

# Larchwood Care Homes (South) Limited

## Badgers Wood

### Inspection report

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Norwich

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Tel: 01603867247

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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 23 and 25 May 2016 and was unannounced

Badgers Wood provides accommodation and personal care for up to 37 older people. At the time of our inspection there were 35 people living in the home.

There was a registered manager in post. 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.

People were safe in the home. The service took a positive approach to managing risk which promoted people's freedom, choice, and control. Risks to people were identified and well managed, this included risks associated with the environment and premises. Staff showed a commitment to ensuring people were protected. They demonstrated an awareness of adult safeguarding and knew how to raise concerns. People living in the home were provided with information and contact details so they knew how to raise concerns for their safety if required.

Prescribed external medicines were not stored securely, however all other practices around medicines were followed safely.

The service ensured there were enough staff so that they could interact and spend time with people. Staff had been recruited following safe recruitment practices and had the knowledge and support to meet people's needs effectively. Staff received regular training and the service supported staff to embed their learning in to practice.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff and the management team understood the MCA and DoLSs and the service was following the legal requirements.

People were supported to maintain their health, this included supporting people to eat healthily and maintain a balanced diet. People were supported to access health care professionals when required.

People were cared for by kind and caring staff who knew them well. The staff were polite and treated people with dignity and respect. The service encouraged people to be involved in decisions about their care. This was done in a number of different ways to meet people's individual needs and preferences.

The service ensured people were supported to maintain their daily routines and enabled people to contribute to the assessment and planning of the support provided.

There were systems in place to ensure the service could listen and learn from people's experiences, concerns, and complaints. People and their relatives felt able to raise concerns and actions were taken to address these.

There were a range of frequent and varied activities on offer which were individual and responsive to people's personal needs and preferences.

There was an open and inclusive culture within the service and a clear ethos of team working. People and staff were involved in the development of the service and spoke positively regarding its management. Staff felt listened to and well supported.

The service had developed close links with the local community which people benefited from. The management team kept the quality of the service under close review and took action to address any issues.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's freedom, choice and control were promoted through positive risk taking. Risks to people were identified and well managed, including risks from the environment and premises.

Staff understood their responsibilities regarding adult safeguarding and knew how to recognise and report concerns.

Staff were recruited following safe recruitment practices and there were enough staff to meet people's needs.

External medicines were not stored securely. However, all other practices around medicines were followed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had received sufficient training and support to enable them to provide people with effective care.

The service was meeting the legal requirements set out under the MCA and DoLS.

People received enough food and drink. Action was taken regarding concerns or risks relating to people's diet.

People were supported to maintain their health and access relevant health care professionals.

### Is the service caring?

Good ●

The service was caring.

People were treated politely and respectfully. Their privacy and independence was respected and promoted.

People were encouraged to be involved in decisions regarding their care through a variety of means which met people's individual needs.

### Is the service responsive?

Good ●

The service was responsive.

People received care that supported them to maintain their preferred daily routines and was responsive to their needs.

Activities were varied and tailored to individual's wishes and preferences.

There were opportunities for people to discuss concerns or issues and people were supported to do so.

### Is the service well-led?

Good ●

The service was well led.

Team working was at the heart of the service. People and staff felt involved and listened to.

There were close links with the local community which people benefited from.

The service was keen to ensure good quality care was delivered and kept this under close review.

# Badgers Wood

## **Detailed findings**

### Background to this inspection

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

This inspection was unannounced and took place on 23 and 25 May. The inspection was carried out by one 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 the inspection we reviewed the Provider Information Return (PIR). This is a report that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During our inspection we spoke with twelve people using the service and two relatives. We also spoke with two senior care staff, three care assistants and the cook. We also spoke with a member of staff responsible for domestic tasks and a member of staff responsible for maintenance in the home. We discussed the care provided with the registered manager and deputy manager. We also spoke with a visiting health care professional. We observed how care and support was provided to people in the home including over lunch time.

We looked at four people's care records, two staff recruitment files and staff training records. We checked the medicines records for three people. We looked at quality monitoring documents and accident and incident records. We saw records of compliments and complaints and minutes of staff and residents' meetings.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe in the home. One person told us, "I really do feel safe here" whilst another person said, "I love it here and feel so safe with everybody."

The staff we spoke with demonstrated they understood their responsibilities for safeguarding people and took this seriously. One member of staff said, "We're here to protect people as well as look after them." Staff had the knowledge to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. Records showed that all staff had received training in safeguarding people. A member of staff told us there was guidance for them in the staff room, regarding how to raise concerns externally. The registered manager told us every person living in the home had a service user guide. We saw that this contained information for people regarding how to raise concerns and contact numbers for external agencies. This meant the service had ensured people had the information they needed to be able to raise any issues about their safety.

The registered manager had also reported safeguarding incidents to the relevant authorities and the Care Quality Commission, as required. This showed the service was able to recognise and report safeguarding concerns correctly.

Risks to people were identified and well managed. Risk assessments covered areas such as moving and handling, malnutrition, medication, and skin care. People's care records contained information and guidance for staff to help them to manage identified risks. These were reviewed regularly to ensure that they were kept up to date. A visiting health care professional told us that staff were very good at recognising risks to people and managing these. The service had a clear vision regarding risk management which included a focus on discussing risks with people. The registered manager told us they took a positive approach to risk with the aim of minimising restrictions of people's freedom, choice, and control. The records we looked at demonstrated this. We saw that risk assessments were personal to the individual. For example, several people had expressed a preference to spend time on their own relaxing in a bubble bath. We saw these people had risk assessments in place to support them to do so safely. Another person wished to walk around the garden on their own and they had a risk assessment in place to support them to reduce any associated risks and to stay safe.

Incidents and accidents were reported to the management team who analysed each event and the actions taken on a monthly basis. This helped them to identify any patterns or escalating needs so that appropriate action could be taken in response to these. Reports had a checklist in place for staff to help ensure they responded to the incident appropriately. This included prompts to consider actions such as referrals to appropriate agencies, such as a falls team if the person had experienced a fall.

Records showed the risks to people from the premises were also managed. The person responsible for maintenance in the home carried out regular checks on the environment to ensure it was suitable and identify any potential risks. This included monthly checks on items such as window restrictors, wheelchairs, paths and walkways. Regular up to date checks and servicing had been carried out on areas such as

electrical equipment, moving and handling equipment, the water system, and fire safety. Records showed there were regular fire drills and care records we looked at showed people had their own care plan regarding fire evacuation. These actions helped ensure that the home was a safe place for people to live and work in.

People, their relatives and staff told us there were enough staff to meet people's needs. One person said, "There is always someone around when I need help." Another said staff were, "Always there if I want anything." Staff we spoke to were positive about staffing levels in the home. A member of staff told us, "I feel there is plenty [of staff]." A second member of staff said, "I don't think we're ever rushed to a point where we can't cope."

The registered manager had clear strategies in place regarding staffing levels and how to manage these. They told us they looked carefully at people's dependency levels and the mix of needs in the home in order to ensure they had enough staff to meet people's individual needs. The registered manager told us that they used a staffing dependency tool as a base line. However, they were keen to ensure that this did not just mean people's basic care needs were met. They said they had more staff on shift than the dependency tool suggested, to ensure people received good quality care from staff who had enough time to spend with them. Our observations during the visit demonstrated this to be the case and we saw there were sufficient staff to meet people's needs.

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, to ensure the person was suitable to work in the home. Several staff who had started work recently in the home confirmed these checks were in place prior to them starting.

Medicines prescribed for external application were not stored securely in people's rooms. Whilst we saw that this did not pose a high risk to people in the home, it did not follow relevant guidance regarding the suitable storage of medicines. We checked one of these medicines and saw it did not have the date of opening recorded on it. This meant staff could not be certain how long these medicines had been opened for or when they should be discarded because they were no longer effective. The deputy manager told us they did not routinely check these; however in response to us raising the issue said they would add this check in to their regular audits.

We saw that other practices around medicines were followed safely. People were positive regarding the support provided in relation to their medicines. One person told us, "[Staff] always make sure that I get my medication on time." Another person said, "They always make sure I get my tablets when I need them and check that I take them." A third person told us, "[Staff] make sure that I take my medication each day." Several people we spoke with told us they were happy to manage their own medicines. The care records we looked at showed that, where this was the case, risk assessments were in place.

Records showed staff had received training in medicines administration and the management team carried out yearly observations on each staff member's practice. The service carried out regular monthly audits on medicines within the home which included observing medicines administration. The deputy manager told us a local pharmacy also carried out regular external audits.

Other prescribed medicines were stored securely. The temperature at which medicines were stored was checked regularly so that staff could be sure medicines remained effective to use. We looked at three medicines administration records which were correctly completed. We also checked three medicines and saw the stock count was accurate.



# Is the service effective?

## Our findings

People and their relatives told us they felt staff had the skills and knowledge to carry out their roles. Two people told us that the staff were well trained and knew exactly what they were doing. A relative told us, "I think the staff that deal with my [relative] are very well trained and know what they are doing. They understand my [relative's] needs and make sure they get what they want and what they need."

The staff we spoke with told us they felt supported to deliver effective care to people. Staff told us they received regular and effective supervisions and appraisals of their work. They also said they felt able to approach the management team at any time to request additional support from them. One member of staff told us, "[The registered manager] is very approachable." Another member of staff told us they had requested additional training in order to understand how to manage a person's specific health care needs. They told us this had been arranged and provided to them. This demonstrated the service took a positive approach to training, which ensured staff had the knowledge to effectively meet people's needs.

New staff completed an induction, which included mandatory training sessions and shadowing experienced staff. All staff said they had received plenty of training which had helped them understand their role and how to meet people's needs. One member of staff said they had, "Training days all the time" whilst another told us the service had, "A really good training programme." Records showed staff received training in a number of areas such as moving and handling, fire safety, dementia awareness, food and nutrition and understanding behaviours that challenge. We also saw some staff had received training in more specialist areas such as skin and wound care, diabetes, and care planning. Records showed staff were up to date with their training and the registered manager had identified when staff would need to renew their training.

The registered manager told us they were keen to ensure training was embedded in staff's every day practice. They had put in place regular group supervisions to encourage staff to reflect and share on their learning. Staff we spoke with confirmed this helped their learning. One staff member told us how staff worked together to help each other's understanding and share ideas about how best to meet people's needs. Staff members also had delegated 'champion' roles. This meant staff took the lead in ensuring they were up to date in certain areas and shared good practice in each area amongst staff.

People we spoke with told us staff sought their consent regarding their care needs and the help they required. One person told us, "[Staff] are always polite and always ask me if it's alright to do things for me and if I would like something." Another person said, "[Staff] always ask before they do anything for me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 home and hospitals are called 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.

The staff and management we spoke with were knowledgeable about the MCA and DoLS. Staff could tell us about some of the key principles of the MCA and how they followed the MCA in their practice. They also knew which people were subject to DoLS authorisations in the home and what this meant for them. This meant they could ensure they were acting lawfully in relation to these people's care. Staff gave us practical examples of how they supported people to make decisions. For example, one member of staff gave us an example of how they would check people's facial expressions and non-verbal responses if a person couldn't communicate their decisions. Another member of staff told us it was important to work with the person and go through the decision making process one step at a time.

We saw there was guidance for staff on the MCA and DoLS in the staff office. Where people had authorisations under DoLS in place, we saw there was also specific additional guidance for staff in their care records. The care records we looked at showed that the MCA had been followed. For example, we saw one person lacked the capacity to make decisions around managing their medicines. This person had a mental capacity assessment and a best interests decision regarding this in place.

The registered manager understood their role in relation to DoLS and knew when they might need to make an application for authorisation under DoLS. We saw that when the registered manager had made an application, this had been done appropriately and followed the correct process. For example, we saw the person was not safe to leave the home on their own. This person had a mental capacity assessment in place and best interests assessment decision regarding this, which took in to account how to meet the person's needs in the least restrictive way possible. The registered manager told us if they felt they might have a situation which required an application they would phone the local authority DoLS team to discuss and check this with them. This showed us the registered manager was mindful of any situation that might require an authorisation and took appropriate action.

People were supported to maintain a balanced diet. The majority of the people we spoke with were happy with the food provided in the home. One person told us, "The meals are very good and I am very happy with the choice I get, it's just what I like." Another person said, "The food is very nice and I do enjoy it." Whilst a third person said, "I really like the food here and there is always a good choice which suits me." However, two people did question the menu choice and the quantity and quality of the food provided particularly at the weekends. One person said, "The food during the week is generally alright but at the weekends it is not always of the best quality and the portion size is too small. It is better now since we raised it in the residents meeting." Both people agreed the issues had been discussed with the service and improvements had been made.

The service ensured that care plans were in place to manage and monitor people who had nutritional risks. Guidance was available for staff to ensure the person had the right support regarding their nutrition. Where necessary people were weighed monthly and specialist health care professionals had been contacted when required. Records showed that every month the registered manager audited each person at nutritional risk, in order to check that the risks were being managed and actions taken appropriately. Staff we spoke with demonstrated they understood people's individual dietary needs and knew how to manage them.

People told us they received the health care they needed. One person told us, "I know I can always see a doctor when I need to by just asking." Another person said, "If I need the doctor or the dentist then all I need

to do is speak to the office and they arrange it." A visiting health care professional told us that staff contacted them appropriately regarding people's health care needs. Records showed people had regular visits from the dentist, optician, and chiropodist and referrals were made to appropriate health and social care professionals when required. The service had a system in place that recorded when referrals to health care professionals had been made. This ensured the registered manager had an oversight of who required input from health care professionals. They also told us they checked this regularly in order to chase up any lengthy delays.

The service used designated champions to promote people's health care needs. We spoke with one member of staff who was the champion for diabetes management; they appeared knowledgeable and enthusiastic about their role and subject area. They told us as a result of this role they ensured new people coming to live in the service were screened for diabetes and this had resulted in identifying at least one person who had undiagnosed diabetes.

We concluded that the service was proactive in managing and ensuring people's health care needs were met.

## Is the service caring?

### Our findings

People and their relatives spoke highly of the home and the support provided by staff. People described staff as thoughtful and caring. One person told us, "The staff here are very caring and always thinking about what we need. They are really lovely." Another person said, "[Staff] here are very caring and nothing is too much trouble for them. They always ask if I need anything. They are so thoughtful." Whilst a third person told us, "The [staff] here are very caring and always go the extra mile for you." A relative said, "We're very lucky to have [name] here."

Positive caring relationships had been developed between people and staff. All the people we spoke with talked positively of the relationships they had with staff. One relative told us how comfortable their relative was with staff in the home and how their relative viewed staff as part of their family. A visiting health care professional told us staff gave people the time they needed and were kind and considerate. During our visits we observed staff interacting with people in a kind, thoughtful, and caring way. For example, we observed one member of staff checking a person had all they needed and would be warm enough as they were preparing to leave the home. On another occasion we saw staff taking prompt action to reassure a person who appeared upset.

Staff demonstrated through our conversations with them that they knew and understood the people living in the home. We observed that staff were familiar with people's needs and wishes. For example, we saw how staff and a person shared a joke regarding how they liked their tea served to them. Another member of staff told us how staff knew people's particular interests and hobbies. They went on to give example of these and how they used this knowledge to identify common interests with new people in the home, so they could assist in putting people at ease and developing friendships. This showed that staff recognised people as individuals and delivered care that was individual to them.

The service understood the importance of involving people in decisions regarding their care and support. The deputy manager told us, "We're really going for independence and choice, that's why people are so involved in decisions." Records demonstrated people were involved and consulted regarding their care. One member of staff gave us an example of how a care plan review had enabled one person to request assistance with writing their life story. The home had purchased a dictation machine so the person could record their life story and staff could then write it up for them. The member of staff said, "I like the fact that [name] was able to ask that."

The service was proactive in encouraging people to express and share their views about the home and understood they needed to engage people in a variety of ways. The registered manager told us, "Not everyone will come to a residents and relatives meeting but that doesn't mean they haven't got an opinion." They went on to show us how they used a range of tools to engage people and help them express their views. This included polls, meetings and information displayed in the home. They had also ensured, where required, people had individual tools that supported them to express their views. Several people had hearing impairments and had white boards in their rooms so staff could communicate with them more effectively and ascertain their views in relation to their care.

Information boards also displayed information on advocacy and how people could access an advocate. This meant the service ensured people knew how to contact people to speak on their behalf if required.

All the people we spoke with told us how polite, considerate, and respectful staff were. One person said, "[Staff] are so polite and speak to you so nicely." Another person said, "The staff here are very caring and are always polite when they deal with you." A third person told us, "[Staff] are all so polite and very respectful." A relative told us they found staff to be, "Very respectful" of people living in the home. They went on to say they always saw staff knocking on people's door and asking if they could come in. This demonstrated that staff were mindful of people's privacy and treated them in a respectful manner.

There was an open door policy for family and friends which was evidenced during our visits. One person told us, "They [relatives] can come whenever they want to" and a relative said, "We can visit at any time which is really nice."

People's independence and privacy were respected and promoted. One relative told us how their relative's independence had improved since coming to live in the home. They told us they felt this was down to the encouragement and support from staff. Each person had a key to their room, which meant they could lock their doors if they required privacy. Records showed that the registered manager encouraged staff to think about day to day practice which promoted people's privacy and ensured people were treated with respect.

# Is the service responsive?

## Our findings

People we spoke with told us their care was provided in a manner that was individual to them and met their individual wishes and preferences. One person told us, "The [staff] certainly know what I like and always remember what makes me happy." Another person said, "They always make sure that you get what you like." A third person told us, "The [staff] here really know what we all like and always try to make sure that we get that. They are very good at understanding each and every one of us."

People had been involved in decisions regarding how they wanted to be cared for and care records evidenced this. One member of staff said, "This is their home, they're not here to do what we want to do." Another member of staff told us, "We listen to what people like and want." They went on to say that getting to know people was an ongoing process and people's care plans were updated on an ongoing basis to reflect this. The registered manager told us they reviewed people's care with them every six months and we saw records that confirmed this.

Care records detailed people's personal preferences and how they wanted their care to be provided. These covered topics such as what the person liked or disliked as well as their hobbies and interests. Each person had a life history document which was broken down in to their person's childhood, adolescence, middle age, and their later years. One member of staff told us how helpful they found this. They said, "You understand where people come from." This demonstrated that the service took steps to ensure people were seen and treated as individuals.

We saw that the service paid attention to each person's ideal daily routine and preferences. People's care records captured small details which made a difference to the person. For example, people were asked if they preferred to get up later in the mornings and if they would like a cup of tea in bed before they got up. We saw one person's record detailed their daily routine in terms of when and where they liked to go out. A care plan was in place, which detailed how staff would support this to continue.

There were plenty of activities and social opportunities available to people living in the home. A relative said, "I know staff are always checking what [name] wants to get involved in." We saw there was a weekly planned time table of activities which happened twice a day. Staff also planned regular trips out of the home with people in the service. Minutes of meetings showed people were actively involved in suggesting trips they wanted to do and these had been arranged. For example, we saw people had been supported to attend the local theatre, had been on a boat trip on the Norfolk broads and a trip to the beach had also been planned.

The registered manager was passionate about ensuring people were supported to engage in activities that were meaningful and individual to them. For example, they told us they ensured there were group activities for those people who liked to socialise in groups but they also had another member of staff who spent time with people on an individual basis. The service had recognised that there were a number of men living in the home who did not take part in group activities as they were not always tailored to their preferences. A member of staff told us, "Everybody's got to have a focus in life." They went on to tell us how the service had set up a men's club in the home and we heard a number of examples where this had had a positive impact

for the men who attended.

The registered manager told us they ensured there were enough staff so that there could be flexibility and spontaneity regarding social interactions and support. The deputy manager gave us an example of this and told us how people could ask to go to the local pub or out for a meal and this could be accommodated when they requested it. They said, "We can do so much more, it's so nice we can say yes let's go." A relative told us how nice it was to feel that when they weren't at the home they knew their relative was enjoying themselves and doing things they wanted to do.

People and their relatives told us they felt able to raise concerns and were provided with opportunities to do so. One person said, "[Staff] will stop and ask if I am alright. I have never had a reason to complain, as everything is really good here." A relative told us, "I have never had a reason to complain. We have regular meetings to discuss anything we have a concern about." Two people we spoke with told us they had raised a concern. They told us their concerns had been listened to and action had been taken to address them.

There were systems to ensure the service could listen and learn from people and their representatives' experiences, concerns, and complaints. For example, we saw there were regular weekly surgeries for relatives. These provided an opportunity to meet with the registered manager so they could raise and discuss any queries or concerns. There were also regular residents and relatives meetings. The registered manager conducted regular satisfaction surveys on different topics. For example, we saw people had recently been asked about their experiences of meal times as well as social activities. We saw where some people had requested more trips out of the home, this had been responded to and actioned.

We looked at records of compliments and complaints. We saw the home had received a number of compliments and two complaints. The registered manager had responded appropriately to the complaints. This had included providing people with details of other organisations they could contact for further advice. On another complaint, made on behalf of a person, we saw the registered manager had made sure they sought the person's views to establish what they wanted to happen. This showed the registered manager took complaints seriously and worked with people in order to resolve them.

## Is the service well-led?

### Our findings

Everyone we spoke with spoke highly of the home and the care provided. One person said, "I am really happy here. Everything is just about right for me." Another person told us, "I am exceedingly happy here and would really miss it if I had to leave." A third person said, "I am really happy here and glad I made the right choice." Relatives were equally complimentary about the care provided. One told us, "We are more than happy with the care my [relative] receives here." Another said, "It's a lovely place." A visiting health care professional spoke very highly of the home and told us, "There isn't any area where they fall down."

There was an open and inclusive culture within the home and a clear ethos of team working. Staff were encouraged and supported to share ideas and support each other. One of the ways the service supported staff to do this was through group supervisions and reflective practice sessions. A senior member of staff told us that staff were able to be open and honest in these sessions. They went on to tell us how valuable it had been in understanding individual staff members and how they worked together. Another member of staff said, "It's always a team approach, we have a care meeting, and put our heads together." Whilst a third member of staff told us, "It's more of a joint effort than just the management." The registered manager understood the importance of valuing and involving staff. They told us, "If you want your staff to take ownership and be accountable then you need to involve them." We could see this approach had worked and staff clearly felt involved and committed to the service.

There was clear and open communication about the service, people and staff were encouraged to engage and contribute ideas. A relative told us, "The [registered manager's] door is always open." They also said they often saw the registered manager around the home interacting with people. The registered manager told us they organised family information sessions which covered topics such as dementia, MCA, and DoLS. They told us it was important they supported relatives to understand people's care so they could engage with the service and work together. We saw there had been a number of changes to the home environment which people had been fully consulted and involved in. We also saw records which showed the registered manager involved staff in how the service was run and asked them for ideas and input.

Close relationships and links with the local community had been established and people benefited from these. Several members of staff told us how local restaurants and pubs supported the home and welcomed people when they visited. They told us if people wanted to visit in a big group they would be accommodated. The home had also established links with a number of different churches and a local theatre group. Several staff told us people in the home were invited to watch performances and were able to attend dress rehearsals for free. The registered manager told us the service worked on making intergenerational links and had made contact with a local school, so that different generations could learn from and engage with each other.

People and staff spoke positively about the leadership and management within the home. One person said, "The office and the [registered] manager are very good and helpful and are always there for you and put you first." Another person said, "The staff are wonderful and the [registered] manager is so nice in how they deal with things." One member of staff said the home was, "Well managed." Another said they, "Couldn't wish for



better management."

Staff told us they felt supported and able to raise concerns. One member of staff told us, "[Management] listen and act quickly on concerns." Another member of staff said, "I've got the support to get things done if I need it." A third staff member said, "If I have a problem then it's sorted out." A number of staff gave us examples where the registered manager had listened to them and then made changes accordingly. The registered manager told us they felt an important part of working with and retaining staff was making sure that they checked with staff that the service and any changes were working for them. This demonstrated that the registered manager took an approach that sought to support, protect, and motivate their staff.

The service had ensured staff were clear about their responsibilities and roles. One member of staff said, "You know the steps to go through if there is a problem." Another said, "I know everyone's different roles and who to approach for different things."

The management team kept the quality of the service under close review and demonstrated a good oversight of the service provided. Records of staff meetings showed the registered manager addressed issues regarding quality and encouraged high standards amongst staff. The registered manager and deputy manager undertook regular audits and checks on what was happening in the service. For example, we saw there were monthly audits of people with specific high risk conditions such as skin integrity, malnutrition, and continence issues. We saw these were analysed for any patterns or trends, and actions were taken when required. The management team also undertook monthly audits of people's care records, complaints, specialist equipment, and meal times. We saw that these ensured records were completed accurately and appropriate actions were taken in order to ensure people received quality care.

People, relatives, and visiting health and social care professionals were asked their views in relation to the quality of certain areas of care on a regular basis. There was also a yearly quality survey carried out with people, visitors, and staff. The latest survey completed in February 2016 showed high levels of satisfaction. The results had been discussed with people and staff and an action plan had been developed to address any issues identified. We saw the results and subsequent actions were clearly displayed in the home.

The registered manager and deputy manager were enthusiastic and passionate about the service and were keen to ensure they kept learning and developing the service to be the best it could be. The registered manager told us they ensured they kept up to date with best practice linking in and reading updates from various organisations. They said the provider supported them to deliver good quality care and if they requested resources these were provided.