains when they provided personal care. Staff informed us how they preserved people's dignity. For example, one staff member explained people liked to keep their bedroom doors open. They told us when supporting people to access a communal bathroom, it would involve them passing several other people's rooms. In advance they would inform the people whose rooms they passed. This enabled people to choose whether they wished to close their doors and have their privacy maintained.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One relative commented they were even made to feel welcome, before their family member had moved in. The whole family were invited to have a meal and spend time within the home. This resulted in their relative deciding to move in and they were very happy. Other comments included; "We never are made to feel like we are in the way and are always made to feel very welcome" and "[…] has a large family and we all visit regularly and there has never been any problem with that." The provider confirmed people's relatives and those that mattered to them were free to visit whenever they chose and would always be welcomed.

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name, reflected their whole life and set out how the person wished to receive their care. For example, one record stated a person wished to always have their meal in the dining area and would like to sit in a certain chair. We observed at meal times this was respected. The person said, "I always have my special chair, I think it's the best chair in the room." Another person's record stated they required their room to be kept free from trip hazards due to their mobility concerns. We saw this person's room was as they had requested. A relative commented, "There is never any objection or opposition to anything […] wants or asks to do."

People were involved in planning their own care and making decisions about how their needs were met. Care records were regularly reviewed with people or if appropriate those who mattered to them. One relative said, "We were involved in a recent review of […] care needs, we enjoyed making a contribution, it was a positive experience." This helped to ensure people's initial identified choices and preferences still met their current needs. Changes to people's needs were identified promptly and put into practice. This was then communicated to staff and records were clearly set out so staff knew what to do to make sure personalised care was provided. For example, one person wrote in their care plan, they really enjoyed going out independently. We observed this person went out independently on both days of our inspection. They said "Staff couldn't be more helpful with supporting me to go out, a lovely crowd, brilliant." Another person stated they enjoyed a creative activity. The person showed us their work and the equipment they had to enable them to comfortably take part in the activity. They confirmed they were able to choose when they wanted to be creative and this was fully respected by staff. One person's health care needs had recently changed. Due to this, they were no longer able to go out in the community as they had previously enjoyed. This was reflected in their care plan following a review. Staff told us they now spent time on a one to one basis with the person in the home. They took part in activities of the person's choice to help fill the void left by them not being able to take part in their preferred option of being outside.

People told us they were able to maintain relationships with those who mattered to them. Several relatives and friends visited during our inspection, people independently went out for the day on their own or with their families. The provider told us they supported people to maintain relationships. For example, they supported people to use the internet to maintain regular contact with family members who lived abroad. One member of staff commented how they had used skype to enable a person to have video conversations with their family. They told us discussions were on-going to enable more people to use skype. Conversations had taken place as to whether a large screen could be used in the dining area which would benefit people who have sensory impairments to see and hear their relatives better. Relatives confirmed staff promoted and encouraged visits. Comments included; "We are always encouraged to take part in things going on, we have just put our names down to accompany […] on a trip to the theatre the home have arranged."; "Whenever we take […] out, the staff always make sure they are ready for us and help us to the car." and "We are always asked to join in with functions that go on within the home, we attended a cream team event and a barbeque which was really well attended by families and successful."

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Places of interest that people had been supported to visit included, the theatre, social clubs, garden centres, shops and art exhibitions. The provider told us people who wished to attend church in the community did so regularly and transport was provided if necessary. For those who were unable to attend church in person, a representative of the person's faith had been sought and visited the home on a fortnightly basis. The provider explained to us how they tried to make sure activities were meaningful and designed around what people wanted. For example, they knew from past trips arranged by the home, that some people enjoyed going on holiday. The provider told us they were in the process of arranging the next holiday and described how people would have an active role in deciding the destination. Meetings would be held and brochures of places they requested would be shown to give people the information they needed to decide where they would like to go. The holiday would then be designed to meet both group and individual needs.

Good

Is the service responsive?

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, and those that mattered to them. The policy was clearly displayed in the entrance to the home. People knew who to contact if they needed to raise a concern or make a complaint. People who had raised concerns, had their issues dealt with straight away. A relative told us; “If you have any concerns at all, you only have to mention them and action is taken straight away” and “We know how to make a complaint, just can’t ever see us needing to.” Health care professionals commented they would have no problems raising concerns with the provider but stated they had not had reason to.

The provider told us people were encouraged to raise concerns through resident meetings and surveys they conducted. These were used for people to share their views and experiences of the care they received. Any concerns raised would be thoroughly investigated and then fed back to staff so learning could be achieved and improvements made. For example, people raised a concern that the tables used in the dining area did not provide sufficient space to allow people to stretch their legs. The provider confirmed new tables had been purchased and people were happy with the additional space this gave them. We saw the new tables in situ and people confirmed they were comfortable as they ate their meals. Staff confirmed any concerns made directly to them, were communicated to the management and were dealt with and actioned without delay. There had been no written complaints received by the service.

Good

Is the service well-led?

Our findings

At our last inspection on 24 April 2014 we found breaches of legal requirements related to the assessing and monitoring the quality of service provision at the home. People were not encouraged or enabled to be actively involved in developing the service through open communication. The provider drew up an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

People, friends and family, healthcare professionals and staff described the management of the home to be approachable, open and supportive. People told us; "[…] is kind and you can go to them for anything" and "[…] is always here and always asking if I need anything." A relative said; "Really good management, nothing is ever a problem or inconvenient, they just help you." Staff comments included; "[…] is very supportive, you can go to them at any time. They give me good guidance" and "The management are lovely, approachable and really nice." Professionals commented the management were approachable, supportive and genuinely listened.

The provider understood their responsibilities and was supported by the deputy manager to deliver what was required. They both took an active role within the running of the home and had good knowledge of the staff and the people who lived there. Staff confirmed there were clear lines of responsibility and accountability within the management structure and they knew who they needed to go to, to get the help and support they required. The home had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The provider detailed a process they had put in place to help ensure that in their absence, staff maintained these legal obligations. The provider told us they were in the process of measuring their performance against recognised quality assurance schemes. These included, six steps, an end of life care strategy programme and obtaining the dementia quality mark. This showed a willingness to improve their service and helped ensure best practice was used when staff carried out their duties.

People were involved in developing the service. Meetings were held and surveys were issued to people. This encouraged people to be involved, suggest changes and raise ideas that were meaningful to them and could be implemented into practice. For example, a recent residents' meeting, discussed ideas on how people could have the opportunity to purchase clothes for themselves and buy gifts for family members that they could choose, without having to rely on others. The deputy manager had looked into the ideas and arranged for a mobile clothes shop to visit the home. They commented "People could then select gifts and clothing of their choice and have the control they expressed they wanted." Minutes from the meeting were fed back and displayed on notice boards around the home.

Staff meetings were held to provide a forum for open communication and the provider told us staff could also raise any concerns or question practice in private at any time. A member of staff said, "Staff meetings were good, they informed us of areas that needed to be improved and provided an opportunity for us to say anything." One member of staff commented, "I felt able to go to […] with an issue recently. They listened to me and I felt supported through the process."

The home had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the provider, and were confident the provider would act on them appropriately. One staff member commented; "I wouldn't hesitate to tell the management if I saw something I personally didn't feel was right."

Staff told us they were happy in their work, were motivated by the management team and understood what was expected of them. Comments included; "I love my job, really love it, I really do", "I love my job, it's so rewarding and at the end of each shift you always get thanked for everything you have done that day" and "You always get good recognition for the work we do, it's hard work sometimes and it's nice to get that thank you." Supervision was up to date for all staff. Staff told us supervision was a two way process. One staff member said; "Supervision is good, I learn a lot from it and I can suggest areas where I would like to receive additional training to better myself."

Health and social care professionals who had supported people who lived in the home and other professionals who worked in partnership with the home, confirmed to us communication was good. They told us the staff worked alongside them, followed advice and provided good support.

Good

Is the service well-led?

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. For example, a medicine administration audit identified the medicine storage area and processes could be improved to aid staff practice. We saw this had been done and a new colour coding for MAR sheets had been implemented. Staff confirmed they understood why the new procedures had been introduced and told us they saved time and improved practice.