

Bupa Care Homes (GL) Limited

St Mary's Nursing Home

Inspection report

1 The Crescent
Linthorpe
Middlesbrough
Cleveland
TS5 6SD

Date of inspection visit:
12 February 2016
19 February 2016
24 February 2016

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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 of St Mary's Nursing Home took place on 12, 19 and 24 February 2016. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

St Mary's Nursing Home cares for up to 40 people. The home provides services for older people, people with nursing needs, people living with dementia and people living with a learning disability. Accommodation is provided over two floors. All of the bedrooms are single occupancy. Three of the bedrooms have en suite facilities which consist of a bath, toilet and hand wash basin. There are communal lounge areas and a dining room on both floors. The service is situated in Linthorpe Village and is close to shops, pubs, public transport and Middlesbrough town centre. At the time of our inspection the home 39 people were using the home.

The home had a registered manager in place. 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.

The care staff were one of five care home teams nominated for the registered provider's national award.

We found that a range of stimulating and engaging activities were provided at the home. People told us that staff worked with them and supported them to continue to lead fulfilling lifestyles. People told us how they were able to go out and about as well as participate in the activities in the home. We noted that the staff needed to develop the way they worked with people who lived with a learning disability. The registered manager had identified this was an issue and had planned that a wide range of training around supporting people living with a learning disability was put in place. The registered manager was very skilled at working with this group of people.

The registered manager had put in place a range of one-to-one support and access to personal assistants. A third of the people who used the service received regular support to complete activities in the community. The activity coordinators worked with staff to ensure each person using the service was able to go out on a weekly basis and also enjoy a range of activities within the home.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. A nurse, a senior care staff and five care staff were on duty during the core part of day and a nurse, a senior care and two staff on duty overnight. The operated extended hours so a care staff member commenced at 7am and one finished at 10pm.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home and saw that audits of infection control practices were completed.

Staff had received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia care. We found that the registered manager not only ensured staff received refresher training on all training on an annual basis but had introduced checks to make sure staff understood how to put this training into practice. Each month the registered manager questioned staff about different aspects of the courses and when staff struggled to find the correct answer they ensured staff received additional training.

Staff had an understanding of the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations. Staff had been working hard to ensure capacity assessments were completed. However the provider's template for completing capacity assessments did not meet the requirements of the Mental Capacity Act 2005 code of practice. The form made staff judge capacity on people's physical ability to complete a task which is incorrect. The registered manager recognised that this was a problem and told us the registered provider had set up a working group to develop a new template.

People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice. We observed that staff had developed very positive relationships with the people who used the home. The interactions between people and staff were jovial and supportive. Staff were kind and respectful; and sensitively supported people to deal with their personal care needs.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed; care and support was planned and delivered in line with their individual care needs. The care plans were comprehensive and risk assessments contained person specific actions to reduce or prevent the highlighted risk.

We saw that the registered provider had a system in place for dealing with people's concerns and complaints. The registered manager had ensured people were supported to access independent advocates when needed. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

The registered provider had a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these and used them to critically review the service. This had led to the systems being extremely effective and the service being well-led.

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 skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. These plans were tailored to meet each individual needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to apply the legislation. The provider needed to produce an accurate template for capacity assessments.

People were provided with a choice of nutritious food, which they chose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

This service was caring.

People told us that staff were extremely supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitively supported people.

Staff were constantly engaging people in conversations and these were tailored to individual's preferences.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care. The staff were knowledgeable about people's support needs.

Is the service responsive?

Good ●

The service was responsive.

We saw people were encouraged and supported to take part in activities and some routinely went on outings to the local community.

There was a range of activities and meaningful engagement people which met each person's needs. The activities coordinators and staff acting as personal assistants ensured the people were consistently engaged in enjoyable activities.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us when they had recently had concerns these were thoroughly looked into and reviewed in a timely way.

Is the service well-led?

Good ●

The service was well led.

The registered manager was effective at ensuring staff delivered a good service. We found that the registered manager was very conscientious. They reviewed all aspects of the service and took action to make any necessary changes.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff

meetings.

Systems were in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

St Mary's 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 registered 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.

An adult social care inspector conducted the inspection on 12, 19 and 24 February 2016. The visits to the home were unannounced.

The registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with nine people who used the service, four relatives, the registered manager, the quality manager, a nurse, a senior carer, four care workers, two activity coordinators, the cook and a two domestic staff member. We also undertook general observations of practices within the home and we also reviewed relevant records. These included six people's care records, staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw people's bedrooms, bathrooms and communal areas.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us that they liked living at the home. They found staff kept them safe and were very caring.

People said, "I find the staff do an exceptional job and they have the patience of saints." And, "Nothing is too much for the staff and I am pleased that I moved here." And, "They are a good bunch."

Relatives told us that they thought the staff provided a good standard of care and that the support on offer met people's needs and kept individuals safe. Relatives said, "I am confident that the staff make sure my relative is well cared for and I visit most days so would see if they didn't." And, "There is nothing we are worried about." And, "My relative is very happy in here."

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care. Charts used to document change of position and food and hydration were clearly and accurately maintained. They reflected the care that we observed being given. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

From our observations, staff took steps to ensure people living at the service were safe. We spoke staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. We found that staff had a good understanding of safeguarding procedures. They were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Staff said, "I would report anyone who treated anyone in here badly." And "I would definitely report anything that was inappropriate. I have not seen anything but if I did I would not hesitate to report it."

We found information about people's needs had been used to determine that this number of staff could meet people's needs. Through our observations and discussions with people and staff members, we found that on the whole there were enough staff to meet the needs of the people who used the service. The rotas we reviewed confirmed this was case.

A nurse a senior care staff and five care staff were on duty during the core part of day and a nurse, a senior care and two staff on duty overnight. The service operated extended hours so a care staff member commenced at 7am and one finished at 10pm. In addition to this the registered manager provided cover during the week. Also support staff were on duty during the day such as activity coordinators; an administrator, catering, domestic and laundry staff.

We looked at staff member's recruitment records. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview, obtained information from referees. A Disclosure and Barring Service (DBS)

check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

Accidents and incidents were managed appropriately. These were analysed incidents to determine trends and how they intended to use this to assist them and the registered manager used them to look at staff deployment. The staff and the registered manager actively followed up on all occasions that people experienced a fall and referred appropriately to the falls prevention team.

All areas we observed were very clean and had a pleasant odour. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt into the home and storing them. We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and recorded correctly.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these

showed us that people received their medicines correctly.

All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines. We spoke with people about their medicines and said that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges. We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

At this inspection the people and relatives we spoke with told us they thought the staff were good and had ability to provide a service, which met their needs. We spoke with people who used the service told us they had confidence in the staff's abilities to provide good care and believed that the home delivered an excellent service.

People said, "They are wonderful in here. They are so very kind and helpful." And, "I find everyone is pleasant and they really know how to look after me."

We found that the staff had understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the home adhered to the code of practice. The Mental Capacity Act 2005 (MCA) balances an individual's right to make decisions for themselves with their right to be protected from harm if they lack mental capacity to make decisions to protect themselves. It provides a statutory framework for people who lack mental capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. The Act generally applies to people who are aged 16 or older, and 18+ for Advance decisions, lasting powers of attorney and the deprivation of liberty safeguards.

We found that the registered manager and staff had carefully considered whether people had the capacity to make decisions. In line with the requirement of the MCA had taken all action to enable people to express their views so looked at what support people would need such as communication boards. They had also ensured people were supported by advocates and these mechanisms had meant that people were only deemed to lack capacity to make decisions when all avenues for supporting an individual to make express their view had been explored.

The care records we reviewed showed that the registered provider misunderstood what assessments of the person's capacity to make decisions were needed. We found these assessments focused on a person's physical capacity to undertake a task not their ability to understand the information and make a decision. The registered manager and quality manager recognised this deficit and told us that the registered provider had set up a working party to look at the templates and guidance for adherence to the MCA.

We recommended that they looked at the Department of Health website pages on the MCA and their examples of capacity assessments.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

The registered manager had ensured that where appropriate people were subject to a Deprivation of Liberty Safeguards (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are

looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered manager was aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. All the staff we spoke with were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that this would be facilitated.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training. We also found that the registered manager had recently introduced the practice of checking that staff had applied the learning to their practice via questionnaires.

We saw that staff who had recently commenced work at the home had completed an in-depth induction programme when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff. We found these staff only started to work on a one-to-one basis with people when both were confident the staff member knew how to effectively support the individual.

We found that new staff, where appropriate were completing the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. One of the senior support workers we met had recently started work at the home and told us about their induction, which had included refresher mandatory training and shadowing the other senior support workers.

The care plans showed evidence of risk assessments, assessed needs, plans of care that were underpinned with evidence based nursing; for example people who were at risk of losing weight had monthly assessments using a recognised nutritional screening tool (MUST). We saw that MUST tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed. Where people had lost weight staff were contacting the GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake.

We observed that people received appropriate assistance to eat in both the dining room and in their own rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. We observed the meal time experience in different parts of the home. We found that on the whole during the meals, the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times. All the people we observed enjoyed eating the food and very little was left on plates.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who had a catheter in place had a minimum fluid intake over 24 hours documented on the fluid chart.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that since the last inspection the registered provider had taken action to ensure staff contacted other healthcare professionals as soon as people's needs changed or where they needed

additional expertise such as contacting tissue viability nurses. People were regularly seen by their treating teams and when concerns arose staff made contact with relevant healthcare professionals.

One of the visiting consultants complimented staff and said, "I have been most impressed by the person-centred understanding and approach shown by the whole team towards this client amidst a difficult time of agitation and distress. Indeed the team have not only taken on board our recommended interventions, but also shown great willingness to further develop their knowledge in an 'in house' training session that we have provided today which was extremely well attended."

Is the service caring?

Our findings

All the people we spoke with said they were extremely happy with the care and support provided at the home. People discussed at length their views on the service and how they thought the care being received was very good.

People said, "You could not find better staff anywhere, always treated with respect and so very kind." And, "I think this is an exceptionally good service."

Relatives told us they found the staff to be very caring and that the registered manager was very approachable and always to hand.

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. Staff we spoke with described with great passion, their desire to deliver high quality support for people. We found the staff were warm and friendly. However, we noted that they needed to improve their skills when working with people who had a learning disability. The registered manager previously worked with people living with a learning disability and we saw them adeptly use these skills. All of the people living with a learning disability were clearly happy to see the registered manager. The registered manager had recognised this gap and booked training for staff to increase their knowledge and understanding of people living with a learning disability.

Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example quickly recognising signs that were wished to move from the chair. The staff were also skilled in communicating with people who had hearing impairment; they approached them slowly, spoke clearly and checked that they had heard before moving away.

The staff we spoke with explained how they maintained the privacy and dignity. The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

People were seen to be given opportunities to make decisions and choices during the day such as what activities to join, or whether they wanted to go out. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The environment was well-designed and supported people's privacy and dignity. The bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person. The registered manager had obtained photographs for all of the people and had these framed and displayed in people's bedrooms.

We found that the registered manager reviewed current guidance around supporting people living with dementia and took action to ensure staff used. The registered manager outlined the changes they were making to ensure the environment fully met the needs of people with a dementia type illness.

Throughout our visit we observed staff and people who used the service engaged in general conversation and friendly banter. From our discussions with people and observations we found that there was a very relaxed atmosphere.

Is the service responsive?

Our findings

We found the registered manager was a strong advocate for people and critically reviewed the service to make sure staff followed best practice guidelines. They were committed to empowering people who used the service to live fulfilling lives. The registered manager shared with us the nomination the care team had received for the registered provider's national award. They had been one of five care teams nationally to be nominated for the award. The feedback from relatives we spoke with and the written feedback forms reviewed showed they were happy with the service.

The staff discussed how they had worked with people who used the service to make sure their placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensured wherever possible the placement still met people's needs.

We found the care records were comprehensive and well-written. They detailed each person's needs and were informative. We saw as people's needs changed their assessments were updated as were the support plans and risk assessments. During the inspection we spoke with staff who could readily outline what support plans were in place and the goals of each plan. The people we spoke with told us they found the staff made sure the home worked to meet their individual needs.

We saw that the registered manager and some of the staff had given consideration to the impact people living with a learning disability had upon their ability to understand events and engage in every-day activities. We observed that staff used this information to provide meaningful occupation for people and to organise outings and visits that people would enjoy. We saw that people were engaged in activities, which they appeared to enjoy. We found that due to staff support people who used the service had been able to attend local art groups and won awards for their work. One person had, in an open contest, won a place in a national inventor's competition and had their design turned into a prototype for display at this contest.

We heard how people were being assisted to lead fulfilling lives. Staff told us about all of the activities people enjoyed and we heard that people went out and about every week. Also people routinely went shopping and to local community events. We heard how the registered manager had reviewed the service and identified what activities people would enjoy then supported staff to ensure these happened.

The registered manager had put in place a range of one-to-one support and access to personal assistants. A third of the people who used the service received regular support to complete activities in the community. The activity coordinator worked with staff to ensure each person could go out on a weekly basis and also enjoy a range of activities within the home.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that there no complaints had been made in the last 12 months. The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was in the office on all floors. The nurse told us that the registered manager regularly reminded staff that if a complaint was made then the senior person on the floor should be made aware of it immediately and the person making the complaint should be brought into the privacy of the office.

Is the service well-led?

Our findings

People who used the service we spoke with during the inspection spoke very highly of the service, the staff and the registered manager. They told us that they thought the home was well run and met their needs. Relatives told us that they found the staff recognised any changes to individual's needs and took action straight away to look at what could be done differently. We saw that respondents to the local care home website rated the service highly and frequently made positive comments about the home.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the care delivered was completely person centred.

People said, "My relative is very happy in here, the staff are really very good and I leave feeling happy with their care." And, "The registered manager is excellent and is really easy to approach."

The staff had pride in the service that they worked in. Staff said, "We get help and encouragement from management. We are here because we want to help care for people and make it happy for them." And, "I would not want to go anywhere else. The registered manager is very supportive, and you feel valued by him."

All the staff members we spoke with described that they felt part of a big team; one staff member said, "We all work together as a team".

Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found the registered manager to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. We found that the registered manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with a high quality service.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought.

We also saw that regular meetings were held with the people who used the service. At these meeting people were actively encouraged to look at what could be done better. We found that their views and ideas were listened to and acted upon.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the registered manager fully implemented the

systems for monitoring the service. They completed both weekly and monthly audits of all aspects of the service, such as infection control and medication. They used these audits to critically review the home. We found the audits routinely identified areas they could improve upon. We found that the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the home was well-run.