West Lodge Care Homes Limited

West Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 7 October 2015 and was unannounced. This meant the provider or staff did not know about our inspection visit.

We previously inspected West Lodge Care Home on 10 January 2013, at which time the service was compliant with all regulatory standards.

West Lodge Care Home is a residential home in Crook providing accommodation for up to 60 older people who require nursing and personal care. There were 59 people using the service at the time of our inspection, nine of whom lived with dementia.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We found that there were sufficient numbers of staff on duty in order to meet the needs of people using the service. All staff were trained, or had training courses booked, in core areas such as safeguarding, health and safety, moving and handling, infection control, as well as training specific to the individual needs of people who used the service, for example dementia. The service had a training matrix in place to track when staff were due to attend refresher training and we saw this was working effectively. We found that staff had a comprehensive knowledge of people's preferences, needs, likes and dislikes.

We found that the management, administration, storage and disposal of medicines was generally safe and adhered to National Institute for Health and Care Excellence [NICE] guidelines. Where we suggested areas of improvements to practice the service was responsive.

We observed dignified and thoughtful interactions during our inspection and saw evidence in recorded documentation of the promotion of people's right to dignified care. We observed numerous jokes shared between people who used the service and care staff. Relatives and external stakeholders told us that people were treated well and unanimously agreed that the service was welcoming and effective.

There were effective pre-employment checks of staff in place and effective staff supervision and appraisal processes. The service was clean throughout.

People told us they enjoyed the food and we saw that menus were varied and people had choices at each meal as well as being offered alternatives if they did not want the planned meal options. We saw that the service had successfully implemented a tool to manage the risk of malnutrition and people requiring specialised diets were supported.

Person-centred care plans were in place in all care files we looked at and the provider had sought consent from people for the care provided. Regular reviews ensured relatives and healthcare professionals were involved in ensuring people's medical, personal, social and nutritional needs were met.

The service had a full time activities co-ordinator who facilitated a range of group and individual activities. We saw some of these activities during our inspection and saw evidence of a comprehensive, innovative and inclusive approach to providing activities tailored to people's wishes and interests.

The service had individualised risk assessments in place, a strong quality assurance and internal auditing regime that was adequately resourced and a broad set of policies and procedures to deal with a range of eventualities.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager was knowledgeable on the subject of DoLS but acknowledged the paperwork supporting a recent DoLS application could have been improved. During our inspection they liaised with the local authority to seek support on the most appropriate way of documenting future DoLS applications.

Staff confirmed they were well supported to pursue their own career progression. All people using the service we spoke with, relatives, staff and external professionals were complimentary about the management and ethos of the service, particularly with regard to visibility and accountability. Staff members were consistent in their understanding of the goals of the service and the importance of maintaining strong community links.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People using the service, relatives and healthcare professionals told us people were safe living at the home.

Medicines were generally administered, stored and disposed of safely and securely and in line with the National Institute for Health and Care Excellence (NICE) guidance.

Safeguarding training had been completed and staff displayed a good understanding of risk and the types of abuse people could be at risk of, as well as their prospective actions should concerns arise.

Appropriate pre-employment checks were made, supported by a checklist system that had ensured no one had been employed without these checks being completed.

Is the service effective?
The service was effective.

Good

People's nutritional and hydration needs were met through the effective monitoring of potential malnutrition and dietitian involvement. People told us the standard of food was good and there was choice at every meal, whilst alternative crockery was provided for people with sight impairments to improve their dining experience.

All staff had received training, or training had been scheduled, relevant to their role and training was monitored and updated via an effective training matrix. Staff were able to talk in detail about the training they had received and its relevance to the care they provided.

All bedrooms and communal areas were fitted with ceiling tracking hoists.

People's medical needs were met through ongoing involvement of a range of healthcare professionals.

Is the service caring?
The service was caring.

Good

Interactions between staff and people were characterised by patience, warmth and fun, with good levels of rapport evident.

People's dignity was maintained and promoted. People and their families were regularly involved in decision-making.

Relatives could visit at any time and were consistently met warmly by staff.

The registered manager and all staff we spoke with had a good understanding of people's needs, preferences, likes and dislikes.

Is the service responsive?
The service was responsive to people's medical and social needs.

Good

Summary of findings

The service had a full time activities co-ordinator dedicated to ensuring people were able to participate in a range of activities and pursued interests meaningful to them.

Regular meetings with people and their relatives, resident newsletters and an activities board ensured the service used a range of means to take into account and act upon preferences and communicate these with people.

Care plans were reviewed monthly and when people's needs changed, the service promptly ensured that relevant healthcare expertise was sought and people's needs were met.

People and staff were confident they could make a complaint if they needed to and monthly residents' meetings included an opportunity to raise complaints in a group forum, or the opportunity to raise concerns on a one-to-one basis.

Is the service well-led?

Good

The service was well-led.

The registered manager had put in place a strong quality assurance and auditing regime, with supernumerary time for two deputy managers to undertake audits, which helped identify any potential risks and protect against poor practice.

All people using the service, staff, relatives and healthcare professionals agreed the atmosphere of the service was welcoming and homely and that the visibility of management was reassuring.

A range of positive links had been made in the community which contributed to the wellbeing of people who used the service.

West Lodge Care Home

Detailed findings

Background to this inspection

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

We visited the service on 7 October 2015 and the inspection was unannounced. The inspection team consisted of one Adult Social Care Inspector and one Specialist Advisor. A Specialist Advisor is someone who has professional experience of this type of care service.

We spoke with eight people who used the service. We spoke with nine members of staff: the registered manager, the owner, four care staff, two nurses, and the receptionist. We spoke with two visiting nurses and six relatives of people who used the service. We also spoke to one visiting training provider and a social worker.

During the inspection visit we looked at six people's care plans, risk assessments, seven staff training and recruitment files, a selection of the home's policies and procedures, meeting minutes and maintenance records.

We spent time observing people in the living rooms and dining areas of the home.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a document that the CQC ask providers to populate with key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. The PIR had been completed and we used this information to inform our inspection.

Good

Is the service safe?

Our findings

One person who used the service told us, “Very safe and happy, thank you.” One relative told us, “I can go home and relax knowing [person] is safe”, whilst healthcare professionals were in agreement about the safety of care. One stated, “It’s a very safe service in terms of pressure sores” and we saw that each bedroom was fitted with a pressure relieving mattress. This meant the service had the necessary equipment in place to proactively manage the risk of pressure sores.

People were able to raise any concerns with their keyworker, any member of staff or directly to the registered manager, as set out in the Service User Guide in each person’s room. We asked one person if they had ever had to raise concerns and they said they hadn’t but stated, “I know who to tell if I am not happy, but I feel safe.”

We reviewed a range of staff records and saw that in all of them pre-employment checks including enhanced Criminal Records Bureau (now the Disclosure and Barring Service) checks had been made. We also saw that the registered manager had asked for at least two references and ensured proof of identity was provided by prospective employees’ prior to employment. These pre-employment processes were supported by a check-list on the front of each personnel file to help ensure no aspect of vetting was overlooked. This meant that the service had in place a robust and consistent approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people.

We found the service had systems in place for ordering, receiving, storing and disposing of medicines. We saw that timely ordering of medicines meant that people received their treatments as prescribed. We looked at how the service managed controlled medicines and found that safe storage, administration and recording was maintained. The medicine store room was secure, clean and organised, whilst room and fridge temperatures were checked daily and showed medicines were stored at a safe temperature. The disposal of medicines was clearly recorded.

We looked in detail at four people’s Medicine Administration Records (MARs). All records showed full completion of MARs with no omissions in recording. MARs contained allergy information and we saw they were complemented by a staff signature list, which helps identify who has completed the MAR. We found body maps were used to ensure people received topical medicines appropriately. Topical medicines are medicines in the form of creams. We found complex medicine regimes were individually care planned. For example, we looked at one person’s care plan which showed clear details of warfarin administration and contact details for involved external professionals who monitored the person on a weekly basis.

We found that, with regard to one person who had been prescribed strong painkillers and one person receiving medicine on an ‘as and when’ basis, there was no supporting information to help staff recognise when these medicines should be administered, for example, how that person would communicate the need for painkillers. The nurse on duty demonstrated a good understanding of the person’s needs and pain relief regimes. We raised the issue of supporting ‘as and when’ medicines with more detailed plans that guided staff as to when to consider administering such medicines and the registered manager agreed to improve this area of the service.

We observed medicines being administered and saw safe practice was maintained throughout. The nurse communicated effectively with people explaining what their medicines were for and sought consent before administering medicines.

We saw that individual risks were managed through risk assessments and associated care plans in each person’s care file. These risks were reviewed each month and were supported by useful additional information for staff. For example, pressure sore risk assessments included pictorial guides for staff to help identify any developing problems. Visiting healthcare professionals told us that the service contacted them where they identified any concerns. This meant the service had a structured approached to reviewing individual risks and was able to identify concerns at an early stage.

All people using the service, their relatives, staff, health and social care professionals we spoke with felt staffing levels were appropriate. The registered manager showed us how they calculated staffing levels through a tool that took into account needs of people and skills of staff. During our observations we saw that people were supported promptly and call bells were answered. This meant people using the service were not put at risk due to understaffing.

Good

Is the service safe?

We spoke to three members of staff about their experience of safeguarding training and all were able to articulate a range of abuses and potential risks to people using the service, as well as their prospective actions should they have such concerns. This demonstrated appropriate safeguarding training had been delivered and that staff were able to identify situations where it would be applicable.

The registered manager confirmed there had been no recent disciplinary actions or investigations. We saw that the disciplinary policy in place was current and clear.

With regard to infection control, we found the service to be clean throughout. One relative said, "It never smells", whilst another said, "It's always lovely and clean." Signage, sinks and hand sanitiser dispensers were well positioned and we observed good practices throughout the inspection with regard to the use of personal protective equipment (PPE). The service had two infection control champions in place who attended relevant meetings and shared best practice with staff. The Food Standard Agency (FSA) had given the home a 5 out of 5 hygiene rating, meaning food hygiene standards were "Very good." This meant people were protected from the risk of acquired infections.

Maintenance records showed that Portable Appliance Testing (PAT) was undertaken recently, whilst all beds, lifting and hoist equipment had been serviced recently. Water temperatures were regularly checked to ensure they were safe. There was documentation evidencing the servicing of the gas boiler and the air conditioning system. We saw that fire extinguishers had been checked recently, fire maintenance checks were in date, fire alarms were checked regularly, as were the nurse call bell systems were regularly tested and serviced. We also saw the service had a business continuity plan in place, should there be a service-wide emergency. We saw that a 'Defects' file was kept on each floor. Any member of staff who noticed a fault, for example a faulty lightbulb, could write this in the file, which was regularly checked and acted upon by the handyman. This meant people were prevented from undue risk through poor maintenance and upkeep of systems within the service.

With regard to potential emergencies, we saw that Personalised Emergency Evacuation Plans (PEEPS) were in place, current and easily accessible. This meant people could be supported to exit the building by someone who would have access to their individual mobility, communication needs and a photograph in the event of an emergency.

Good

Is the service effective?

Our findings

People who used the service told us the care they received was effective and that staff understood their needs. One person told us, "Staff are always about, they are very good here they look after you; there are no restrictions" and another person told us, "I always have a bit of fun with the staff, we know them all well". This person was able to tell us who their keyworker was and confirmed they liked the member of staff. One healthcare professional told us, "Staff know residents and families very well," whilst another confirmed that staff knowledge of people's healthcare needs was "Comprehensive." This meant that people felt they received effective care from people who knew them well and that visiting healthcare professionals were well informed by staff.

Staff told us they felt sufficiently trained to carry out their roles. One member of staff said, "The investment in training is impressive and people are paid to attend training," whilst another said, "There is always training available." We saw that training was relevant to people's needs, with all members of staff either having completed or due to complete safeguarding, health and safety, moving and handling, dignity and respect, food hygiene infection control, as well as training specific to the individual needs of people who used the service, for example dementia and Parkinson's disease awareness training. We saw that staff who administered medicines were appropriately trained and had their competence assessed every six months. One visiting training professional told us that they were supporting three members of staff to attain additional qualifications and that there were "Never any issues in terms of their competence." Some staff had End of Life care training in place and we also saw two members of staff were due to attend Gold Standards Framework training regarding end of life care. Gold Standards Framework is a nationally recognised programme providing a framework for improving end of life care. This meant staff had the knowledge and skills to carry out their role and provide high levels of care to people using the service.

With regard to nutrition, one person told us, "The food is very good. Hot, yes, and much better than a sandwich" (they were referring to the lunch the inspection team had brought). Another person stated they liked the fact there were seasonal menu changes. We saw that people were given a choice of food each day and that, where they preferred something else to that on offer, alternatives were prepared. The service had one main kitchen on the second floor and meals were transported to satellite kitchens in heated trolleys. We saw that the food served was hot and people confirmed this was always the case. The dining experiences we observed during our inspection visit were calm and unrushed, with people who required additional support being helped in a dignified manner. Where people had sight loss or were living with dementia they had adapted crockery to more effectively contrast against tablecloths and food. This meant people were involved in decisions about their nutrition and found mealtimes pleasurable.

We saw allergens and specialised dietary requirements clearly on display in the kitchen, as well as anyone noted as at high risk of malnutrition via the Malnutrition Universal Screening Tool (MUST), which had been successfully implemented. MUST is a screening tool using people's weight and height to identify those at risk of malnutrition. We saw that the service had seen a reduction in people classified as high risk from nine people to five due to this means of managing malnutrition. We saw that in one person's case the additional supplements as directed by the system did not address their weight loss so the service ensured a separate nutritional care plan was implemented with the help of a dietitian. This meant the service ensured that risks to people through malnourishment were managed successfully.

We saw that staff supervisions occurred four times a year along with annual appraisals. All staff we spoke with were positive about the support received through these meetings and told us they had ample opportunity to identify any training needs or concerns. This meant people could be assured they were cared for by staff who were adequately supported.

We saw care staff were encouraged to attend multi-agency meetings regarding people they cared for. This meant that the meetings could be informed by someone who knew the person's needs well but also provided development opportunities for staff wanting to attend such meetings.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Where that freedom

Good

Is the service effective?

is restricted a good understanding of DoLS ensures that any restrictions are in the best interests of people who do not have the capacity to make such a decision at that time. The registered manager demonstrated a good understanding of Mental Capacity issues, including DoLS, but when we reviewed the DoLS application made found that it did not include a capacity assessment. We reviewed the care planning information for this person and saw that capacity assessments had been thoroughly undertaken. The registered manager contacted the local authority during the inspection to ensure they had all the relevant information, as well as ensuring they adhere to best practice in future. This meant, whilst there had been an oversight with regard to make a DoLS application, understanding of the process was generally sound.

With regard to the premises, the building was newly built in 2008 and met the needs of people who used the service through the design of the building. For example, all bedrooms and communal spaces were equipped with ceiling tracking hoists, which made it easier for people who required support to move about the building. All bedrooms were equipped with profiling beds, en suite wet rooms and direct dial telephone sockets with internet connection. We saw that satellite kitchens adjoined the dining area on each floor afforded staff the ability to serve meals and drinks from them and respond to people's requests for additional drinks more easily. This meant the building was designed with the needs of people who used the service, and staff, in mind.

Carpets were clean, not patterned and contrasted clearly with walls. Likewise, hand rails contrasted with the walls and communal spaces and bathrooms were spacious and free from clutter. This meant the service incorporated environmental aspects that were dementia friendly. We also saw the service had recently built an accessible greenhouse in the grounds with raised planting beds. The registered manager told us this would be used for people to pursue their gardening interests.

We saw that people who had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision in place had been involved in the decision, as had family members and local medical professionals. A DNACPR is an advanced decision not to attempt cardiopulmonary resuscitation in the event of cardiac arrest. We saw that people with a DNACPR in place had this reviewed regularly. This meant people's needs were reviewed regularly with their involvement.

We found evidence that people were supported to maintain health through accessing external healthcare such as opticians, audiologist, dentists, occupational therapy, speech and language therapy, GP appointments and District Nurse visits.

Good

Is the service caring?

Our findings

One person who used the service said, “I love it here – the staff are great” and another said, “Staff get on well with everyone.” All relatives we spoke with were similarly positive about the caring attitudes and dignified practices in the home. One told us, “It’s absolutely marvellous; I want to go to West Lodge,” whilst another said, “The staff are so good” and made the point that they were always offered a cup of tea when they visited. Another relative told us of the staff, “They’re so caring and kind.” One member of care staff stated, “Everybody is treated like they’re our mams and dads” and we observed numerous warm interactions and jokes shared between staff and people who used the service. We reviewed a range of thank-you cards which unanimously described a positive caring environment. This meant people were treated not only with kindness and compassion but in a manner that respected and promoted their individuality and sense of humour. It also meant that people had built up meaningful positive relationships with the people who cared for them.

The relaxed and welcoming atmosphere was commented on by a range of visitors, professionals and families alike. One relative said, “It’s a home from home” and a number of relatives confirmed they visited on an almost daily basis, from early in the morning to late in the evening, and that they were always met with a warm reception. This meant people using the service and their families felt more able to consider the service a home and were not restricted in their visiting hours.

We asked people who used the service whether they were listened to and their views respected in terms of their care. One person said, “Yes, they listen,” and another said, “I am allowed to be independent.” We also saw the service had specific communication plans in place for each individual whose care file we reviewed, with detailed information about people’s communicative abilities and how best to support people who, for example, required more time to process information and respond. This meant people were supported to receive information about their care in a manner suited to their needs through comprehensive care planning.

We saw that information regarding advocacy services was available in every room in the Service User Guide. At the time of our inspection no one who used the service had an advocate but we saw more informal means of advocacy through, for example, monthly resident and relative meetings. This meant that people were invited to be supported by those who knew them best through the service’s open approach to advocacy.

We observed numerous dignified and patient interactions during the inspection. For example, we saw care staff knock on people’s doors and wait for a response before entering, whilst one person who wanted to sit in the ground floor conservatory area was supported to move there without delay. We later saw this person approached by a member of staff to ask if they would like to return for lunch. The manner in which they spoke was respectful, calm and unrushed. This meant that people and their preferences were treated with dignity and respect.

The Service User Guide, a copy of which was in each room, stated that all faith denominations were welcome and we saw Catholic, Methodist and Church of England ministers all attended the home to give communion. This meant people’s right to religious beliefs and freedoms were respected and enabled.

Good

Is the service responsive?

Our findings

We found the service to provide care that was responsive to the needs of people, alongside promoting and enabling a range of innovative activities that were informed by people's interests and histories.

People were able to engage in a range of day-to-day activities the activities co-ordinator arranged, such as taking part in quizzes, nail therapy, dominoes and board games. Other weekly activities were also arranged, such as 'knit and natter', film nights, singers and hairdressing, which were clearly displayed on noticeboards and via a residents' newsletter. We saw that one person was happy to return to their room and watch TV, whilst another preferred to read a newspaper in their room. With regard to group activities, we saw these were always planned in light of feedback sought from people through the monthly residents' meetings. We saw that these preferences were regularly acted upon. The minutes of the meetings, as well as future dates, were delivered to each person via the resident's newsletter, which was produced monthly and available in an easy read format. This meant people were fully involved at all stages of the activities programme.

We saw that, where preferences could not be accommodated for group activities, the activities co-ordinator had found innovative solutions to meet people's preferences. For example, it had not been possible to arrange the transport and additional staffing for a group trip to a local museum that had particular accessibility issues. The activities co-ordinator developed a strong working relationship with the museum and agreed that they would visit the home once a month with a suitcase of memorabilia that people could interact with. This regular visit was described as "Very, very good – it's these little things that make the difference" by one relative. Likewise, a group visit to a theatre had not been possible. In order that people's preferences could be met the activities co-ordinator arranged for a theatre group to visit the home and put on a production. This service now happens twice a year and was described as "Very good" by one person who used the service we spoke with. We saw that the next group activities arranged included a visit from a company who exhibit exotic animals and a visit to the nearby school to make soup with the pupils. The service also hosted 'school and chat' sessions monthly whereby pupils would visit the service and show people the projects they were working on. We saw that the service had also recently arranged for nearby college students to help people pot plants to improve the exterior aspect of the home, with planting materials supplied by a local supermarket. This meant that people were supported to participate in a comprehensive and meaningful array of interests suited to their preferences.

The service had an activities room which was used for film nights and craft sessions. Ceiling tracking hoists in the room meant that anyone who required a hoist to move could more easily engage in these activities. This meant the service was able to respond to people's preferences whilst having regard to people's right to a private life through participation in social and recreational activities in their community.

Where people chose not to take part in group activities, there was dedicated time for the activities co-ordinator to spend with them and we saw they had range of activities that people could partake in on an individual basis, such as 'memory joggers'. These were picture cards of famous people used to stimulate conversation. The activities co-ordinator told us, "Sometimes people just want to chat or have some company." This meant that all people who used the service had their preferences respected through an approach to activity planning and implementation that was inclusive, innovative and varied.

We saw the service had a dedicated on site hairdresser which was used twice a week. This service was extremely popular with people who used the service and one relative told us, "[Person] loves it."

We saw one door had a newspaper lodged in the hand rail next to it and asked the registered manager about it. They stated "[Person] likes his newspaper delivered as he always has done - that's his front door." This meant the service had regard to people's individual histories and habits and respected them when providing care and support.

One person had recently moved to the service and, when we spoke to their relative, they told us how the activities co-ordinator had noticed in group activities they had sat between the main group and one person whose preference it was to watch television. The activities co-ordinator has asked the person in a quiet moment if they would like to be more involved in the group and the person took up the offer. Their relative confirmed they had since "Loved the

Good

Is the service responsive?

activities." This meant the service had taken discreet, thoughtful action to ensure a person wasn't placed at the risk of social isolation and was able to fully participate in interests meaningful to them.

With regard to supporting people's care needs we saw this was personalised through involvement with people receiving care and those who knew people best. One relative told us they were "Impressed" with the level of information the service requested at this pre-admission stage. They also told us that, at their first visit, the registered manager had welcomed the person by offering them a seat and a cup of tea to their preference; the pre-admissions questions had included preferences to this level. This meant the service had regard to the information regarding personal preferences it gathered to ensure people received a tailored welcome.

A pre-admission assessment was completed in every care file we looked at, documenting people's life history, likes, dislikes and a range of information regarding medical, dietary, religious, mobility and other needs. Each care plan we reviewed contained a photograph and keyworker information. We saw that care plans were reviewed regularly with the involvement of healthcare professionals, relatives and others who knew people best. There was a range of care plans and risk assessments going into a level of detail that ensured effective care was supported through clear documentation**.** We saw evidence that people had been promptly referred to external specialists when their needs changed and one visiting healthcare professional told us, "Staff take on board advice. They are proactive at responding to ill health" whilst another told us, "They always call if they think they've spotted something." One relative told us, "[Person's] moods change so quickly but they're so patient and they always know what to do." This meant people's needs were regularly assessed and consistently met.

We saw the service had a complaints policy in place but that no complaints had been received recently. We saw that the complaints procedure was clearly displayed in communal areas, and in the Service User Guide. When we asked people who used the service and their relatives if they knew how to complain and who to they were clear about this. We also saw in meeting minutes that the activities co-ordinator gave people an opportunity in these forums to raise any concerns. This meant people were supported by a range of means through which to raise concerns and were confident in doing so.

When people used or moved between different services this was properly planned. For example, each person had a personal health profile completed that was unique to them. This contributed to ensuring people were afforded a continuity of care if they moved to another service.

Good

Is the service well-led?

Our findings

One member of staff told us they received "Great support from management," whilst another said, "They're always walking around, which is the best form of management." Another member of staff we spoke to said, "It is a really lovely place to work and I feel supported." Relatives consistently told us that the registered manager was approachable and communicated regularly. One said, "[Registered manager] always keeps us up to date and lets us know if there are any concerns," whilst health and social care professionals were positive about the clarity and consistency of communication they experienced from the service.

The registered manager had a sound knowledge of the day-to-day workings of the service and we observed them assisting people who used the service in a caring manner during our inspection. This meant the management of the home took an active role in defining both the culture of the home and the day-to-day service provided.

During the inspection we asked for a variety of documents to be made accessible to us during our inspection. These were promptly provided and well maintained. We found records to be well kept, easily accessible, accurate and contemporaneous.

We noted there were concerns raised by one member of staff in the recent staff survey about suggested changes not happening but this anonymous response did not detail which areas of change had been suggested. The consensus among all staff we spoke with was that the registered manager was responsive to feedback from a range of sources, including staff. One member of staff said, "The carers are empowered to raise concerns" and went on to say, "They support continuous professional development if you want to get on" and "If I'm concerned I'm listened to and respected," whilst another member of staff told us they had "Confidence in the manager." People who used the service, relatives and staff had a range of means through which to raise queries openly. This meant the management team had encouraged an open and transparent working environment.

The registered manager, activities co-ordinator and other staff were consistent in their appreciation of the importance of maintaining community links, which were strong and varied. For example, there were regular reciprocal visits with the local school, whilst the home was involved in the establishment of a local community garden. We also saw a local college visited the service twice a year, the Salvation Army and the fire service at Christmas. This meant the service developed and maintained links that people who used the service valued as members of that community.

The registered manager recognised the importance of continually assuring the quality of the service and striving for improvements. The auditing structure was comprehensive: audits of all aspects of the service were undertaken by two deputy managers who each had one day per week dedicated to quality assurance, supervisions and appraisals. We saw, for example, each care plan had an audit sheet on the front. In one we saw the audit had identified an overdue care review and that this had been immediately instigated following the audit. We also saw that the management team undertook monthly checks of all rooms and furnishings, which helped manage the upkeep of the premises. This meant the service scrutinised its own standards and rectified any issues promptly to ensure high levels of care.

The registered manager had completed a Provider Information [PIR]. The PIR is a document the CQC ask providers to populate with key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. We saw that the information provided therein was consistent with the evidence we gathered during our inspection, both in terms of documentation and interactions. The consistency of managerial and operational understanding of the values of the service showed us that the service benefitted from good leadership. For example, the activities co-ordinated was delegated the autonomy to pursue innovative solutions to ensure people's preferences were met. We saw that this had been achieved

The registered manager held regular staff meetings and we saw evidence that they acted on the feedback received at these forums. The registered manager also ensured surveys were sent to staff and made available to residents. A minority of the staff surveys returned expressed concerns about requested changes not taking place but these were not specific and the comments were not in line with the comments made by staff we spoke with during our inspection. Resident surveys had been returned but not yet analysed and acted on. The surveys asked a range of

Good

Is the service well-led?

questions about care provided, atmosphere and services and responses indicated high levels of satisfaction, namely 235 'good' or 'excellent' responses compared to 15 'neither good nor bad' and 2 'poor'. The registered manager undertook to look into where there were areas of perceived poor practice.