Normanton Lodge Limited

Lutterworth Country House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 2 November 2016. At the last inspection completed on 2 July 2015, we found the provider had not met the regulations for three areas; safe care and treatment, staffing and good governance. At this inspection we found the provider had made some of the required improvements and the regulations were being met.

Lutterworth Country House Care Home provided accommodation and personal care for up to 66 older people living with dementia and similar health conditions. At the time of our inspection there were 48 people using the service.

Accommodation is provided over two floors. The ground and first floors provide a dining area, and two lounges. The ground floor in addition has a conservatory. There is a garden which is accessible and provides areas of interest. People who are living with advanced levels of dementia were accommodated on the ground floor.

Staff had not received supervision and appraisal at the frequency specified within the provider's own policy and procedure. We also saw that not all staff had accessed training required to equip them with the necessary knowledge and skills to provide effective care to people. Staff demonstrated a very limited understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were not supported to ensure that they supported people in accordance with relevant legislation and guidance.

The provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe and as far as possible were suited to supporting the people who use the service. People we spoke with told us there were sufficient numbers of staff on duty to meet their needs. We received mixed responses from staff about staffing levels. We found that the provider was taking measure to address the recruitment and availability of sufficient numbers of staff to support people.

People received their medicines as prescribed by their doctor. They told us staff supported them to take their medicines in a timely manner. Records showed that people received their medicines as prescribed. We found some issues regarding the storage of medicines. The provider rectified these immediately.

People felt safe when they used the service at Lutterworth Country Care Home. Staff were aware of their responsibilities to keep people safe from abuse and avoidable harm. They put into practice the provider's policies to safeguard people. The provider assessed risks associated with people's care. This identified where people could be at risk and the additional support they required to remain safe.

People received the support that they required to meet their nutritional needs. People received the support that they required to meet their health needs. They had prompt access to healthcare services when needed.

Staff were kind and compassionate to people. We saw that people were supported in a positive and caring manner. Staff that we spoke with demonstrated an interest in the people who used the service, that people mattered to them and treated them with dignity and respect. They provided the support that people needed to be involved in decisions about their care by giving them choices. People told us that staff respected their choices.

Staff supported people to be as independent as possible. People's care plans described the level of assistance people required to complete various tasks whilst enabling them to remain independent.

The care that people received was focused on their individual needs. Their care plans were comprehensive and included information that guided staff to tailor support to the individual. People's relatives were involved in developing their support. Staff regularly reviewed people's care plan to ensure that it reflected their current needs. The provider ensured that the environment within the home met people's needs.

People were supported to access a variety of activities which reduced their risk of becoming socially isolated. They were support to engage in meaningful activities and to follow their interest. They were also supported to maintain links with their relatives and friends.

People had opportunities to provide feedback about the service they received. We saw that the provider responded to their feedback and made improvements were this was required.

People and their relatives felt that the home was well-managed. The provider had systems and procedures for assessing and monitoring that they provided a good quality service. We saw that the manager completed regular audits and dealt with any issues these identified. They consulted with people, staff and other professionals to make the required improvements in the service.

Staff felt supported by the manager and team leader to meet the standard expected of them. They told us that they were approachable and within easy access to staff and people. The manager was in the process of registering with the Care Quality Commission to become the registered manager. 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 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.

The provider had made improvements to the medicines protocols to ensure that people received their medicines as prescribed by their doctor.

Risks assessments were in place to manage the risks associated with people's care.

People told us there was enough staff to meet their needs. We received a mixed response from staff about staffing levels. We saw that the provider used temporary staff to cover any absences. People were supported in a timely manner.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not consistently receive relevant training they required to provide effective care. They did not have regular supervision as stated in the provider's policy.

Staff did not understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had limited understanding of relevant legislation and guidance.

People were effectively supported with their nutritional needs. Staff supported people to have prompt access to healthcare services.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

They involved people in decision about their care and support and supported them to remain as independent as possible.

Staff respected and promoted people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People received support that was focused on their individual needs. Their care plan was comprehensive and reflected their current needs.

People were not socially isolated. They had access to a variety of activities which encouraged them to be engaged and stimulated.

People knew how to raise any concerns or complaints they may have. They told us that staff dealt with their concerns satisfactorily.

Is the service well-led?

Good

The service was well-led.

The manager understood their responsibilities. They were in the process of applying to the Care Quality Commission to become the registered manager of the home.

The manager and team leader were accessible to staff, relatives and people using the service. Staff had a clear understanding of the standards expected of them and felt supported to meet those standards.

The provider had procedures for monitoring and assessing the quality of the service. They used this to make improvements to the service.

Lutterworth Country House Care Home

Detailed findings

Background to this inspection

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

We carried out our inspection visit on 2 November 2016. The inspection was unannounced. The inspection team consisted of two inspectors, a nurse specialist advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority we were responsible for the funding of some people that used the service.

We spoke with eight people who used the service, a relative of one person who used the service, five care workers, the team leader, the manager and area manager. We looked at the care records of five people who used the service, people's medication records and fluid monitoring records, staff training records, three staff recruitment and supervision records and the provider's quality assurance documentation and policies. We observed staff and people's interactions. We spent time observing the care and support that people received. We also used the Short Observational Framework for Inspectors (SOFI) to observe the support staff provided to people over lunch time. SOFI a specific way of observing care to help us understand the experiences of people who were unable to talk to us.

Good

Is the service safe?

Our findings

At our last inspection carried out on 2 July 2015 we found that the provider did not ensure that people's medicines were managed safely. These matters were a breach of Regulation 12 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

People received their medicines as prescribed by their doctor. They told us staff supported them to take their medicines in a timely manner. Records showed that people received their medicines as prescribed. We saw that stock was mainly managed appropriately including controlled drugs. We found one person's controlled drug which was still stored beyond the recommended time limit. We brought this to the attention of the team leader who took appropriate measures immediately. People received their medicines from staff whose competency with this task was regularly assessed. Staff were aware of the provider's policies and how they would apply these in practice. A senior care staff said, "It's all working well. No issues. I've had meds training, the manager does competency checks. I think it was six months ago. If I made a mistake I'd inform the manager. She would ring the GP if needed. If someone refuses I'd put a code on the MARs and arrange for the tablet to be returned to the pharmacy." We saw that senior care staff on duty reviewed the medicines and medicines records on each floor as part of a peer audit to ensure that people's medicines were managed safely.

There were facilities in place for disposing waste and to ensure that hygiene is maintained when handling medicines. However, we found that a urine sample had been stored in the fridge for 12 days. We saw that this had been stored along with food supplements. Samples should be collected and dispatched to the laboratory in a timely manner. If the need to collect and store samples is frequent, due to logistical reasons, then a separate fridge should be purchased for this purpose. We brought this to the attention of the team leader who disposed it immediately.

People felt safe when they used the service at Lutterworth Country Care Home. They told us that they felt safe because of the support that staff provided them. One person said, "I kept falling at home that's why I'm here. The staff assist me when I am using the frame to walk. This makes me feel safer." Another person told us, "When I am having a shower the carer's support me and it makes me feel safe."

Staff were aware of their responsibilities to keep people safe from abuse and avoidable harm. They put into practice the provider's policies to safeguard people. They knew what would constitute abuse and the signs that may indicate that people were at risk of abuse. A care staff gave us examples of abuse to include, "If they [people] are left in wet pads or the equipment they need is not used." They told us that they would report any concerns to senior staff or the manager and were confident that they would deal with their concerns appropriately to ensure that people were safe. They were also aware of other external agencies that they could raise their concerns with should this be required. A care staff told us, "If they said something worrying I'd pass it onto a senior. I can go straight to the team leader. I'd go the manager if nothing was done." Another care staff said, "I would take it straight to the manager. If it wasn't sorted I would ring CQC,

social services or the police. I'm sure the manager would deal with it."

Staff completed comprehensive risk assessments for the support people required. This identified where people could be at risk and the additional support they required to remain safe. This included areas such as people's mobility needs. Risk assessments included 'control measures' which stated how staff should support people to minimize identified risks. They also stated how staff support may impose on people's freedom. They guided staff to provide support in a way that promoted people to be as independent as possible. A relative told us, "Mum used to fall often but she has now been assessed and she has a frame and they are keeping an eye on her more now."

People we spoke with told us there were sufficient numbers of staff on duty to meet their needs. One person told us, "When I press my buzzer, it does not take long for someone to come to see what I need." We received a mixed response from staff about the staffing levels. Some people thought that the staffing had improved and others thought that further improvements were required to allow them to meet people's needs. One care worker said, "I don't think we've got enough. It is getting better. Just before August we had one carer and one senior downstairs. They do cover sickness sometimes. The problem is there's only two care staff when doing meds sometimes. It's not enough. Sometimes people have to wait as some people need two people to get up. I think sometimes there's not enough supervision of people. But they (the provider) are getting better." Another care worker told us, "[Staffing is] poor. They say we're fully staffed but when there's two on a double-up and one on meds, who is supervising the rest? We need one other on each floor. All of the residents in the lounge, I don't think they are being supervised properly. We've raised the concerns. All we've had back is we've got the correct staffing. The regional manager tells us we're well staffed. We can't spend time with people." Other responses from care staff included, "Sometimes it's good and sometimes we're short. The agency are used to cover. There has been an improvement over time." "Everything gets done but it takes longer and you can't sit with people." and "It's good. There's enough. However, there could be a couple more when we're busy in people's rooms. The calls bells get answered, people get what they need."

The manager told us that they had difficulties with recruiting permanent staff due to the accessibility of the home. They used 'live-in' agency staff to cover staff absences as a way to manage recruitment and staffing levels. We reviewed the staffing rotas over a four week period and saw that the home was staffed to the provider's assessed level. We observed that people received timely support from staff.

The provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe and as far as possible were suited to supporting the people who use the service. They carried out all of the required pre-employment checks before a new worker was allowed to start work. These included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Records also showed that staff were provided with the provider's protocols and policies to guide them to provide safe care to people.

Requires Improvement

Is the service effective?

Our findings

At our last inspection carried out on 2 July 2015 we found that the provider did not ensure that staff received supervision and appraisal at the frequency specified within their own policy and procedure, and that staff all accessed training to equip them with the necessary knowledge and skills to provide effective care. These matters were a breach of Regulation 18 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had not made the required improvements. However we did not see that this had adversely affected the care that people received.

Staff told us that they had access to training but did not feel that the level and consistency of training was sufficient to equip them to provide the support that people required. A care staff told us, "I've asked for lots of training including MCA. I've not had enough. I've asked for Parkinson's training but it's not happened. There are people here with that condition. I've had moving and handling, first aid, they've been done. The more in-depth training we've not had including dementia. I think there is dates to do them. I'm not sure." Another care staff told us, "It [training] is very good. The trainer is very good and explains everything. I've done nothing recent though. There is some good training when it happens."

We reviewed staff training records and saw that there were some outstanding training courses that staff needed to complete. We also saw that senior staff did not always receive training before they had their competency assessed to complete tasks such as managing medicines. We saw that the provider had plans in place for these and had booked staff on some of the outstanding training. The manager told us that some of the gaps in training was because they had a high number of new staff. They told us that they had plans in place to address the issues raised regarding staff training and would complete these within the next six months. They also worked with the local authority to arrange training with staff in relevant subjects. We saw that staff had been booked on training with other training providers. A care staff told us, "There's a list I've put my name down for. It's a little hit and miss. I'm sure they are trying to improve."

Newer members of staff were supported to gain the skills and experience they required to fulfil their role. They told us that they received a sufficient induction before they supported people who used the service. This included 'shadowing' where they spent time working with a more experienced member to 'learn on the job'. A care staff told us, "I have been shadowing. When I feel ready to work on my own I will. They have been supportive with this. I've not been rushed; they allow me to take my time to get to know the residents." Another care staff said, "I was shown around the home, where things were. I had two weeks of shadowing first, I worked on both floors, it was useful." Another care staff commented, "I had a whole week of training. Moving and handling, dementia, tissue viability, first aid, whistleblowing and safeguarding. It was good and informative."

Staff had opportunities to have supervision meetings with their line manager. At supervision meetings staff could discuss any concerns and support they required in their role. However, this was not consistently offered to all staff. A care staff told us, "I've not had a supervision since I've been here. No appraisal meeting as yet." The provider's policy stated that staff would have supervision six times annually. We saw that most

staff had not received supervision as stated in the policy. We reviewed records of staff supervision and saw that these were linked to the Care Quality Commission's key question which asks if a service is safe, effective, caring, responsive and well-led. However, we saw that where concerns had been identified, there was no action plan of how staff would be supported with those concerns.

We received mixed feedback from staff regarding their ability to support people who may behave in a way that could challenge others. Some staff felt that they had the training and guidance to support people and manage their behaviours and other care staff didn't feel so. A care staff told us, "There's a couple of people who display aggression. I think we're getting training soon. I haven't had any. They can bite, punch and hit. I'm not aware of any guidelines to follow." Another care staff told us, "There are four people who can punch and dig their nails into you. There's ABC charts we fill in. There are guidelines in place. I've had the training." We spent time observing the support people received and found that most staff supported people in an effective manner.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's records showed that the provider had completed assessments of people's mental capacity. These specified areas of people's lives where they were able to make their own decisions and areas where they may require support from staff or other representatives. We saw records which showed the provider had made applications to the local authority for a DoLS authorisation for people that required this. This meant that for all the people who required this, their liberty was only deprived when it is in their best interest and that it is done in a safe and correct way. The DoLS records we reviewed did not specify conditions that staff are required to fulfil in order to support people. However, we found that all the staff we spoke with had a very limited understanding of MCA and DoLS. They were not aware of which person in the service required a DoLS and how they would ensure that they supported people accordingly. A care staff told us, "I don't know a great deal about it." Another care staff said, "I'm not quite sure what it is." Staff did not understand how a person's liberty may be deprived during care delivery. We discussed this with the manager and area manager and they showed us that they had arranged for staff to complete relevant training. We also saw that staff sought people's before they delivered care to them.

People's nutritional needs were met. They received support to eat and drink and they had access to a choice of meals. One person told us, "The food is very good. We have enough to eat and drink." Another person said, "At breakfast you can choose what you want to eat and at lunch you can choose from 2 meals." We saw that where people required monitoring of their fluid intake, that staff did not have guidance on what would be the target requirement for them. We saw some records which may indicate that people were not sufficiently supported with fluids. However, we observed that staff regularly offered people drinks. One person commented, "We are offered drinks regularly and we can ask for more if we want."

There was a written menu within the dining rooms. Staff told us that some people could read these whilst

they asked others for their meal choices on a daily basis. We observed that the nutritional support people received corresponded with the records in their care plans. During our observation, we saw people appeared to enjoy their meals. We saw that for people who required additional support to have their meals, that staff supported them in a reassuring manner and ensured that they were not rushed.

People were supported to meet their health needs. Staff promptly referred them to health care services when required. People told us that staff supported them to see their doctor when they needed to. A person using the service said, "The doctor comes out to us and the chiropodist, and the optician." Another person told us that staff supported them to manage a leg condition and followed health professional advice to change their dressings daily. A relative commented, "I go with mum to any appointments she may have outside of the care home." We reviewed records which showed that staff contacted health professionals promptly when this was required. Records showed that the service was responsive to fluctuations in people's health needs. For example, staff provided a person with a high calorie diet to manage recurrent weight loss.

Good

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person told us, "The staff are brilliant; they can't do enough for you." Another person said, "The staff are friendly and look after my needs." A relative told us, "The staff always make me feel welcome and are very friendly."

Throughout our visit we observed caring interactions from staff to people who used the service. We saw that people were supported in a positive and caring manner. Staff supported people at a pace that suited the individual and demonstrated good communication such as maintaining eye contact and altering the tone of voice appropriately. They were friendly and considerate to people's needs and promptly provided assistance to people as soon as they noticed that they required support. One person told us, "The staff here are encouraged to support us and I am never refused help day or night."

People told us that staff treated them with respect and promoted their dignity when they delivered care to them. One person said, "When the staff are delivering personal care, the staff are very caring, they treat me with respect and meet any needs I may have." Another person told us, "The door is closed, and the curtains are drawn when they deliver personal care to me in my room." A relative commented, "The staff treat mum with the most respect, mum just says that there is a couple who can be quite sharp." Staff gave us examples of how they ensured that their practice promoted people's dignity and privacy. A care staff told us, "If in the lounge we can use the screen. We cover them up in their rooms and close doors." We observed that there were signs on people's doors such which stated if people could come in or to indicate that a person was being supported with their personal hygiene. This practice promoted people's right to privacy. We also reviewed records of people's comments which showed that they felt that staff respected them and treated them with dignity.

People told us that staff respected their choices and supported them to remain as independent as possible. One person told us, "I can choose what time I go to bed and what time I get up in the morning." Another person said, "I choose what I want to wear." A care staff told us, "We let people do what they can do. We ask them first. We might cut up their dinners so they can eat it for themselves.". Staff we spoke with demonstrated how they supported people to be independent with making their own choice where possible. These included using visual aids to support them if needed. A care staff told us, "Some people can't make a choice. I give them options such as what outfit they want to wear or meals, give them two options. We show them the meals." another care staff told us, "I ask people what they want, what clothes to wear. Sometimes people can't decide." Another care staff said, "The majority can make choices. When they can't you do what's in the person's best interests."

People's care plan described the level of assistance people required to complete various tasks whilst enabling them to remain independent. For example, one person's records stated various tasks of their personal care stating those they required support with prompting them and those where they required physical assistance from staff.

We observed a handover session that occurred between shifts. We saw that staff were knowledgeable about

the needs and preferences of the people using the service. Staff shared information about people's care and wellbeing. We observed that each staff took their own notes of the information that was shared. This meant that staff had information to provide consistent care to people throughout the day.

People's family and friends visited them without undue restrictions. We observed that relatives visited freely on the day of our inspection. Staff also appeared to have positive relationships with relatives. One relative told us, "We can visit at any time, day or night."

Good

Is the service responsive?

Our findings

People's care plans were person-centred and included information about their personal history, their interests, their likes and dislikes and their preferences with their care. This guided staff to provide care that focused on people's individual needs. We saw that staff were knowledgeable about the contents of people's care plans and provided support as stated in their care plan. A care staff told us, "It's about their needs. They tell you how many carers are needed, if they are mobile. They [care plans] are updated quite often." Another care staff said, "If there's something I'm not sure about I read the care plan. They cover people's likes and dislikes. [Person's name] likes a full English breakfast and music. I put their radio on, that helps to calm them down. We could do with more information to follow though for them. A lot you learn by spending time with people."

We saw from people's care plan that staff involved them and their relatives in planning their care and support. We saw that their views were reflected in the records we reviewed and that staff kept relatives updated of any changes in people's needs. A relative we spoke with told us, "I am informed of any changes to mum's care plan."

Each person's bedroom was decorated according to their individual preference. Some people brought their own furniture from home to suit their taste. One person told us, "After I moved in they bought me in things for my room to make it homelier, this made me feel much better."

The provider operated a keyworker system. This meant each person had a key member of staff who ensured that their needs were met and would report any change in a person's need to a senior member of staff for follow up and further action. There was information displayed in people's bedrooms stating what they could except from their keyworker.

People were not socially isolated. They had access to a variety of activities. The provider employed a full time activities coordinator who offered people support to engage in a choice of group or individual activities. These included pamper sessions, movie nights and musical activities among others. One person told us, "There are lots of activities here for us to take part in." Another person said, "I don't take part in all of the activities in the lounge, I like to stay in my room and read." A care staff told us, "I do jigsaws with them, scrabble and paint their nails. People enjoy us sitting with them. They love it." On the day of our visit, we observed some people were having a pamper session which they appeared to enjoy. A relative told us, "I come and take mum out when I want if I let them know when."

The provider made provision for people to engage in their interests. We saw that the home had an aviary and a greenhouse. People also had access to a summer house were they have social 'pub' style or 'café style' outings.

People had access to spaces that met their needs. The home was decorated to meet the needs of people who used the service. For example, the décor and artwork reflected the period of time that people were most likely to relate with. This was done to suit the ages of the people that use the service. We saw that there

was a reminiscence corner in keeping with the décor.

People also had opportunities to maintain a relationship with people that mattered to them. Their friends and family could visit them without restriction. People told us that they had their own phones to keep in touch with their family and friends. We saw from records of activities that people had participated in, that staff supported them to spend time with their family as a way of avoiding isolation. One person told us that staff had moved them to a room where they could get a stronger wifi signal as they required this to be able to use their device to maintain contact with their relatives.

The registered manager provided opportunities for people to give their feedback about the service. People and their relatives told us they were comfortable to make their views and any concerns known, and they were confident that they would be listened to. People we spoke with told us that they have not had any reason to make a complaint. A person who used the service told us, "I know how to make a complaint, but I have nothing to complain about." A relative told us that staff responded to their concerns. They said, "I was worried about mum falling, we had a meeting and mum was assessed and they are keeping more of an eye on her and she is encouraged to use her walker." We reviewed the records of complaints received at the home and saw that the manager responded to them in a timely manner. People also provided their feedback through surveys and resident meetings. We staff that any concerns raised were responded to.

Good

Is the service well-led?

Our findings

At our last inspection carried out on 2 July 2015 we found that the provider did not assess, monitor and improve the quality and safety of the services provided, and that people using the service and stakeholders were not routinely consulted as to the service they received. These matters were a breach of Regulation 17 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

The provider had systems and procedures for assessing and monitoring that they provided a good quality service. These included quality assurance audits of people's care and support and the general maintenance of the building and equipment. We saw that the manager completed the audits regularly and dealt with any issues these identified. We also saw that they had worked with the local authority to improve areas of the service. The provider ensured that they sought staff and people's feedback through surveys and questionnaires and responded to any issues that were raised. For example, ensuring there was a quiet lounge available for people who preferred quiet spaces. They also sought feedback from contractors and other professionals who were involved with people who used the service. We reviewed responses from the survey and saw that most people were satisfied with the service.

People who used the service were involved in developing the service to ensure that they received care that met their needs. They had regular residents meetings where people and their relatives shared their experience and views. The feedback they gave about their experience of their care was used to improve the quality of care. For example, we saw records that people had raised some concerns about their food and the provider sourced their food from a different supplier to address this. People felt confident that the home was well-run and that their needs were met to their satisfaction. One person told us, "It would be hard to match a good home to this one, great atmosphere, and everyone help's everyone." Another person said, "I have been to 2 or 3 other care homes and there is no comparison. This one is fantastic it's the best. I am quite happy here."

Staff told us that were involved in developing the service. They told us that their opinions were sought. . A care staff told us, "I could offer suggestions if needed. I really enjoy it, I've settled in well. They've been great." Another care staff said, "I can share things if I'm not happy." Another care staff told us that staff meetings were used as an avenue to seek staff feedback about the care people received. They said, "I've had two [staff meetings] in the last 12 months. They talk about the home, how we think we're doing. You can put your views across. They do listen. They do make changes. I asked for a new battery charger as we only have one for the hoists and they purchased one."

The service had a manager who was not registered with the Care Quality Commission at the time of our inspection. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The manager was in the process of applying to the CQC to become the registered manager for the service. The manager understood their responsibilities to report events such as accidents and incidents to the CQC. They sent notifications of relevant incidents where required.

The manager was supported in their role by an area manager, a team leader and a team of senior carers. The manager told us that they felt supported to fulfil their role.

Staff told us that they were encouraged to raise any issues or concern about poor practices with the manager, and they were confident that any concerns were taken seriously. A care staff told us, "If I see a staff member doing something wrong to a resident I'd report them. I've not had to do it. We can go above to the owner. I'm not sure who else I could tell. I'd have to look it up but there are others." Another care staff said, "If staff do something I'd tell someone to protect people. The manager is really nice. She would understand what you're saying to her. I could go to the owner or maybe the citizen's advice bureau?" Staff had guidance to support them to whistle blow on poor care. They told us that they received training on whistleblowing as part of their induction program,

Staff felt supported by the management team to provide the standard of care expected of them. They told us they had easy access to their line manager to ask for support and guidance when they required it. A care staff told us, "It's easy to go and talk with them. I respect the team leader."