

Community Integrated Care St Lukes 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 ●

Summary of findings

Overall summary

The inspection took place on 05 and 06 September 2018 and was unannounced. At our last inspection in October 2017 we found that the service was not meeting the required standards. We had found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, staff training and support and good governance. We also identified an offence under the Care Quality Commission (Registration) Regulations 2009 as the registered person had not always notified the Commission of matters they were required to. Following the inspection in October 2017 the provider implemented an action plan to show what they would do and by when to improve the service. At this inspection we found that the actions had been met and the provider was no longer in breach of the regulations.

St Luke's Care Home provides nursing care for older people who have Alzheimer's disease or other forms of dementia. St Luke's is located in Runcorn close to local amenities. It is a two storey purpose built property comprising of 4 separate units and 56 single bedrooms. It has a range of communal spaces in each unit including: lounges; dining rooms; sitting areas, kitchen, conservatory and a courtyard garden. A car park is provided for visitors.

The service had a registered manager. 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 responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

St Luke's accommodates 56 people across four separate units, each of which have separate adapted facilities. All the units specialise in providing care to people living with dementia, people who mental health needs, people who have a sensory impairment and people who have a physical disability. At present there are 33 people who are being cared for. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided. St Luke's provide a range of facilities including a cinema, indoor gardens and reminiscence rooms. They also have an in-house hairdressing salon.

People who used the service and their relatives had a positive attitude about the service being delivered and about the standard of care and support provided by the staff team. They acknowledged improvements since the registered manager had commenced working at St Lukes Care Home.

Risks to people's health and wellbeing were managed to keep them safe from harm. Potential or actual risks were assessed and staff followed the plans put in place.

People's medicines were managed safely.

There were detailed systems in place to monitor the quality and safety of the service. The service was safely

managed.

People were supported by a team of staff that had had appropriate training and support to maintain their skills and knowledge to meet their needs.

The service was working within the principles of the Mental capacity act (MCA) and any conditions on authorisations to deprive a person of their liberty were being met.

People were treated with respect, consideration and kindness. Care was provided in a personalised way from staff who knew people's needs and preferences.

People were provided with a varied recreational and leisure activity programme. The activity organiser's were caring and took time to meet people's needs.

Information and arrangements were in place for the staff team to respond to concerns or complaints from people using the service and their representatives.

Staff told us the registered manager was supportive and approachable and that they had noticed big improvements in the service since their arrival.

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.

Risks to people's health and well-being were being identified, monitored and managed in a consistent way.

There were enough staff to support people with their needs and preferences in a timely manner.

Staff were recruited using an effective recruitment process and were following processes and protocol as aligned to their job roles.

Is the service effective?

Good ●

The service was effective.

People's needs were met by a suitably skilled and trained staff team.

Staff protected people's rights and acted in accordance with the Mental Capacity Act. Staff received regular supervision and support to develop their skills and expertise.

Is the service caring?

Good ●

The service was caring.

We observed people being supported in a dignified manner and their privacy was respected.

We observed positive interactions between staff and people who used the service. The atmosphere in the home was calm and relaxed.

Is the service responsive?

Good ●

The service is responsive.

People's care plans were centred on their individual needs and preferences and were kept under regular review.

A complaints procedure was in place and people were aware of how to make a complaint if needed.

Is the service well-led?

The service was well-led.

People we spoke with were complimentary about the registered manager and overall management of the service.

A system of quality auditing was in place to help improve the service provided to people and showed well managed systems in place.

Good ●

St Lukes 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 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.

The unannounced inspection took place on 05 and 06 September 2018. The inspection team consisted of two Inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service and the registered provider. We also gathered information from the local authority and commissioners for Halton.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We also undertook a Short Observational Framework for Inspection (SOFI) observation in one unit in addition to other observations we made. (SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.)

There were 45 people using the service at the time of our inspection. We spoke with eight relatives, ten people living at the service and ten staff to gather their views.

We looked around the building including the communal areas, bedrooms, the main kitchen, the laundry, satellite kitchens in each unit, the two medicine rooms, bathrooms and toilets on both floors. During the two days of inspection, we reviewed a variety of documents such as, policies and procedures relating to the delivery of care, four people's care records, four staff files, records relevant to auditing and management of the home and staff. This included a sample of medicine administration records, staffing rotas, activity records, maintenance certificates and health and safety checks.

Is the service safe?

Our findings

At the last inspection we found that the service was not meeting the required standards. We had found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment for shortfalls in recording and maintaining medication administration records. The service had shown improvements to show compliance at this inspection.

The checks in place for medications showed the service had taken action to show safe management of medications. We observed good practice had been adapted and weekly medication audits were being carried out to show safe systems in place for medications. The service had started using an electronic system called 'EMAR' to record the administration of medication. We found that where there were any gaps on people's records these were supported by a note and an explanation of why the record wasn't completed. Medical audits and clinical oversight was undertaken by the clinical lead who is also the deputy manager at the service.

We observed that the medicines room was safely locked, clean and temperatures of the medication fridge were safely monitored including safe checks and storage of controlled drugs (CD). Controlled drugs are strong medicines subject to the Misuse of Drugs (Safe Custody) Regulations 1973. Each person's medication file had a photograph of them to assist staff in correctly identifying people to make sure they received the correct medication. We looked at a sample of medication records and a variety of medication audits and found them to be detailed and well managed. The audits covered all aspects of managing people's medications and showed any actions needed to be taken to make sure all staff followed their medication policies and procedures. We noted that in one of the medication rooms the disposal bin was not securely closed. The registered nurse took appropriate action to ensure the disposal bins were closed and locked.

Staff were well trained and maintained good practice to make sure that medications were safely managed and administered to people living at the service. Medications were administered by trained nurses and four senior carers who operate as advance carer's (AC.) They had received detailed accredited training for their enhanced role.

People who lived at the service told us they felt safe. Relatives also told us their family members were safe and well looked after. They made various positive comments such as: "Safer than the previous home, staff are always walking past and asking if we're ok", "Always comfortable" and "We can raise any concerns with the manager, his door is always open."

Health and safety checks were well managed and up to date and covered environmental risk assessments and actions to manage risks within the building. In-house checks for 2018 included water temperature logs, electronic hoist service logs, fire drill and equipment checks. Service contracts relating to the fire alarm system, fire extinguishers, emergency lights, electrical installation, portable appliances, gas safety and lift servicing were well managed and up to date. We found water temperatures in bathrooms to be safe and well-managed. These communal areas were clean and appropriately marked using pictorial signs to help people to see and better understand signage in the building.

We found all records to be in order and showed good management of making sure that people living at the service were safe. Each person living at the service had an updated personal emergency evacuation plan (PEEPs) in place. It showed a planned approach to identify each person's needs in the event of an emergency. The registered manager had a detailed fire risk assessment in place to manage the safety of people within the building in the event of a fire. The registered manager made sure staff adhered to good practice at all times to reduce risks to people living at the service

On the first day of inspection we found the kitchen to be lacking an organised cleaning schedule. Staff were not clear as to who was responsible to keep the satellite kitchens cleaning schedule maintained. This was reviewed with the registered manager who addressed this with staff so they were clear on their responsibilities in cleaning the satellite kitchens at all times. We found that although the satellite kitchens were closed and had a working order key pad lock, the satellite kitchens were not always locked. The registered manager took appropriate action and reviewed staff practices and their environmental risk assessments to show improved organisation of the main kitchen and smaller unit kitchens. The kitchen areas were much improved during day two of the inspection.

Staff rotas and assessments confirmed there were sufficient numbers and skill mix of staff to meet people's needs. The staff we met spoke positively about the service. We observed and noted the staff response times to call bells and saw that staff acted promptly to calls for help. The registered manager had introduced a dependency assessment to show how they assessed each person living at the service. They used these assessments to help them calculate how many staff were needed for each unit. The deputy and registered manager were supernumerary and offered additional support. The staffing tool did not include the additional ancillary staff employed for the service which included, kitchen staff, two domestics daily, the laundry staff, activities staff and the part time maintenance person. They had introduced the role of 'advanced care practitioner's' which helped support the trained nurses. One of the directors told us they developed great investment to staff skills due to the shortages in clinical trained nurse. Staff felt it worked well and the clinical team had clinical overview of the advanced carers roles.

The local contracts team were positive in regard to the registered manager and his team in keeping people safe. Staff demonstrated a clear understanding of safeguarding and felt that they had received adequate training to carry out their roles. Staff knew who to report safeguarding concerns to and told us they would not hesitate to report any concerns they might have. The registered manager had developed a detailed auditing system so they reviewed all safeguarding incidents. This auditing system showed how the staff and the registered manager reflected on each incident and showed what actions they took to reduce risks and to show good management of an incident. For example, some incidents were a person whose behaviour had been challenging to another person was supported in seeing the GP and referred for further review with clinical specialist. Staff had reviewed their care plan and updated their risk assessments and kept their families up to date in regard to their relative's care needs. The provider's safeguarding log showed that appropriate actions were taken in response to recent allegations of safeguarding concerns to help ensure people were kept safe.

A visiting healthcare professional shared some concerns they had regarding incidents of safeguarding. They confirmed they had raised them with the Halton safeguarding team. We discussed the concerns with Halton contracts team during the inspection. Any updates and outcomes to concerns will be shared with the Care Quality Commission. At the time of inspection, Halton contracts team had no concern's regarding the management of safeguarding and risks for people living at the service.

There was a whistleblowing policy in place which protected whistle-blowers under the Public Interest Disclosure Act 1998. The Whistle Blowing policy is to protect an employee who wants to report unsafe or

poor practice.

We found the surroundings in the service to be clean and well maintained. Hand sanitiser and paper towels were provided in all areas. We looked at the homes infection control audits that showed good compliance in keeping the service clean and tidy and free from infection. The last audit showed 98% compliance and good practice in staff maintaining good infection control procedures.

We noted that the reception and entrance to each unit it was well lit, fresh and bright. However, as you proceeded onto the corridors of the living area we found some areas not as well-lit and that the lighting would benefit from improvements to brighter lighting. The registered manager told us this had already been planned for in the service's refurbishment plan. We picked up on the different smells in each area of the service. The registered manager acknowledged they had already taken some actions in replacing floorings, removing a wooden bar and installed air fresheners on the units. We discussed the need for further review to help the continued management of malodourous smells to help enhance the environment throughout the day. The service did not have a maintenance, decorating or refurbishment plan in place. There was no information to advice people of how or when their home environment would be improved. The registered manager advised they were developing a plan for the service and would make this accessible to everyone.

The registered manager had detailed audits to show effective management of risk assessments and processes to keep people safe. The manager had developed detailed trackers to have oversight with each event. They produced detailed records that showed processes in place for maintaining people's safety and helping staff to analyse and reflect on each event. People's care records had risks assessments identified by staff to help demonstrate what actions they were taking to reduce risks to people they supported. Risk assessments covered subjects such as falls were some people had been assessed as at risk of falls. They also showed evidence of what actions were taken to reduce risks to the moving and handling of people requiring this support. Staff recruitment records showed that the recruitment of staff was carried out safely to make sure that staff were suitable to work with vulnerable people. The staff files had evidence of completed checks such as: application forms, proof of identity and address. We saw evidence of Disclosure and Barring Service (DBS) checks for staff. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people.

Is the service effective?

Our findings

At the last inspection we found that the service was not meeting the required standards. We had found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safeguarding service users who lacked capacity. The service had shown improvements to show compliance at this inspection.

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. 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 Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find.

The service was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met. The provider had made applications to the local authority to deprive people of their liberty with explanations why this was needed for each person's best interest. The Care Quality Commission (CQC) had been formally notified where authorisations had been granted. The manager had developed a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.

The provider had developed policies and procedures to protect the people they cared for. Staff told us that if they had any concerns regarding a person's ability, they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was done to ensure a person was not deprived of their liberty. Staff, showed a good understanding of the importance of MCA, DoLS (deprivation of liberty) and gaining consent from the people they were supporting. Support plans demonstrated how people's rights and support were appropriately met.

At the last inspection we found that the service was not meeting the required standards. We had found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing and training for staff. The service had shown improvements to show compliance at this inspection.

Staff personnel records and discussions with staff demonstrated staff had undertaken suitable induction to the service and that they also linked to an experienced member of staff to shadow until they felt settled and confident in their new role. Staff told us they felt well trained and supported within the service to do their job to a good standard. One new staff member told us, "Staff are really nice and have helped me. They have been really friendly." They told us they were not allowed to use moving and handling techniques until they had completed their training.

The provider demonstrated their continued investment in specific training to further enhance the quality of life of people within the service. We were provided with information about staff training and saw that staff had access to a diverse list of on line training and face to face training. Training available for staff included topics such as, moving and handling, administration of medicines, safeguarding, mental capacity, dementia care, pressure care, nutrition, equality and diversity. The registered manager and directors described the investment they had put into developing care staff to AC. They had sought accredited training which had resulted in a team of staff with advanced skills that could meet people's needs.

Supervision and appraisals provided staff with an opportunity to speak with senior staff about their training and support needs as well as being able to discuss any issues in relation to their work. Staff confirmed they received supervision on a regular basis and records seen confirmed this. Staff told us they received regular competency checks covering topics such as medications by senior staff, to help assess their skills and quality carrying out specific roles.

People living at the service were positive about the staff. Their comments included, "You can air your views and they get sorted", "Staff are attentive" and "Can't fault the staff."

During our inspection we observed people living in the home being supported with their daily lives and staff were friendly in their approach. People living at the service looked comfortable with the staff. We observed one to one care and staff spending time with people, talking to them at eye level, assisting and interacting appropriately with each person.

Relatives were confident that their family members received good support and patience with all aspects of their care including their nutritional needs. One relative felt that staff had acted on their suggestions to improve the presentation of pureed food and was happy with the staff's response. We observed a lunch time meal being served and noted the dining tables nicely set out with napkins and cruet sets, the room had a pleasant atmosphere. A selection of hot and cold drinks were offered along with choices of both the main meal and dessert and attention was given to portion size preferences. Staff had a good knowledge of people's preferences and were attentive to their wishes during the meal. Some people offered their opinions about the food saying it was "acceptable."

People's nutrition and hydration was monitored to ensure their nutritional needs were being met. Staff were aware of the need to follow the speech and language therapist (SALT) instructions. Staff encouraged people to follow professional advice about their dietary needs and health. Assessments included any allergies, special diets and specific requirements the person had. Their plans included appropriate plans to maintain people's health with any noted weight loss. Staff had developed pictures of meals served to help people to better understand information and help them to make choices of what they would like to eat.

We noted that some people could display behaviour that challenged and staff knew these people's needs very well. We observed staff engaging positively with people to manage those behaviours sensitively. Staff used distraction techniques to reduce the impact of these behaviours on themselves and other people. Staff demonstrated they were well trained in dementia care, which meant they were able to meet the needs of people living at the service.

People were involved in identifying assistance they would like to include recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as support with their physical, social needs and religion. The service had policies to support the principles of equality and diversity. Support plans reflected people's choices regarding for example maintaining contact in practicing their religion.

When we walked around the home we saw the design and layout of the home was suitable to accommodate the number of people living at the service. There was sufficient suitable equipment in place to promote people's mobility such as, wheelchairs and handrails. We noted various developments of the environment that supported people with dementia. These adaptations helped orientate people to their environment with the use of large pictorial signs and calendar and weather posters. Some areas of the building were showing signs of wear and tear and some areas were better maintained than other areas. The registered manager advised they were developing a plan to look at developing the environment and aimed to achieve the standards already achieved within the reception and the activity room.

Is the service caring?

Our findings

People who used the service who we spoke with and their relatives had a positive attitude about the service being delivered and about the standard of care and support provided by the staff team. One relative told us, "The team are very good." We observed positive interactions between the staff and people they supported throughout the inspection. Staff were caring in their approach and gentle in speaking with people that needed reassurance.

Relatives told us they were frequent visitors and always felt welcome in the home. They explained they were included in any decision making especially when they attended the relative's groups arranged by the staff team. They liked the new manager's "open door" policy where they felt they were always listened to.

We observed people chatting to staff and it was apparent they were comfortable and happy with the staff supporting them. We carried out a short observational framework inspection (SOFI). During our SOFI we saw that people sat in the communal lounge/dining area were relaxed, with staff engaging and interacting well with people. People living at the service, told us the staff were very caring. We observed staff welcoming visitors and offering drinks during their visit.

We observed staff anticipated escalating behaviours between people. Staff acted calmly and sensitively to diffuse the situations displaying good knowledge of each person's needs. We saw that if personal care was needed, staff protected people's privacy by closing doors when providing support. We observed staff patiently walking with people who needed reassurance and orientating to their room, they spoke quietly and sensitively to the people they were supporting.

In our discussion with staff it was clear that they had a good understanding of the individual needs of each person. They were able to demonstrate how they supported and cared for people in a dignified way, also respecting their privacy when providing and supporting them with personal care tasks.

Confidentiality of information was safely and appropriately maintained. Records and documents were kept securely in locked rooms accessible only by staff, no personal information was on display. Records showed people and their relatives were involved in decisions about their care, support plans were regularly reviewed. These records showed that appropriate people had been involved in the decision-making process and were involved in their care planning process.

Senior staff carried out regular care plan audits and checks with people and their relatives to make sure that they were receiving care to a good standard. Information was present in people's care files about their individual likes and dislikes, hobbies and interests and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual.

Is the service responsive?

Our findings

People living at the service told us about some of the activities they liked, they told us "There's always something to do", "I like the Tai Chi sessions" and one person told us they were "Going to Widnes Rugby Club today."

The activity programmes were displayed in each area of the building so that everyone was informed of the events planned. The service employed two activity coordinators who were able to describe and demonstrate a wide programme of activities both group and individual sessions on a weekly basis. Activities were organised reflecting seasonal or current events. During the inspection they were organising their weekly trip out in the bus to the rugby club. We saw that people were assisted to engage in a variety of meaningful activities. People were ready and looking forward to their trip. The coordinators had developed the environment with interactive areas including an indoor garden area and cinema. The home had some good features including the open plan cinema which helped to make the environment a stimulating one and accessible to everyone. There was a hairdressing salon on site and one person told us they go and get their hair done there each week.

Staff knew people's needs and individual preferences and supported people with their choices. People who lived at the service and where appropriate, their relatives were encouraged to be involved in developing their individual care plan. These plans provided relevant information to staff about how they would like their care and support to be provided. Plans included details about people's life stories, their preferences like and dislikes, family life, and hobbies and interests. People were supported with their hobbies and interests the care staff team and activities staff. Such information helped staff to better understand the personal characteristics of the person. The plans also helped staff to engage with people in meaningful conversations in getting to know them.

Care plans were well maintained and regularly reviewed to make sure they reflected the care needed for each person. During our discussions with the registered manager and staff we found they were aware of people's individual needs and the importance of this. They knew the needs of the people they supported very well and showed great insight into the needs of people with dementia. Care plans included relevant information to identify the person's care and support needs and equipment needed to meet people's needs safely, mitigating any associated risks. For example, they identified when specialist equipment such as pressure relieving mattresses and pressure relieving cushions was needed. This helped to make sure people's health and wellbeing was appropriately responded to and maintained. One relative told us they were always kept informed about their relatives care and updates especially when they had attended appointments or seen the GP.

The visitors and people we spoke with told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff to discuss anything. One relative told us that staff had listened and acted on what they said and others told us the managers door was always open and they could raise anything they wanted, especially at the relative's meetings.

The complaints policy was included in the 'resident information pack' and was displayed in the service accessible to everyone. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the manager. The policy in place allowed for a full investigation and all complaints were taken seriously. We reviewed a selection of complaints the service had received in the last year and noted the staff had managed them appropriately as per their complaints process.

The provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Staff were well trained in communicating to people in different ways to meet their needs especially people who had non-verbal signs with communicating their needs. Staff were very knowledgeable and positive in their interactions when supporting people. They had access to a wide variety of pictorial information to help some people they supported better understand information.

Is the service well-led?

Our findings

At the last inspection we found that the service was not meeting the required standards. We had found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance and record keeping. The service had shown improvements to show compliance at this inspection.

We found there were appropriate systems in place to monitor the quality of service people received. The registered provider continued to develop their auditing systems and had ensured they had brought in the necessary expertise to help them in appropriately managing the service. The registered manager had developed and reviewed formal systems for auditing all areas of the service including, people's care records, staff training, staffing, supervision and appraisal, health and safety, complaints, and medications. The provider and registered manager had developed in depth oversight and evidence of detailed auditing records to show they had good systems in place to monitor the improved standards and governance for all aspects of this service. Feedback from staff representing the local authority was very positive in acknowledging the improvements to the service and the direct effect of the registered managers skills and expertise.

People who live at the service, their relatives and staff spoke positively about the management of St Lukes. They had noticed improvements to the service since the registered manager started working at St Lukes. They told us that both the registered and deputy manager were approachable and always available to discuss any issues. They told us that staff shared information with them and they were aware of developments that had taken place and were kept up to date.

Relatives shared personal comments to reflect the positive developments such as, "Better staff mix since Paul and Emma came" and "Always available to talk to, and takes action, we can see improvement."

Staff felt there had been improvements in the service since the new manager started at the service. Regular staff meetings took place to share information, look at what was working well and where any improvements needed to be made. Staff told us that they felt supported by management and found them to be very approachable and proactive. The registered manager promoted an open and honest culture which was encouraging to staff and helped the service to further develop and improve. One staff member told us they had seen "A huge difference in the last six months, especially since the arrival of the new manager."

There was a clear management structure in place. The manager was supported by their deputy, a team of trained nurses, senior staff, a stable work force, and other supporting roles such as their regional managers, human resource teams and their learning and development staff. The manager and staff understood their role and responsibility to the people who used the service and demonstrated their commitment to the service by having clear visions and values about the home.

The registered manager and provider was aware of the importance of maintaining regular contact with people using the service and their families. We saw that satisfaction questionnaires had been sent out and

the service had lots of ways for people to discuss their views, via meetings and care reviews. Results from these reviews showed positive feedback being collated that reflected the changes brought into the service by the registered manager.

The registered manager shared with us copies of the services policies and procedures that covered a diverse range of topics. Staff were also issued with lots of relevant information such as staff handbooks which reiterated good practice and the standards expected of them. The policies and procedures reflected best practice and were accessible to everyone.

We saw the CQC quality rating certificate was displayed in the service and accessible via their website for anyone to see it.