

Brancaster Care Homes Limited

Cartmel Grange

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection visit took place on 19 December 2017 and was unannounced.

At the last inspection the service was rated overall Good. The safe domain required improvement in relation to recruitment and was outstanding in caring. At this inspection we found recruitment had improved and good recruitment practices were in place. The service remained overall Good, remaining outstanding in the caring domain and good in the other four domains.

Cartmel Grange Nursing Home provides accommodation for up to 73 people who require nursing and personal care, some of whom are living with dementia. There are three units in the home over three floors and there is a passenger lift to assist people to access the accommodation on the upper floors. All the bedrooms in the home are for single occupancy. Cartmel Grange Nursing Home is set in its own grounds and people have access to safe, outdoor space. It is on the edge of the seaside town of Grange-Over-Sands. There were 71 people lived at Cartmel Grange when we inspected.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

People told us they were happy and supported by staff who cared for them and treated them well. One person said, "The care is 'brilliant. They (the staff) are gentle and good." Another person told us, "Staff look after me really well here they're very kind and treat me so well."

People we spoke with told us they felt safe at Cartmel Grange Nursing Home. There were procedures in place to minimise the risk of unsafe care or abuse. Staff knew the actions they needed to take and had received training on safeguarding vulnerable people. A visiting relative said, "I feel [family member's] safe here, no worries about that."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The staff team worked well together. There were sufficient staffing levels in place to provide support people required. We saw staff showed concern for people's wellbeing and responded quickly when people required their help.

Medication procedures observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. The design of the building and facilities provided were appropriate for the care and support provided and we found equipment had been serviced and maintained as required.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they were happy with the quality and variety of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. One person told us, "I love my meals. Sometimes I even get too much." Another person said, "I like it here you get good food."

We saw people who lived at the home had access to healthcare professionals. They told us their healthcare needs were met promptly. Staff provided care in a way that respected peoples' dignity, privacy and independence. People told us staff treated them as individuals and delivered personalised care.

Care plans were personalised, involved people and where appropriate, their relatives and were informative about the care people received. One person said, "They always ask me if I want any changes with my care." A relative told us "Any queries or concerns are answered straight away. If anything happens they give us a ring. We couldn't get anyway any better."

People who lived at the home and their visitors told us they enjoyed a variety of meaningful activities in the home and in the local community. These gave people the opportunity to develop and maintain skills and hobbies and for social interaction. Activities for Christmas included staff supporting lots of people who lived at Carmel Grange to make a large Christmas themed gingerbread house made from cardboard and a Christmas sleigh.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints One person said, "Everything is positive – No complaints." They also had information with regards to support from an external advocate should this be required.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative meetings to seek their views about the service provided. People who lived in the home and their relatives told us the management team staff were approachable and easy to talk with. We saw their views were sought in a variety of ways.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains outstanding.	Outstanding ☆
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Cartmel Grange

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

Cartmel Grange Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Cartmel Grange Nursing Home is on the edge of the seaside town of Grange-Over-Sands, It provides accommodation for up to 73 people who require nursing and personal care, some of whom are living with dementia. There are three units in the home over three floors and there is a passenger lift to assist people to access the accommodation on the upper floors. All the bedrooms in the home are for single occupancy. The home is set in its own grounds and people have access to safe, outdoor space.

Prior to our inspection visit we contacted the commissioning department at the local authority and CCG and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 19 December 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and three expert-by-experiences. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experiences on this inspection had a background supporting older people or people with dementia.

During the visit we spoke with a range of people about the service. They included 22 people who lived at the home, 10 relatives and two visiting healthcare professionals. We spoke with the registered manager and 12 staff members. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of five people and the medication records of eight people. We reviewed a variety of records, including care records, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

At the last inspection recruitment practices were not consistently safe. However on this inspection they had improved. When we looked at the staff files of four members of staff they showed safe recruitment checks were carried out before staff started to work at the home. We saw and staff told us they had a full employment work history, references from previous employers and they had completed a disclosure and barring check (DBS) prior to being employed. They had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

We asked people who lived at the home if they felt safe in the care of staff. Comments received included, "Do I feel safe? 'Absolutely.'" And "I feel safe here no one will harm me or hurt me." And "I like it here, lots of nice people, I feel safe here, A visiting relative said, "I feel [family member's] safe here, no worries about that."

We observed people being moved in a safe and dignified manner. Staff used the correct procedure whilst moving and handling. Hoists were in use and each person had their own sling, the correct size and properly named. People told us they felt staff kept them safe and supported them well when they were moving about. One person said, "I don't walk now but the staff move me around and I feel very safe." Another person told us, "I am very safe and comfortable here. The staff always walk with me. I would fall without them" A relative told us they were pleased with the care staff took to keep their family member safe at night. They said, "They have lowered the bed to reduce risk of rolling out and have put a cushioned mat on floor to stop any harm, and they talked it through with us so we were happy with everything."

The registered provider had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. We spoke with staff who were aware of their responsibilities to ensure people were protected from abuse. During the inspection process we contacted the local authority and they told us there had been no concerns raised with them about people's care at the home.

We found risks for people were reduced because the registered manager had completed risk assessments. We saw they provided instructions for staff members when delivering their support. Staff were knowledgeable about these which helped to keep people safe while enabling them to be as independent as possible. They were monitored and reviewed regularly. A relative said, "I never see staff lose their temper argue or being harsh or anything they are so good. We looked at how accidents and incidents were being managed at the home. Where any incident, accident or 'near miss' occurred the registered manager and staff team reviewed them to see if lessons could be learnt and if they could reduce the risk of similar incidents.

We asked people if there were enough staff on duty. They told us there were usually plenty of staff and where people needed support staff provided assistance quickly. One person said, "There are always staff available." A relative told us, "The staffing seems to be enough to care for [family member] They don't have to wait long for help." We looked at staff rotas and saw staffing levels were sufficient to meet the needs of people safely. The registered manager reviewed staffing frequently and rota'd additional staff if needed

People said staff supported them with their medicines safely. One person told us, "My medications always come on time." Another person said, "I get my medication when I am supposed to get it."

We looked at a sample of medicines and administration records and found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. A relative told us, "[Family member] doesn't take a lot of tablets but it was thoroughly checked when we came here."

We observed staff giving out medicines. They were focussed on their task to ensure these were given correctly. They checked each person's medicines, locked the medicine cabinet securely, gave the medicine to the person, waited until they had taken this, then signed the medicine record. They repeated this for each person. This indicated medicines were being administered correctly. Staff offered 'when necessary' medicines such as painkillers to people regularly to assist them with pain control. One person said, "I sometimes need pain tablets and they always give them to me straight away."

Where controlled drugs were administered the controlled drugs records and correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. Maintenance and repairs were carried out promptly. Equipment was serviced regularly. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. This meant staff were reducing the risk of cross infection to people they supported and themselves when providing personal care.

Is the service effective?

Our findings

Staff made sure people had sufficient nutrition and hydration. People told us they enjoyed the meals which were nutritious and well presented. Comments included, "There is always something nice to eat." And, "I really enjoy my food. The food is good." And, "The food is excellent I am putting weight on all the time." And, "We get really big portions." And, "I like plain food there is always plenty of choice. If I don't like the choice they give me something else."

There was a cooked breakfast, cereal, juice, tea, coffee, yoghurt, toast, kippers, fresh fruit, prunes. There were menus on the table at breakfast and lunch. There were material napkins on the table for the SU's there were also paper ones in a stand in the middle of the table. There were also sauces and tooth picks on the table.

People had been assessed on their nutritional needs and preferences and staff were aware of people's dietary needs. Staff had a very good knowledge of their likes and dislikes. A variety of hot and cold drinks were served with lunch. Thickeners were put in drinks of those that needed it. A relative told us, "[Family member's] food is blended, thickeners are added to help things go down." The Food Standards Agency had awarded Cartmel Grange their top rating of five following their last inspection. This is the regulatory body responsible for inspecting services which provide food. They graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

Care and attention was given to mealtimes and making it a relaxed and pleasant experience. We observed lunchtime around the home. People ate where they wanted to, in the dining rooms, lounges or their bed rooms. Nobody was rushed with their food and they could have more food if they wanted. People had choices of meals. We saw one person didn't like soup so had grapefruit as a starter instead. Another person wanted the prawns but wasn't sure about the sauce so was given the sauce in a separate dish to try. People's food and fluid intake were monitored and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken.

The registered manager carried out assessments of potential residents before anyone was admitted into the home to check they could meet their needs. These were used to start planning care and were updated as staff got to know the person. The person and if appropriate, their family had been involved in the assessment and care plan.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to various aspects of care and treatment was recorded on people's care records. Some people were living with dementia. We saw people's mental capacity had been considered and was reflected in their care records. The Mental Capacity Act 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 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People we spoke with said staff checked with them they agreed for them to provide care and support. They told us they were not restricted in what they did. We saw written consent to various aspects of care and treatment was recorded on people's care records. Where people were restricted this was done lawfully.

We looked around the building found it was appropriate for the care and support provided. People had personalised their rooms with their own choice of belongings. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. There was a lift which serviced the building and all rooms could be easily accessed. Written and picture signage to inform people of direction to rooms was in place to assist people moving around the building. Each room had a nurse call system so people could request support if needed. Aids and hoists were in place to assist people with mobility problems. Clear signs, using pictures and words, had been put in place to enable people to move around the building confidently. For example pictures of toilets on bathroom doors to remind people of their location. A safe and secure garden enabled people to access outdoor space when they wanted.

Care records seen confirmed visits to and from GP's and other health care professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. People's healthcare needs were carefully monitored and discussed and agreed with the person and if appropriate their relatives. A relative told us, "Appointments are made for [family member] if necessary such as hospital. I can go if I wish or the home will organise it for me." The staff team worked with other professionals so they had relevant information and documentation about people's needs.

People received effective care because they were supported by an established and trained staff team. People told us staff were competent and knowledgeable. One person said, "The staff know what they are doing. Very capable people." A relative told us, "Staff work well as a team." Staff worked well together and had a good understanding of people's needs. Staff were encouraged to become a champion where they took a particular interest in some aspects of people's care, for example, dignity or dementia care. They were enthusiastic about the roles and supported other staff with guidance and information.

We saw staff were trained and knew how to support people. Records seen and staff spoken with confirmed they received regular training. Staff told us they were encouraged to complete any training relevant to their role. This assisted them to provide care that met people's needs. One member of staff told us, "We had the dementia bus care in the other week and I learnt a lot from that it was really interesting, getting an insight into how what someone's world is really like. Another member of staff said, "We get lots of different training such as thick and easy, dementia friends training, infection control, safeguarding, end of life care, dementia care."

We checked staff received supervision and appraisals. We spoke with staff who told us they were able to talk with the registered manager at any time not just during supervision and felt well supported. Records seen showed supervisions and appraisals were provided.

Is the service caring?

Our findings

People told us they were happy and received excellent care. Comments received included, "The care is wonderful. They look after me so well. I couldn't ask for more." And, "The care is 'exceptional. The staff are 'excellent." And "I am very well looked after." Relatives were also very complimentary. One relative said, "We are happy to leave [family member] here. The staff are patient and caring they have loads of patience." Another relative commented, "We picked this home on the recommendation of a friend. She said the care here is very good and she was right. My [family member] was in another home and we had a very bad experience so I feel I have a comparison to make." A further relative told us, "We are extremely happy with the care. We had an opportunity to move her closer to home but we refused as the care is so good here and she's very settled."

Staff had a good understanding of protecting and respecting people's human rights. They knew and responded to people's diverse needs and treated people with respect and care. They had all had received training which included guidance in equality and diversity. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Staff talked with us about the importance of supporting people's differences. One member of staff told us, "What one person wants is so different to another. Their needs are diverse and it's important we understand this and get to know them." People's personal relationships, beliefs, likes and wishes were recorded in their care records and staff were knowledgeable about these. They respected people's family and personal relationships. The management team had placed an LGBTQ rainbow flag in reception so people knew the home was gay friendly.

Staff assisted people to meet with families and friends and encouraged and supported them to keep in touch. Relatives told us they had unrestricted access to their family member's. Staff assisted people to use technology. They encouraged people to use call bells to request assistance. People told us about using the telephone, computers and IPAD's to help people keep in touch with families as well as visits. One person told us, "Our family and neighbours come to visit. They can come anytime." A relative commented, "The care is 'lovely a proper home from home.' 'We can visit anytime."

We observed staff whilst they were carrying out their duties. Interaction between staff, people who lived at Cartmel Grange, visitors and fellow staff was relaxed and friendly. People were smiling and there was lots of laughter between them and staff. Staff had a very kind and caring approach. We observed staff demonstrated compassion towards people in their care and treated them with respect. They supported people in a prompt and sensitive way and protected their dignity.

We overheard a member of staff asking for help to for one person. It was done quietly and without fuss. A member of staff told us, "It's great here we all work as a team and I love the residents they are so nice to be with." Another staff member said, "I go home feeling like I have accomplished something by helping people. I have seen bad care elsewhere and I wouldn't want anyone to experience that here."

We saw care plans included people's care needs, likes and dislikes, hobbies and interests. People and where appropriate, their relatives were involved in developing and reviewing their care plans and their views were listened to and respected. One relative said, "I can ask anything about [family member's] care and I can be as involved as much or as little as I want. We saw people's care plans had been reviewed and updated on a regular basis.

We asked the registered manager if people had information about advocacy services if they needed this. We saw there was information for people if this was needed. This ensured people's interests would be represented by independent services to act on their behalf if needed.

We saw staff were careful about ensuring people's information remained confidential. They made sure people's records were safely stored in an office and staff knew not to talk about people's personal information in public areas. We saw staff respected people's privacy by knocking on doors and waiting for a response before entering.

Is the service responsive?

Our findings

People who lived at the home told us staff were responsive to their care needs and available when they needed them. One person told us, "I only have to ask and one of the staff will look after me. They do all they can for me. I need a lot of help to get ready." Another person said, "I can please myself but if I need help, they come straight away. A further person commented, "I can join in anything if I want to. Nobody makes me do anything I am not happy with."

People told us care they received was personalised to them and they were encouraged to make their views known about how they wanted their care and support provided. One person told us, "I like to spend time in my room, I can if I want staff come and look after me when I want them." Another person commented, "I choose this room because it's got a great view and I like bird watching." A member of staff said "It is important that we know about the lives of residents before they came to us. A relative told us, "We were asked [family member's] preferences then everything we asked for was provided. I feel their care is being tailored to their needs'. We saw people were given the choices whether it was where they were sat or what drinks they wanted or the activities they wanted.

Care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about the support people in their care required. We checked if the provider was following the Accessible Information Standard. Which states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss.

Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs and how they communicated. The service had also considered good practice guidelines when supporting people with communication needs with healthcare appointments. The registered manager confirmed the complaints procedure and service user guide were available in different font sizes to help people with visual impairments. The service shared important information about people's needs, including communication needs, with other professionals. This helped to guide healthcare professionals where people were unable to communicate for themselves.

We looked to see if people were supported to maintain relationships that mattered to them. People told us staff encouraged friends and family to call and made them welcome. They said they also helped them to keep in contact by phone and email. A relative said, "We can call in at any time for example the other day we were passing at 9pm and called in and were made welcome."

We asked people if they were offered meaningful activities. We saw people were central to everything that was going on in the home. Staff recognised the importance of social contact and leisure activities and there were frequent and varied activities available and many of these were advertised on notice boards around the home. People told us there were lots of different activities to choose from. Comments included; "I like

most of the activities I am never forced to join in they always ask." And "There is always something going on. Aye I like all that." And, "There are not a lot of activities on the weekend but there are loads through the week." And, "It's like I'm on holiday living here." A relative told us, "It's home from home as far as we are concerned as a family member I leave with a nice feeling." A member of staff said, "It's different everyday that's why I love it so much."

We saw staff had supported people to make a large Christmas themed gingerbread house made from cardboard. Everyone who wanted was involved in this and staff made sure there were tasks for all regardless of disability. During our inspection we saw people involved in making a full sized sleigh to hand the Christmas presents out from on Christmas day. There was also a beauty session, a visit by the hairdresser, a trip to Kendal and carol singing with people from a local church. The Carol service was very well attended and people joined in with enthusiasm. There was also a visit from a PAT dog, who wanted could spend some time with the dog. We saw one person who couldn't respond verbally whose face lit up and tried to speak when the dog entered the room. We also saw staff rehearsing for their Christmas show for the residents the following '

There was a complaints procedure which was made available to people who lived at Cartmel Grange and their relatives. People told us they were encouraged to raise any concerns or complaints. They told us they knew how to make a complaint if they were unhappy with their care or had concerns. They said staff listened to them and responded quickly if they were not happy about something. The registered manager told us she always responded to concerns raised immediately to prevent them developing into a formal complaint. People who lived at the home told us they were happy and had nothing to complain about. People who lived at the home and visiting relatives told us they were happy and had nothing to complain about but were confident any concerns would be addressed by the registered manager. One person said, "Cant grumble about anything. More than happy here. There's nothing I don't like about being here." Another person commented, "If I needed to complain I'd complain myself."

We saw, from care records, staff had discussed people's preferences for end of life care where people were willing to do so, so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar surroundings, supported by staff who knew them. The family of one person told us staff had been very caring and compassionate when their family member was heading towards the end of life and during their bereavement afterwards. Staff were knowledgeable and had end of life care training. The home had achieved platinum gold standard framework. They worked closely with the local hospice and there was sufficient information available to them. Surveys and written compliments showed staff were very caring and provided excellent end of life care. Relatives wrote, 'Your staff made a real difference when it mattered so much.' And, 'Thank you for all you did for [name] You were all wonderful and we will miss you.' Staff told us one person had become very poorly and said, "We will do anything them. They deserve the best."

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the registered manager was caring, approachable and well organised and they were happy with the way in which the home was managed. One person said, "The manager is first class." Another person told us, "The manager is 'very good natured, pleasant and listens." A relative said, "The manager is always cheerful and easy to talk to."

People said the management team frequently sought their opinions on the service. As well as informal chats, there was a suggestion box, residents meetings and satisfaction surveys. Information was displayed on notice boards around the home. The registered manager was visible and active within the home. People said she went around the home frequently talking with residents, relatives and staff. People were relaxed and comfortable in her company and engaged in conversation with her. People were positive about the care and support provided and were praising of the registered manager and staff team. People said they felt safe and the home was well managed. One survey comment captured the views of people who lived at Cartmel Grange and their relatives 'The managers and staff are exceptional and cannot be valued highly enough.'

The organisation produced a weekly newsletter, 'The weekly Sparkle' which included reminiscences, residents' voice and quizzes. People told us they enjoyed this. There was also an informative activities booklet with several scheduled activities for people to choose from each day. We saw these were numerous and included 121 activities, in house activities and trips out.

There was a clear management structure in place. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. They understood the legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The registered manager and management team used various ways to effectively govern, assess and monitor the quality of the service and the staff. Regular audits had been completed. These included reviewing staffing levels, medication procedures, care plans, infection control and the environment. Actions had been taken as a result of any omissions or shortcomings found.

Supervisions and staff meetings as well as daily handover discussions were held to involve and consult staff. Staff told us they were able to contribute to the way the home ran through these. They were very positive about the support they received from the registered manager and management team. One member of staff

told us, "We get fantastic support. The best home I have ever worked in." Another staff member said, "I absolutely love my job, It can be hard work but the rewards more than make up for it and we get great support." A further person told us they also got practical help and said, "We have a bus that picks us up and takes us home that's really good as there's not a lot of transport round here."

We asked the registered manager how they engaged with other services to ensure they were providing best practice and making sure the people in their care were safe. They told us sought information, advice and guidance from other agencies. These included social services, GP's and other healthcare professionals. They also sought guidance and information from external sources. This included contacting local commissioners and health professionals for advice and researching various best practice websites for positive changes in care. They learnt from incidents that had occurred and made changes to care plans in response to these.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.