Your Healthcare Community Interest Company

Wesley Lodge

Inspection report

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Ratings

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

Overall summary

Wesley Lodge is a residential home which provides accommodation and personal care for up to eight people, who are living with a learning disability, physical disabilities and have complex needs. At the time of our inspection there were eight people who lived at home. Whilst people were unable to take part in full discussions, we were able to speak with people and observe how they interacted with staff. The home is on one level which enables people to move around the home freely and there is a spacious and secure garden for people to use.

The inspection of Wesley Lodge took place on 27 May 2015 and was unannounced.

This inspection was a follow-up to a previous inspection which was carried out on 9 January 2014, where we found that the provider had not met the standards required in the Management of medicines, requirements relating to workers, supporting workers and assessing and monitoring the quality of service provision. During this visit, we found that the provider had made some improvements.

At the time of the inspection there was not a registered manager in post. 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 persons'. Registered persons have legal

Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' Since the inspection, we note that an application to become the registered manager has been submitted to the CQC.

People were safe at Wesley Lodge, a relative told us, "Yes, they are very safe, no issues, not at all." Staff had a clear understanding of the signs of abuse and were aware of what to do if they suspected abuse was taking place.

The provider had not conducted all of the necessary checks to ensure that people were safe to work with people at the home. We have recommended that the provider reviews and implements the requirement set out in the regulations.

Care was provided to people by staff who were competent to carry out their role. Staff told us they received supervision, but did not have appraisals.

Staff worked within best practice guidelines to ensure people's care, treatment and support promoted well-being and independence.

Medicines were managed safely. Any changes to people's medicines were prescribed by the person's GP.

Staff were up to date with current guidance to support people to make decisions. Information about the home was given to people and consent was obtained prior to any care given. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards.

People had enough to eat and drink throughout the day and night and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The home worked effectively with healthcare professionals and was proactive in referring people for treatment.

A relative told us staff were, "Very caring." They know my relative, they like them and they go out of their way to please them." Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. Relatives and friends were able to visit. People's privacy and dignity were respected and promoted for example when personal care tasks were performed.

The home was organised to meet people's changing needs. People's needs were assessed when they entered the home and on a continuous basis to reflect any changes in their needs.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their views to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the home.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the home had in place. We found there was a range of activities available within the home and community.

The provider actively encouraged and supported people's involvement in the improvement of the home. We have made a recommendation about how to best capture people's voices.

People's care and welfare was monitored regularly to ensure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided. Management liaised with, obtained guidance and best practice techniques from external agencies and professional bodies.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive.

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?

Requires improvement

The service was not fully safe.

Not all the necessary checks had been carried out to ensure that staff were safe to work with people at the home.

Individual risks of harm to people had been identified and suitable guidance was in place for staff.

There were enough staff to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Requires improvement

The service was not fully effective.

Care was provided to people by staff who were competent to carry out their role. Staff told us they received supervision, but did not have appraisals

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

People were involved in decisions about their care.

Staff involved and treated people with compassion, kindness, dignity and respect.

Interactions between staff and people who lived at the home were kind and respectful. Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit.

People's privacy and dignity were respected and promoted. Staff respected people's privacy and dignity when providing personal care.

Is the service responsive?

Good

The service was responsive.

The home was organised to meet people's changing needs.

Summary of findings

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there was a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The home did not have a registered manager. The manager informed us they had begun the application process to become the registered manager.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and staff would report any concerns to their manager. Staff told us the management of the home were good and supportive.

The provider had systems in place to regularly assess and monitor the quality of the home provided.

Wesley Lodge

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 was an unannounced inspection that took place on 27 May 2015. The inspection was a follow-up to a previous inspection which was carried out on 9 January 2014, where we found that the provider had not met the standards required in management of medicines, requirements relating to workers, supporting workers and assessing and monitoring the quality of service provision. The inspection was conducted by two inspectors.

Due to peoples' complex communication needs we were not able to speak fully with people who lived at the home. We observed how staff cared for people and worked together throughout the day to gain an understanding of the care provided. We spoke with twelve staff, three relatives, the manager, learning disability nurse, administrator and a visiting healthcare professional.

We contacted the local authority and health authority, who had funding responsibility for people using the service. We looked at some of the bedrooms with people's agreement, reviewed three records about people's care, support and treatment, four staff records, and the provider's quality assurance and monitoring systems.

We reviewed records which included notifications, previous inspection reports, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Requires improvement

Is the service safe?

Our findings

During our previous inspection in January 2014, we found that the provider had breached Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulations 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation was in regard to how the provider must have effective recruitment procedures in place.

At this inspection we found that some improvements had been made, but there was still some omissions.

There was a recruitment and selection process in place. The manager conducted checks to ensure that staff were of good character; although references were obtained from previous employers, references had not been obtained where the person had worked with children to verify the reason for leaving, as stated in Scheduled 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since the inspection, the manager has informed us that references have been obtained. There were gaps in employment history in two out of the four files were reviewed. The manager verified staff's qualifications and membership of professional bodies. We noted that other staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services. This meant that not all of the necessary checks had been carried out to ensure that people are safe to work with people at the home and is an area for improvement.

We recommend that provider reviews and implements the requirements set out in Schedule 3 of the regulations.

There were sufficient staff deployed to meet people's needs. The manager told us that staffing levels were based on people's needs; this included any activities where people needed to be accompanied during the week. When people went out there were sufficient staff who stayed in the home to support those who remained. Staff told us they felt there were a sufficient number of staff on duty each day.

The manager told us that staff would pull together to cover shifts and if not, bank staff were used. This ensured that there was a consistent staff team who knew people's needs and wherever possible would reduce people's anxiety at meeting new staff.

Relatives told us, "Yes, they are very safe, no issues, not at all." Staff were knowledgeable about how to protect people from harm or abuse. We reviewed the information that was displayed throughout the home providing guidance to staff and people living at the home about what to if they suspected abuse was taking place.

A member of staff told us, "People would let us know if there was something wrong, If I suspected anything, I would report it to the manager, he would contact social services, safeguarding, police and CQC." The home held the most recent local authority multi agency safeguarding policy as well as current company policies on safeguarding adults at risk. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year. Information on identifying abuse and the action that should be taken was also freely available for people to look at through posters on display throughout the home.

Policies provided clear guidance to staff about how to protect people and staff from harassment and bullying. These contained information about the definition of harassment and bullying.

We saw there were arrangements in place to safely manage people's money. We saw each person had their financial income and expenditure recorded and verified. All monies were kept secure. This showed us that the provider had arrangements in place to reduce the risk of financial abuse.

People's risk assessments regarding their behaviour, health and needs were discussed with them. Any issues that arose would be discussed, along with the involvement of a healthcare professional, such as the speech and language therapist and learning disability nurse. Risk assessments clearly detailed the support needs, views, wishes, likes, dislikes and routines of people. Risk assessments and protocols identified the level of concern, risks and how to manage them. For example, a person had a special bed designed for people who cannot stand but who have the

Requires improvement

Is the service safe?

strength to move and harm themselves. Staff told us that accidents and incidents were logged and discussed as it was a "valuable way of learning", as they were able to look at ways to avoid reoccurrences or minimise the risk.

Some people could display behaviours which were harmful to themselves or others. People were supported because staff were trained in recognising and dealing with these behaviours, in order to keep everyone safe.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. There was a business contingency plan in place; staff had a clear understanding of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts and flooding. The provider had identified alternative locations which would be used if the home was unable to be used. This minimised the impact to people if emergencies took place.

During our previous inspection in January 2014, we found that the provider had breached Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation was in regard to how the provider must manage the administration and storage of medicines.

At this inspection we found that the provider had taken action to meet this Regulation.

Medicines were managed by staff in a safe way. Medicines Administration Records (MAR) were completed accurately and each contained a photograph of the person to ensure the medicine was given to the right person. This was signed by staff.

Staff administered medicines to people safely. We observed medicines being given to people. Staff were able to explain the correct medicines procedures and why it was important medicines were administered to people in a safe way. Medicines were audited and accounted for monthly.

Medicines were disposed of safely and correctly in accordance with the NHS guidelines. Any changes to people's medicines were prescribed by the person's GP.

Requires improvement

Is the service effective?

Our findings

During our previous inspection in January 2014, we found that the provider had breached Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation was in regard to what the provider must do to support staff in their role.

We found that improvement had been made, however there were still omissions.

Conversations with staff and further observations confirmed that staff had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively.

Staff told us they had regular group supervisions and team meetings, they stated that if they needed to speak to the manager on a one to one basis, they could. A member of staff said, "We talk about issues and training during the meetings." However we noted that appraisals had not been conducted, from the records we reviewed one member of staff has an appraisal carried out in September 2014. The manager informed us that they were awaiting training on the new appraisal system that has been implemented by the provider before conducting anymore appraisals. This meant that staff could be missing out on an opportunity to meet with their line manager to discuss their progress, training requirements or professional development. This is an area for improvement.

A relative told us, "Yes I think they are well trained, although I do not know the exact training they have. I turn up unannounced but they seem to know to what they are doing. There is not a high turnover of staff which is important for my family member, to have the continuity." There were sufficient qualified, skilled and experienced staff to meet people's needs. The manager ensured staff had the skills and experience which were necessary to carry out their responsibilities. Staff confirmed that a staff induction and training programme was in place. The manager confirmed that they did not use agency staff, so additional duties were covered by existing staff within the home or bank staff that are knowledgeable about people and understood their individual needs. New staff were shadowed by experienced staff until they were confident to do the job.

A staff training chart showed that all staff had been trained in areas relevant to their role such as medicines, safeguarding, moving and handling, fire awareness, basic life support and food hygiene, Mental Capacity Act and Deprivation of Liberty Safeguards. Staff confirmed that they had received the training which enabled them to do their role. This meant that people were supported by staff that had the necessary training to meet their needs.

Staff told us, "You can identify what professional development you want. There is a lot of training for everyone. All you have to do is ask." Staff received specific guidance and training related to the people they supported which helped them to develop effective skills. For example, staff received training tailored to their roles in Positive Behaviour, supporting people with eating and drinking, and the use of walking aids which were specific to people's needs. A relative confirmed that they had also attended the course in relation to their family member's mobility needs and found it very enlightening.

People were supported by staff who knew them well. One member of staff was able to describe to us the specific ways one person would communicate with them and what their individualised 'signing' meant. We observed staff interacting with people, by sitting down and having conversations with them, waiting for a response before moving on. We also saw a member of staff calm down a person by spending time with them talking to them, making them a drink and holding their hand until they were calmed.

We saw staff obtained consent before carrying out any tasks for people. We heard staff ask people, if they would like some help, or "what would you like to do listen to some music or go out into the garden". Staff had a clear understanding for the need to obtain consent and the protection the MCA provides. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. We saw assessments had been completed to establish whether people had the capacity to make decisions for themselves and if not, who were able to make decisions on their behalf, made in their best interests. For example a person needed a tooth extraction but could not consent for the treatment, therefore health and social care professionals were involved and a best interest meeting was held.

We noted that people had the right to refuse treatment or care and this information was recorded in their care plans.

Requires improvement

Is the service effective?

Staff were knowledgeable about what to do when someone refused. Staff told us they would talk to the person and ascertain why they refused and seek guidance if needed.

The manager had made DoLS applications in line with the current legislation. We saw that people were able to move freely around the house. DoLS provide a legal framework to prevent unlawful deprivation and restrictions of liberty. They protect people who lack capacity to consent to care or treatment and need such restrictions to protect them from harm.

People were supported to express their views about their care, support, treatment or the home in different ways such as: day to day conversations, through the Independent Mental Capacity Advocate (IMCA) that visited the home on a regular basis, relatives and social activities.

A relative told us, "Yes, he loves his food and drinks. We have observed meal times and there have been no issues with these." People were supported to eat and drink healthily and in line with their needs. There was a choice of suitable and nutritious food and drink available throughout the day.

People were involved in decisions about what they ate and drank. Staff sat with people and used cards/visual aids to help compile a menu for the week. Staff said they showed people different foods to enable them to make a choice in a visual way. Fruit was available to people if they wanted it.

Staff identified where people needed assistance with eating or had special dietary requirements, information and guidelines were recorded to ensure their needs were met. For example if people required special cutlery or crockery to enable them to eat food or drink independently, this was provided. Information about how to correctly position the cutlery so that the person could use it was provided. We also saw information given by a dietician that people should not be given tea or coffee first thing in the morning as it affected the absorptions of minerals; therefore people were offered fruit juice first thing instead. We noted that this was also added to the menu.

People had their needs assessed and specific care plans had been developed in relation to their individual needs. For example where people had specific dietary needs relating to their condition, guidelines were in place to monitor and review their needs, as well having safety measures in place to minimise the risk of harm. Staff monitored people during mealtimes to ensure that people's mental health needs were supported and did not trigger behaviours in others.

People were involved in the choice of menu for breakfast, lunch and tea. There was a choice of nutritious food and drink available throughout the day; however an alternative option was available if people did not like what was on offer. The menu was in pictorial format so it was easier for people to understand and make informed choices. Staff confirmed that a dietician was involved with people who had special dietary requirements.

Detailed information about people's food likes, dislikes and preferences such as religious or cultural needs was available. Guidance was provided to staff about different types of food people needed to avoid as this would cause eating and drinking difficulties which could increase people's discomfort and anxiety levels.

People had access to healthcare professionals such as GP, district nurse, occupational therapist, dietician, behavioural therapist and speech and language therapist. People had access to a learning disability nurse at the home. We saw from care records that when people's needs had changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. People also had access to a specialist dentist who was experienced in treating people with complex needs. People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. This meant staff were given clear guidance from healthcare professionals about people's care needs and what they needed to do to support them.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. Relatives told us, "Carers seem to really care about people." "They really understand my family member." "Yes they are caring, never had any issues with how X is treated." The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. Staff were caring. People were happy and laughing whilst enjoying being with staff.

People were supported to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in. People were able to personalise their rooms with their own furniture, personal items and choosing the décor, so that they were surrounded by things that were familiar to them. For example when people refused to eat, staff would try and gently persuade them, explaining the importance of eating. If people often refused to eat, staff said they would monitor the person including their weight and they would refer the person to the dietician and obtain guidance from them.

Staff told us, "We know the residents here, we communicate with each other especially if we find something new about the person." "We also watch their body language and facial expressions; you pick up a lot from them." Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. We saw detailed information in care records that highlighted people's personal preferences, so that staff would know what people needed from them. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. For example people had items that soothed them. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. We noted that care records were reviewed on a regular basis or when care needs changed.

We noted that information about people's care and support was also provided if a person required hospitalisation. There was guidance provided to staff regarding questions to ask when completing the information. This information was made available to hospital staff to enable them to know important things about people's medicines, allergies, medical history, mental and physical needs and how to keep them safe.

Staff approached people with kindness and compassion. We saw that staff treated people with dignity and respect. Staff called people by their preferred names, and personal care tasks were conducted in private. Staff interacted with people throughout the day, for example when preparing dinner, helping someone to get dressed, listening to music and watching television, at each stage they checked that the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner.

A relative told us; Yes I am involved in his care now, as Mum cannot do it anymore. They contact me for any healthcare appointments, changes to my relative's care, they are very open." The manager ensured people were supported safely and involved in decisions about their care needs and risks. People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. We observed staff having conversations with people. Staff did not talk over the person or make choices for them. Relatives and health and social care professionals were involved in individual's care planning, and there was detailed information recorded. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care.

Relatives and friends were encouraged to visit and maintain relationships with people. People were able to attend various activities outside in the community in addition to their regular ones, for example attending the cinema on a monthly basis, outings at the weekend with family members.

We observed a staff handover discussion and staff told us that they completed a handover sheet after each shift which relayed changes to people's needs. We looked at these sheets and saw, for example information related to a change in medicines or care needs, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities and personal care given. This showed us that the staff had up to date information relating to peoples' care needs.

Good

Is the service responsive?

Our findings

Relatives told us, "Yes staff are very responsive to my relative's needs, the staff have been there for a long time and they know him well." We saw positive examples of how staff knew and responded to people's needs. A member of staff was observed talking to two people who lived at the home, whilst applying sun cream to their skin in the garden. A person started to get agitated; we saw the member of staff reacted to by asking her simple questions to ascertain what they needed. Eventually the person calmed down, they were both given drinks and continued to enjoy being out in the garden. Another member of staff saw that a person was on their own and went over and started talking to them ascertaining if they were okay and continued having a conversation with them.

People who wanted to move into the home were offered a trial period first, so they could meet others who lived at the home, get involved with activities and stay the night, to ascertain if the home met their needs and if they liked it. To ensure a smooth transition, staff visited the previous home that the person lived in, so they could get to know them and observe how staff from that home provided care and support. Information about the home was provided in pictorial format for those people who were unable to communicate verbally.

Care given was based on individual's needs, care and treatment. Preadmission assessments provided information about people's needs and support. Where people displayed behaviour that was challenging, guidelines were provided to staff to minimise risk, whilst ensuring the person was safe. Staff were quick to respond to people's needs. The manager told us they do not use agency staff, existing staff from the home or bank staff to cover any annual and sick leave. He told us by having a consistent staff team they were able to build up a rapport with people. This meant that staff knew people and understood their needs.

Pre and admission assessments recorded individual's personal details and whether they had capacity to make decisions for themselves was reviewed on a regular basis. Details of healthcare professionals such as doctor, dentist, care manager, information about any medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were documented. This information was reviewed before a care plan was developed and care and support given. This enabled staff to build a picture of the person's support needs based on the information provided.

People's needs were assessed with them to ensure the home could meet their needs. The provider also obtained information from relatives, health and social care professionals involved in their care. This enabled the provider to have sufficient information to assess people's care and support needs before they received care, support and treatment.

Relatives told us, "There are activities, there is a timetable for him it and is very good for him." Another told us, "I would like to see more age appropriate activities, maybe work with other organisations that do group activities for people." We noted that people attended a lot of activities throughout the week in the home and outside in the community. Activities range from attending a day centre, hydrotherapy, aromatherapy, going out with staff for a coffee and music therapy. We also saw photographs of outings people had attended. The home had their own form of transportation to drive people to their activities and places of interests.

People were provided with the necessary equipment, care and treatment to assist with their care and support needs. We saw that people had access to healthcare professionals who has specialist experience with people who had specific needs. Information regarding people's individual needs and treatment was recorded in their care records; and staff was knowledgeable about their needs.

Relative told us, If I had a complaint I would speak to the manager, or I would go to someone higher in the organisation", "I have never had to raise a complaint." People and relatives confirmed that they were aware of the complaints system. Peoples' feedback was obtained in a variety of ways such as discussions with people and their relatives or at annual reviews We looked at the provider's complaints policy and procedure. Staff had a clear understanding of the complaints policy and procedure as well as the whistle blowing policy. Staff knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. The manager maintained a complaints log. We were informed by the manager that there were no complaints about the home in the last twelve months.

Requires improvement

Is the service well-led?

Our findings

A relative told us, “I give verbal feedback at annual reviews but nothing in writing, we have relative meetings.” People, relatives and stakeholders were encouraged to give feedback about the home. However, there was no system in place to obtain relatives’ views about the service provided.

We recommend the providers researches best practices on how to capture people’s voices about the service provided.

Staff were involved in the decisions about the home. We read there were regular staff meetings where staff discussed a variety of topics. These included the food, new activities for people, medicines and new policies

Staff had a clear understanding of the ethos of the organisation and the purpose of their role. This was embedded in staff induction and training and staff were encouraged to reflect on their practice. The provider had their own trainers who used the values of the organisation as the overall theme for all training.

Staff said they felt supported. Staff told us, “We have a good team of staff, we learn from each other.” “The manager is supportive.” We received mixed comments about the manager. A relative told us, "The manager is great, he is excellent. Very friendly, pleasant and informative.” Another relative told us, “They felt that the manager was sometime dismissive or did not listen.” One member of staff said they felt the home was a nice place for people to live and staff to work. We heard staff speak to each other in a friendly, companionable way and it was clear they worked well together as a team.

Staff told us, “I can approach the manager; you can easily raise any concerns with him. They will listen to your compliant and take it seriously.” We saw incidents and safeguarding had been raised and dealt with and notifications had been received by the Care Quality Commission. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents.

At the time of our inspection, the service did not have a registered manager. Since the inspection, we note that an application to become the registered manager has been submitted to CQC.

People’s care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the home assessed and monitored its delivery of care. We saw there were various audits carried out such as health and safety, room maintenance, housekeeping, care plans, and an external medicines audit was conducted on a monthly basis, where no concerns were identified.

Staff told us they conducted weekly spot checks on rooms to check on the condition of the room in relation to health and safety. We saw accident records were kept, however no accidents had taken place. Management observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered. We noted that fire, electrical, and safety equipment was inspected on a regular basis. We also noted that equipment such as wheelchairs, hoists, baths and the home’s transportation was also checked on a weekly or monthly basis.

We saw that the manager had an open door policy, and actively encouraged people to voice any concerns. The manager engaged with people and had knowledge about the people living at the home. The manager was polite, caring and encouraging. People felt he was approachable and would discuss issues with them. We saw that people interacted well with staff and stayed with them for the majority of the inspection, people’s needs were catered for, at no point did staff tell people that they could not assist them because they were busy.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated that they were knowledgeable about aspects of this guidance. This helped to ensure that people continued to receive care, treatment and support safely.