Warrington Community Living

Lodge Lane Nursing Home

Inspection report

Lodge Lane Nursing Home
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Cheshire
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Tel: 01925418501

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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

The inspection took place on the 18 February 2016 and was unannounced. We arrived at the home at 10am and left at 6.30pm.

Lodge Lane Nursing Home provides nursing care and accommodation for up to twenty people with enduring mental health needs. On the day of the inspection 19 people were living at the service.

Accommodation is provided on two floors, with lounges available on both floors. A passenger lift and stairs provide access to the first floor. The dining areas are on the ground floor. There is also a conservatory and a garden at the back and a small car park at the front. Assisted bathing facilities are provided.

The service had a registered manager in post who had worked at the home for 23 years. 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.

Prior to this inspection we received feedback from the local authority contract monitoring, three social workers and a visiting GP. They were very complimentary about the care at Lodge Lane.

The service provided good care and support to people enabling them to live fulfilled and meaningful lives. People told us they liked living there and the staff were kind and supportive.

The interactions we observed between people and staff were positive. We heard and saw people laughing and smiling. People looked comfortable, relaxed and happy in their home and with the people they lived with.

People's health and well-being needs were well monitored. The registered manager and staff responded promptly to any concerns in relation to people's health and also encouraged people to attend health checks recommended for their age group and gender. People were provided with information about diet and healthy eating and were fully involved in all aspects of menu planning and meal preparation.

People had their medicines managed safely, and received their medicines in a way they chose and preferred.

People who lived at Lodge Lane were supported to lead a full and active lifestyle. Throughout the inspection we saw people coming and going from the home either independently or supported by staff. Some people went out for short trips to the shops or to visit friends and others were partaking in other planned activities. Activities and people's daily routines were personalised and dependent on people's particular choices and interests. People were supported to develop their skills and pursue employment and educational

opportunities.

People were able to express their opinions and were encouraged and supported to have their voice heard. People were fully involved in planning and reviewing their care and support needs. All of the files we looked at evidenced that people were involved in decisions about their care.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The chief executive and registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team.

Individualised care was central to the home's philosophy and staff demonstrated they understood and practiced this by talking to us about how they met people's care and support needs. Staff spoke in a compassionate and caring way about the people they supported.

There were sufficient numbers of staff to meet people's needs and keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe. People who used the service were involved in the recruitment process.

Staff were well trained and supported by the organisation. They were encouraged to act as ambassadors for the social care of people with mental health needs.

The provider had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people who used the service and other agencies. Learning from incidents, feedback and complaints was used to help drive continuous improvement across the service.

The service worked in partnership with other organisations, both nationally and locally, to make sure they were following best practice guidance and contributing to the improvement of support for people with mental health needs.

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 were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

There were sufficient numbers of staff to meet people's needs and keep them safe.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good

The service was effective.

People were supported by motivated and well trained staff. Induction for new staff was robust and appropriate and all staff received effective supervision and support.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

People were supported to have their health and dietary needs met.

Is the service caring?

Good

The service was caring.

The service provided care and support to people enabling them to live fulfilled and meaningful lives.

Kindness, respect and dignity were integral to the day-to-day practice of the service.

People were treated with respect by staff who were kind and compassionate.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support, which was responsive to their changing needs.

People were supported to lead a full and active lifestyle. People were actively encouraged to engage with the local community and maintain relationships that were important to them.

Complaints and concerns were listened to, taken seriously and addressed appropriately.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place who had been in post for 23 years. The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm.

There was a positive culture within the service and clear values that included involvement, compassion, dignity, respect and independence. The management team provided strong leadership and led by example.

People were included in decisions about the running of the service and were encouraged and supported to have their voice heard.

The registered manager and senior staff within the organisation had very robust and effective systems in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement.

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

This inspection took place on 18 February 2016 and was unannounced. The inspection was carried out by an adult social care inspector and a specialist adviser who was a nurse specialising in the care of people with mental illness. We arrived at the home at 10am and left at 6.30pm.

Before the inspection we reviewed all the information we already held on the service and contacted the local authority commissioning team, three social workers and a GP to seek their views. The provider had also 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.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed four care records, staff training records, and records relating to the management of the service such as surveys and policies and procedures. We spoke with five people who used the service and a visiting social worker and community nurse. We also spoke with the chief executive, the registered manager, a nurse, the cook and three support workers.

Good

Is the service safe?

Our findings

People who lived at the home and the visitors we spoke with told us they felt the care was safe. When people were asked what they would do in the event that they felt threatened by anything or anyone, all felt confident that any member of staff would assist immediately. The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and this was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was. The provider also had a whistleblowing policy and staff said this had been drawn to their attention.

We saw that staff acted in an appropriate manner and that people were comfortable with staff. Information was available for people who used the service and their visitors in the hall, telling them what abuse was and how they could report it.

People said that staff met their needs and there were enough staff to provide a good standard of care. The registered manager told us that staff rotas were planned in advance according to people's support needs. We looked at the staff rotas and saw that, as well as the registered manager who was present in the home most days, there was always a registered mental health nurse on duty 24 hours a day, together with three support workers during the day, two in the evening and one at night. In addition the home employed catering and domestic staff every day. Extra care staff were deployed when necessary, for example when people were unwell and had increased nursing needs. At the time of the inspection there were two part time nurse vacancies and two support worker vacancies. The manager told us that she had access to a number of bank staff and that the organisation had never refused a request for extra staff. She said agency staff were very rarely used.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We checked the staff files, which confirmed that all the necessary checks had been completed before they had commenced working in the home. Some new staff had been recruited but the manager was awaiting their DBS checks. The manager told us that new staff had to sign up to the company's purpose, values and promise and during interviews for prospective members of staff she looked for individuals with a compassionate non-judgemental approach and a real interest in supporting vulnerable adults. These processes helped to reduce the risk of unsuitable staff being employed.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. During our inspection we observed a nurse administer medication to people. This was done safely. We looked at the medication records for three people; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so. They also underwent regular competency assessments and supervised medication rounds to ensure that medication was administered correctly and safely.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

We looked at the maintenance records. Regular environment and equipment safety checks were completed, which included fire and water safety and environment audits. The service had a business continuity plan in the event of a significant incident which may include a power failure, flood or fire. This had recently been updated to include persons to contact and designated places of safety.

Staff received fire instruction on their induction and had fire safety training. There were personal evacuation plans in the event of an emergency for all of the people who used the service.

We toured the premises. On the ground floor there was a large TV lounge with a conservatory, an activities room and two dining rooms. There were two smaller lounges on the first floor, one of which had a small kitchen area where people could make drinks and snacks. There were no en-suite facilities but we observed bathroom and shower facilities that were clean and functional with equipment to assist individuals with a physical disability.

The conservatory had doors which led to an enclosed garden, which contained seating. Despite the time of year, the garden was well kept and accessible.The home was well maintained and comfortably furnished, although one toilet was in need of redecoration and some compartmentation of the loft was needed to comply with current fire safety regulations. This work was included on the service improvement plan.

The home was clean and staff had received training in infection prevention and control. The home had a five star rating for food hygiene. Anti-bacterial hand cleanser was available in the entrance to the home and in bathrooms. Liquid soap and paper towels were also available at all wash hand basins. A recent infection control audit scored the home at 97%.

The home was secure and could only be accessed by ringing the front doorbell, which required a member of staff to attend to let visitors in. Staff checked visitors' identity and asked them to sign in.

Good

Is the service effective?

Our findings

We observed that staff had the skills required to care and support the people who lived at the service. All of the people we spoke with told us they liked the staff and they got on with them well. People said the staff were "caring" or "nice".

All of the people we spoke to about the food were happy with the choices they got. People told us the food was good and they had plenty to eat. We observed that people were supported to have sufficient amounts to eat and drink. All the people who used the service had a dietary assessment completed which identified the individual's likes, dislikes and any special dietary requirements. This information was shared with the service's catering and care teams. A cooked breakfast was available five days a week, a light meal at lunchtime and a main meal in the evening. The menus covered a six week rolling programme. People were involved in menu planning and the cook was familiar with people's likes and dislikes and tried to facilitate these when planning the menus.

We observed that people were supported to have sufficient amounts to eat and drink. Tables were attractively set and we observed staff taking time to talk with people and join in with conversations at the meal tables. Staff we spoke with had a good understanding of each person's dietary needs and their preferences. Anyone identified at an increased risk of malnutrition or dehydration had their diet and fluid intake monitored and efforts were made to provide whatever food or drink the person requested. People could have snacks or drinks at any time and we were told that meal times were flexible and that people could choose where to sit and eat separately if they wished to. There were facilities for people to safely store additional food items they had purchased themselves from the local shops.

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 in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called 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.

During our visit we saw that staff obtained people's consent before providing them with support. People confirmed that staff asked for consent before proceeding with care or treatment. For example, a staff member asked whether people were happy to talk to the inspectors and gained their consent before letting us speak to them and if people did not want to speak then this was respected by the staff member.

Staff we spoke with during our visit were aware of DoLS and had received the relevant training. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered

manager, who told us that three people living at the home were subject to Deprivation of Liberty Safeguards. We looked at people's records in relation to their capacity to consent to care and saw that most people had the capacity to do so. For those that did not, best interests meetings had been held and appropriate authorisations sought. On the day of the visit there were also three service users on a Community Treatment Order (CTO) Section 17A of the Mental Health Act. The conditions of their CTO's were documented in their care files.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people's individual needs and preferences and knew where to find information in people's care plans. Some of the staff had worked at the home for some time and had got to know people's needs well. Staff told us that they spent time working with more experienced staff, until they got to know people and were confident and competent to work unsupervised.

We saw that staff had the skills to be effective in their role. Longstanding staff had received a comprehensive induction in the first three months of their employment that covered the Skills for Care induction standards and new staff were in the process of completing the Care Certificate, which is the minimum standards that should be covered as part of induction training of new care workers. During the induction period, their first two weeks were spent in the classroom and then they worked alongside more experienced members of staff on a supernumerary basis for three months. We saw from the training matrix there was an ongoing programme of training applicable to the needs of people who used the service. There was a mandatory training programme that included awareness training in common mental illnesses and additional training had also been provided to some staff in awareness of personality disorders and suicide prevention. Staff were supported to undertake vocational qualifications and said they were not asked to do anything for which they felt untrained. The company had provided additional training with a Learning Disability Nurse Specialist and specialised care co-ordinators in order to provide tailored support to one person who had recently moved to the service. The trainers told us that staff had responded appropriately and were managing the person's needs well.

The provider's policy was that all staff should receive an annual appraisal and supervision every two months, to ensure that competence was maintained. The registered manager told us that the policy had not been followed because she had been off for a couple of months last year, but since she returned she had carried out supervision for every member of staff and had set up a new programme with dates to commence in April. Staff told us they had regular meetings with the manager. Staff turnover and sickness levels were low.

Records showed that people received support with their health care. People had access to mental health professionals, community nurses, dentists, opticians and chiropodists. Referrals were also made to other health care professionals, such as physiotherapist or speech and language therapist, as required. Where possible people were encouraged to choose who provided their healthcare services, and where possible people continued to receive support from those involved in their care prior to them moving to the service. There was also a GP and a nurse practitioner who visited the home weekly to ensure that people's physical health care needs were addressed and a pharmacist visited monthly to provide advice and support in relation to medicines.

One person who was waiting for a bed in hospital for treatment became quite distressed on the day of the inspection. The registered manager brought in an extra member of staff the person knew to provide more support and contacted the person's GP and social worker.

Good

Is the service caring?

Our findings

People who used the service and the visitors were complimentary about the staff. Comments included: "I like it here, I like my bedroom and the staff are nice"; "I'm very happy with the care"; "I like it here, I feel safe and the staff are caring"; "I like the staff".

People told us that friends and relatives were able to visit at any time without restrictions.

We saw that people who lived at the home were involved in planning their care. People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom. People told us they had chosen the colour scheme, wallpaper, bedding and curtains for their room.

We observed throughout our visit that staff were respectful, friendly and compassionate. They continually interacted with the people in their care, offering support and encouragement. People were clearly comfortable and relaxed with the staff who supported them.

The service took account of people's diverse needs. Staff we spoke with told us they enjoyed supporting the people living there and were able to tell us a lot of information about people's needs, preferences and personal circumstances. This showed that staff had developed positive caring relationships with the people who lived there.

People's right to privacy and dignity was respected. Staff explained to people who the inspectors were and asked people's permission to enter their rooms. People were able to spend some time alone in their bedrooms and there were other areas where people could choose to be alone. The home had a Respect Statement which had been written with the contribution of people who used the service.

All new starters received training that included duty of care, privacy and dignity, and working in a person centred way, to provide them with the knowledge and understanding of their caring responsibilities. All staff had completed data protection training to ensure that confidential, personal and sensitive data was protected. Two staff had trained to be dignity champions and attended a dignity forum.

End of life care could be provided at the service with the support of other professionals including the GP and palliative care team to ensure that the people's care needs could continue to be met whilst maintaining their comfort and dignity. One of the people who had lived at the home for two and a half years had recently died and the other people who used the service had been supported to air their feelings about this. They had been consulted about purchasing a floral tribute and were given the opportunity to attend the funeral if they wished with staff who were also attending. The home had a small remembrance garden and remembrance book.

People were able to see visitors in private if they wished and were able to take visitors to their rooms, the

gardens or lounge areas.

The social workers and GP that we contacted prior to the inspection told us the care at the service was good and they held it in in high regard. One person's social worker said: "The service user's family are very pleased with the quality of care that their relative receives. Staff are always available to talk to and they can inform you of the services user's current mental health and any concerns. The service user reports that she is very happy at Lodge Lane and that the staff are lovely and she trusts them". The GP said: "Lodge Lane staff are very dedicated and caring. The majority have worked at the home for many years and are like family to the residents. They are very patient with residents and very conscious of their likes and dislikes. New residents appear to settle very quickly".

Good

Is the service responsive?

Our findings

People said that the staff related to them as individuals and responded well to their needs and requests. We saw that visitors were welcomed throughout the day and staff greeted them by name.

We looked at the care files of four people. There was a main individual file for each person with an additional shared file with a section for each person called a Health Tracker, which related to physical health issues and appointments with the GP and primary care team. There was also a shared file with the most recent daily records for each service user. The care records we looked at showed that people's needs were assessed and they could visit before deciding if they wanted to move in. People's needs were reviewed again on admission and appropriate care plans were drawn up. The registered manager told us that the staff's approach to care planning was individualised and recognised that people had the right to make unwise decisions about their daily lives. Risk assessments were completed, which allowed staff to identify risks to the individual and measures the staff could implement to reduce the risk of potential harm in the least restrictive ways possible, whilst promoting people's self-determination. Care plans were written in a person-centred way, included people's life history, and were reviewed at monthly intervals or when needs changed. People were encouraged to have involvement in the planning of their care and were asked to sign their care plan to show that it had been discussed with them and they agreed to it.

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

However, the care files were very large and current information was not always easy to find at first glance. Some had an index and information was easier to find in these files. Some also had a one page profile that provided information about the person's life history, interests and what staff needed to know about them. The manager told us that they were in the process of updating all the care files and that she would carry out an audit to ensure that they were better organised and archive old documentation that was in the files.

People were encouraged to develop and maintain as much independence as possible. They were encouraged to clean their rooms, do their own laundry, go shopping and prepare simple meals.

People were encouraged to maintain and develop relationships. People were also encouraged to visit their family members and to keep in touch.

Staff assisted people to take part in various activities, both in the home and outside the home, according to their interests and preferences. One person told us they went swimming, went to the cinema and enjoyed doing arts and crafts in the home. This person told us they were planning a trip to the area where they used to holiday as a child and were looking forward to this. One person attended computer classes run by Warrington Disability Partnership and another had attended a cookery course at the local college. During the inspection some people went out to the shops, either with a member of staff or on their own. People could also go out for a meal or to the theatre. The manager said that when the weather was better days out

were organised to places further afield, such as the coast or the Peak District.

The home had established good connections and relationships with the local community, helping people to make new friends, develop social skills and contribute to society. People who lived at Lodge Lane were invited to events at the local school, such as a bingo evening and nativity play, and children from the school attended afternoon parties in the home and sang for the people who lived there. There were plans for the children to be involved with the people living in the home in a gardening project this year. The home also had links with the local community centre; people from the luncheon club at the community centre had attended parties at Lodge Lane and people living at Lodge Lane had attended events at the community centre and helped out on stalls. One of the people who lived at Lodge Lane helped out in a local charity shop and attended drop-in sessions for people with disabilities. One person living at Lodge Lane was involved with a self-help social group of people with enduring mental health needs living in social housing called Be Involved and the group were planning to extend their activities to more people living at Lodge Lane. Two people attended creative remedy classes at the local theatre, one of whom had some poetry published and the other had acted in a play.

We observed a number of photograph boards on display showing people who used the service celebrating people's birthdays and special occasions.

The home had a complaints procedure and people who lived at the home told us they would feel comfortable raising concerns and complaints. There had been two minor complaints in the last year that had been resolved. The registered manager had recorded her investigations and action taken.

Good

Is the service well-led?

Our findings

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home.

The home had a registered manager who had been in post at Lodge Lane Nursing Home for 23 years. In conversation with the inspectors she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager. She took an active role within the home, demonstrated a passion for the service and modelled high standards of care, through a hands on approach and attention to detail. She clearly knew all the people who used the service well and was able to tell the inspectors all about their needs and aspirations. She had an open door policy and during the inspection we observed her providing support to staff and people who used the service.

The service had actively sought and acted upon the views of people through creative and innovative methods. Fortnightly meetings were held with people who used the service where staff supported and encouraged individuals to express their views, and issues raised were actioned by the staff team with participation from people who used the service as they wished. A more in-depth quarterly management meeting was also held, where the agenda gave people the opportunity to become actively involved in such matters as choosing decor and furnishings, menus, health and safety issues, staffing and social activities. People were encouraged to complete a monthly anonymous questionnaire and choices, requests and suggestions for improvements were implemented. People who used the service were also invited to attend two monthly Bespoke meetings, which provided an opportunity to meet with others from across the organisation including the chief executive and other board members. In addition, two people who used the service had assisted the local Healthwatch in completing audits of mental health services in the area and had taken part in a presentation on mental health issues.

People who used the service were involved in the recruitment process. The organisation had consulted with them on the staff job descriptions and person specifications, so that they reflected what the people who used the service thought was important. People were involved in showing prospective candidates around the service and were asked what they thought about them.

The registered manager said she regularly walked around the service checking the environment, staff interactions and behaviours and people's care and welfare. She also completed regular quality assurance audits to assess the safety and performance of the service; these audits included safeguarding incidents, accidents, medication and infection control. People who used the service participated in carrying out some audits, such as housekeeping and fire safety. People
were able to tell us about these roles and responsibilities and clearly felt their contribution and involvement were an important part of quality checks within their home.

Support was available to the registered manager of the home to develop and drive improvement and a system of external auditing of the quality of the service was also in place. We spoke with the chief executive and saw records to demonstrate that Warrington Community Living senior management team completed

observations when visiting the property. These were fed back to the registered manager at her monthly supervision with the chief executive of the organisation, together with discussions about the home's service improvement plan. The manager had access to support from other registered managers across the organisation that had a range of expertise and experience, and could also call on the senior management team. The organisation also had a management development programme to ensure continued personal development of their managers. Manager team meetings were held every three weeks. Managers were encouraged to work in partnership with other organisations and had recently attended a presentation from NHS England on the National Transforming Care Programme.

Warrington Community Living had been awarded the Investors in People Bronze Award, which means that the organisation shows true commitment to employees and demonstrates a solid foundation of good practice and the Centre for Assessment Customer Service Excellence Award for their customer focused service delivery.

As an organisation Warrington Community Living was signed up to The Social Care Commitment and Dementia Action Alliance. It was also a member of many local forums including Warrington Health and Wellbeing Board and Warrington Mental Health Partnership. The chief executive was the third sector representative on the National Mental Health Providers Forum.

As members of Warrington Social Care Workforce Development Partnership, the organisation was taking the lead in Warrington working with Skills for Care to develop a Care Academy. They were involved in providing assessment and training of unemployed people who had expressed an interest in working in the care sector and two of the staff were acting as ICare Ambassadors for the programme, talking to groups about their experiences of working in adult social care. The organisation had also helped set up and support 28 volunteers to obtain work experience with local businesses, one of whom was a person who lived at Lodge Lane.

The registered manager attended local forums, such as the infection control network and Warrington Clinical Commissioning Group managers' forum that enabled her to keep up to date with current best practice. She also represented the organisation on the Mental Health Prevention and Promotion Group.

The staff we talked to spoke positively about the current leadership of the home. Staff meetings were held to provide opportunity for open communication and daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. Staff said they were well supported and had lots of opportunity to develop. One member of staff said: "The manager's straight with you but gives you all the support you need".

The local authority had completed a quality inspection in October 2015 and determined that the home met their contract standards.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.