

## Homes Of Rest For Old People Also Known As Radcliffe Manor House

# Radcliffe Manor House

### 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 ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 18 May 2016. Radcliffe Manor House is registered to accommodate up to 25 people who require nursing or personal care. At the time of the inspection there 25 people using the service.

On the day of our inspection 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.

Staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed. A risk of an unlocked door to the home was identified, but the registered manager had the processes in place to manage that risk whilst not restricting people's freedom. There were enough staff to keep people safe and people's medicines were managed safely.

People were supported by staff who completed an induction prior to commencing their role and had the skills, training in place and their performance regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care. People spoke highly of the food provided and were supported to follow a healthy and balanced diet. People's day to day health needs were met by staff. A visiting healthcare professional spoke highly of the way staff supported people. Referrals to relevant health services were made where needed.

Staff were kind, caring and compassionate. Staff understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained and staff spoke with them in a respectful way. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

The majority of people spoke positively about the activities provided at the home. People's care records were person centred and focused on providing them with care and support in the way in which they wanted. People were provided with the information they needed if they wished to make a complaint.

The registered manager led the service well and was respected and well liked. People were encouraged to maintain links with their local community. Staff understood what was expected of them in their role. People were encouraged to provide feedback about the quality of the service and this information was used to make improvements. Quality assurance processes were in place to ensure people and others were safe in the home.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff could identify the potential signs of abuse and knew who to report any concerns to.

Risks to people's safety were continually assessed and reviewed. A risk of an unlocked door to the home was identified, but the registered manager had the processes in place to manage that risk whilst not restricting people's freedom.

There were enough staff to keep people safe.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the appropriate training and skills to support them effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care.

People spoke highly of the food provided and were supported to follow a healthy and balanced diet.

People's day to day health needs were met by staff or external healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate.

Staff understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained and staff spoke with them in a respectful way.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The majority of people spoke positively about the activities provided at the home.

People's care records were person centred and focused on providing them with care and support in the way in which they wanted.

People were provided with the information they needed if they wished to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager led the service well and was respected and well liked. They had the quality assurance processes in place to ensure people and others were safe in the home.

People were encouraged to maintain links with their local community.

Staff understood what was expected of them in their role.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements.

# Radcliffe Manor House

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 18 May 2016 and was unannounced.

The inspection team consisted of an inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

We spoke with nine people who used the service, two relatives, one visitor (who was not a relative), four members of the care staff, the cook, the activities coordinator, the administrator, the deputy manager, the registered manager and a trustee. We also spoke with one healthcare professional who was visiting the home during the inspection.

We looked at all or parts of the care records and other relevant records of 11 people who used the service, as well as a range of records relating to the running of the service. We also reviewed staff records.

# Is the service safe?

## Our findings

People and the relatives we spoke with told us they or their family members felt safe living at the home. One person said, "Oh yes, I really like it here and I sleep better than I did at home on my own." A relative said, "I know that when I leave here my [family member] is in good hands. They get the attention here I could never give them, especially at night."

People were supported by staff who understood the types of abuse people could face at the home. They knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. Records showed a safeguarding adults policy was in place and that staff had received safeguarding of adults training, which ensured their knowledge met current best practice guidelines.

People's care records contained assessments of the risks to their safety. These assessments included; the risk of people falling, their ability to manage their own medicines, their ability to be safe in the community and whether they were at risk of choking when eating their meals. All assessments were reviewed monthly, with any changes in the level of risk resulting in amendments being made to care plans to ensure they met people's current needs.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. A lift was in place for people to access the first floor and a stair lift was in place for the part of the home that could not be reached via the lift. Records showed regular servicing of these lifts were carried out to ensure they were safe to use.

Parts of the building had narrow corridors and we did see some people struggle at times to get by when more than one person, who was using a walking aid, walked in the same area. However, staff responded quickly to support people to prevent people from falling. We raised this with the registered manager and they told us there was little they could do in terms of the layout of the building, but felt the staff managed the risk well. We saw many people walking independently of staff support throughout the inspection.

Regular servicing of equipment such as hoists and walking aids, gas installations and fire safety and prevention equipment were carried out and we saw these had been conducted within the last year. External contractors were used to carry out work that required a trained professional.

We raised a concern with the registered manager that the door to the side of the home was unlocked and posed a risk of people leaving without staff being aware. The registered manager told us they had assessed this and decided that they felt people were not at risk. They told us the front door to the home was always locked and people were free to leave the home if they wished to as people were encouraged to lead as independent a life as possible.

However the registered manager did acknowledge that there was a risk of unauthorised people accessing the home via the door. As a result of our concerns the registered manager told us they would immediately

place a keypad entry system on the door for people to enter the home, but still give people the opportunity to leave the home without needing staff to unlock the door. The registered manager assured us that due to the limited mobility of most of the people within the home, they did not leave the home unaccompanied. They also told us if a risk was identified they would place the person on regular observations rather than restrict the freedom of all people within the home.

People had individualised personal emergency evacuation plan (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans took into account people's physical and mental ability and were regularly reviewed.

The registered manager carried out regular reviews of the accidents and incidents that occurred at the home. Monthly analysis was conducted to identify any themes or trends which would enable the registered manager to put preventative measures in place to reduce the risk of reoccurrence. The registered manager told us this had on occasions resulted in more staff working at particular times of day, people being placed on regular observations or, if needed, amendments to the environment.

The people we spoke with did not raise any major concerns about the number of staff on duty to support them. However when we arrived we were informed that the staffing team were one short. Attempts had been made to find an immediate replacement via an agency, but this member of staff was unable to attend until later on the morning. This did lead to some delays in response times when people pressed their call bells for support. However, we also saw the staff who were on duty worked hard to support people as quickly as they could and reassured people they would be with them as soon as possible. Once the agency member of staff attended response times clearly improved.

The staff we spoke with told us they thought there were enough staff in place to support people safely. One staff member said, "There are enough staff here. Sometimes it can be a little hectic, but as a rule, if everyone is here, then we manage fine."

The registered manager told us that although they did not carry out a formal assessment of people's dependency needs, as people's risk assessments were reviewed every month, any identified changes would result in an increase in staff. We checked the staff rotas and saw, once the agency staff member arrived, the right amount of staff were in place. We spoke with the agency staff member. They told us they had been at the home before, had people's needs explained to them when they started and felt able to support people safely.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the provider had ensured that appropriate checks on a staff member's suitability for the role had been carried out. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider with making safer recruitment decisions.

There were processes in place to ensure that people's medicines were managed safely. The people we spoke with told us they felt they were supported to either manage their own medicines safely, or have the staff manage them for them. One person said, "One of my pills is the size of a bullet so the carer always makes sure I have plenty of water to get it down." Another person said, "I get my pills twice a day and I also get painkillers at lunch time if I need them." A person who managed their own medicines told us, "I take my own pills, so nobody gives them to me. And I remember to take them. I want to do things for myself for as long as I can."

People's medicines administration records (MAR) provided staff with information that helped them administer medicines safely. Photographs were placed at the front of each person's record to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies. We observed staff administering medicines to people and they did so in a safe way. They explained to people what medicines they were taking, why they were taking them and gave them to them in the way in which they wanted to take them.

For the majority of people where needed, mental capacity assessments were in place to support the administration and handling of the medicines by staff. We did identify one person who had been assessed by the registered manager that their ability to understand the need to take their medicines had deteriorated over the past five months. However, a formal mental capacity assessment had not been completed. The registered manager told us they would do this immediately to ensure the process for managing and administering this person's medicines were done so appropriately.

We looked at the MARs for seven people who used the service. These records were used to record when a person had taken or refused to take their medicines. These records were appropriately completed and where handwritten additions had been made to people's records, these had been signed by two members of staff to ensure the entry was correct.

Regular checks of the temperature of the room and fridge the medicines were stored in were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold.

Processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times.

Records showed that staff who administered medicines had received the appropriate training; and the registered manager told us they regularly assessed their competency to ensure medicines were administered safely and in line with current best practice guidelines.



# Is the service effective?

## Our findings

People and their relatives told us they were happy with the way staff supported them. One person said, "The staff here are amazing. They know what you want before you know it yourself sometimes and they just appear out of nowhere." A relative said, "I know for sure that [family member] is well looked after here. The place came highly recommended before [family member] moved in and we haven't been disappointed since." Another relative said, "Whenever I tried to second guess what it was [family member] needed, I usually got it wrong. They [staff] seem to know intuitively what they need here."

Staff told us and records showed that they received a comprehensive induction and on-going training programme. Training was carried out in a number of areas such as safeguarding adults, dementia awareness, diabetes and diet and nutrition. All training was up to date. All of the staff we spoke with told us they felt well trained and had the skills needed to carry out their role effectively.

Staff were encouraged to undertake external professionally recognised qualifications such as diplomas (previously NVQs) in adult social care. Records showed that 13 of the 18 full time care staff had completed either Level 2 or 3 diplomas in adult social care. The registered manager told us they encouraged and supported all staff who wanted to achieve further qualifications to do so. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

Staff told us they felt supported by the registered manager and received regular supervision of their work. Records viewed showed staff received supervision every month. This was either in the form of a group discussion/meeting or individual assessment of performance. This process enabled staff to discuss any concerns they had about their role and to identify how to develop their skills. Staff also received an annual appraisal of their performance to assess the quality of their work over the course of the previous year. A staff member we spoke with confirmed these had taken place.

People's care records contained detailed guidance for staff to enable them to communicate effectively with people. Throughout the inspections we saw staff use a variety of skills and different methods to communicate effectively with people who were living with dementia. People responded positively to the way staff communicated with them.

The Mental Capacity Act 2005 (MCA) 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. We checked whether the service was working within the principles of the MCA.

In each person's records we saw their ability to make decisions had been assessed in a wide range of areas, such as their ability to be safe when in the community or to manage their own medicines. Decisions were then made that ensured that any plans put in place to support people were done so in their best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for a person whose safety would be at risk if they were out in the community on their own. We looked at the paperwork for this person and saw the staff adhered to the terms recorded. The registered manager told us they had identified five other people who they thought may be also be at risk and were in the process of making the appropriate applications for them.

Records also showed that all staff had received MCA and DoLS training and the staff we spoke with had a good understanding of the MCA and knew how to implement it effectively into their role.

Staff had a good understanding of how to support people who may present behaviours that challenge. They could explain how they supported people and how they ensured the person and others were safe. Records showed that there had been an increase in the number of incidents regarding one person, and advice from external health and social care professionals had been requested to assist staff to support the person in the most effective way possible.

People and their relatives spoke positively about the food and drink provided at the home. One person said, "The food here is very good. Ten out of ten. There is plenty of it too." A relative said, "[Family member] eats far more now that they don't have to shop or cook." Another relative said, "They [staff] really do listen to what people want. They have started low fat options recently because some residents were worried about their weight."

There was a flexible approach to meal times at the home. The registered manager told us there were no set times to wake people up, and unless people had given staff a specific time, then people were free to get up when they wanted to. This meant people could have breakfast later in the morning and later meals would be pushed back to accommodate them. The registered manager also told us the kitchen was fully staffed until 8.00pm to ensure that if people wanted to eat their evening meal later they could do.

We noted a hot meal option was available for all three main meals of the day. The cook told us people could choose what was on the menu, make specific requests or change their mind and request something else. We saw this occur throughout breakfast and lunch time. The cook was very flexible and encouraged people to choose whatever they wanted. We saw one person eat a full cooked breakfast where another person chose cereal with prunes. All people appeared to enjoy their food.

The cook, as well as other staff, had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service. This included information about allergies and food intolerances, food likes and dislikes, preparation of food (e.g. soft or pureed diet) and any assistance they required with eating and drinking.

The kitchen was stocked with a wide variety of fresh fruit, vegetables, meat and snacks. People had access to fresh water, juices and hot drinks throughout the day. We saw people were regularly offered drinks and one person said, "Oh they [staff] are on about that [drinks] all the time here. I never go thirsty and I am in and out of that room [pointing to the toilet] ten times a day."

Each person had a malnutrition assessment and care plan (MUST). A record of daily food and fluid intake was completed for all people using the service, although the total amount consumed was not always recorded which may make it difficult to identify patterns of weight loss or gain. However, people were weighed regularly and we saw the input of GPs and/or dieticians had been requested to give guidance for

staff to support people who had gained or lost significant amounts of weight. Records for one person showed they were underweight when they first came to the home. During their time they had increased their weight steadily by 20kgs to a healthier weight. This showed there were effective processes in place to support people's nutritional intake.

People's day to day health needs were met by staff. A visiting healthcare professional told us they had no concerns with the way people's health was managed by the staff at the home. They told us staff regularly requested their advice, and when the advice had been given, changes to care plans and actions were taken immediately. The healthcare professional also told us that where people had been identified as at risk of developing pressure sores, staff regularly repositioned them to reduce that risk. People's care records and observational charts showed where these risks had been identified; staff had provided support in line with the guidance as recorded within their care records.

A relative we spoke with told us they were pleased with the way their family member's health was monitored. They also said, "If anything happens to [family member] I get a call explaining. They sort out the GP or district nurse. The care just happens really."

Records showed people regularly saw their GP, dentist or other health or social care professionals where needed. Information was available for people who wished to see a chiropodist or optician and people's records showed this regularly occurred.

# Is the service caring?

## Our findings

People told us the staff who supported them were kind and caring. One person said, "The staff here are lovely. Some I get on with better than others, but they are all nice people." Another person said, "I don't think you can do a job like this unless you are a caring type of person. Some of the agency staff are a bit quiet, but then they don't really know you, so you have to tell them what you need. That can be a pain sometimes." A relative said, "When I come here, day or night, there is always a cheery hello and an offer of a drink. I sometimes think I could just check in here myself."

Staff interacted with people in a kind, compassionate and caring way. They showed a genuine interest in people's well-being and responded to their requests for assistance with a smile. We saw staff take the time to sit and talk with people. We observed a member of staff talk with a person about their love of gardening and the person responded positively to this. We also saw many examples of light hearted banter and laughter, which showed people and the staff got on well together.

People were supported by staff who had a good understanding of what was important to them. People's care records contained detailed information about their life history and we saw staff use that information to form meaningful relationships with them. The staff appeared interested in what people had to say. One staff member said, "I just love sitting and talking with people."

We observed staff manage a situation where a person was causing others to become distressed by their actions. The staff spoke with the person in a quiet, calm and patient way; explained why their behaviour was not appropriate and defused the situation in a respectful way.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. A local vicar visited the home on a monthly basis to offer Holy Communion for those that wanted it.

People were encouraged to make decisions about their care and were regularly asked for their views in case they wanted to make changes to their care. Each person's care record contained a document where the person or their relative had signed to state how often they would like to discuss the care provided. Records showed these reviews had taken place.

Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Information for other health and social care services was also available to assist people if they wished to discuss their financial affairs or health related matters.

We saw people were supported to be as independent as they wanted to be. One person said, "I come and go as I please and can go to the coffee shop in the village any time I like. I also pop out to see my husband sometimes as it's only over the road." Another person said, "This is like a home from home because I can still

be independent and do pretty much what I want, but I still have someone looking after me." We saw this person freely go out of the home and come back throughout the inspection.

People's records contained assessments of people's ability to undertake tasks independently of staff. We saw people were encouraged to do as much for themselves as possible. This included walking through the home unaided, or eating without staff support if they were able to.

We observed staff treat people with dignity and respect throughout the inspection and people we spoke with agreed. One person said, "I couldn't do their job you know. I wouldn't have their patience for a start!" When staff supported people they did so in a way that maintained their dignity at all times. When staff discussed people's care needs with each other, they did so quietly so as not to draw unnecessary attention to people.

People told us their privacy was maintained and staff left them alone if they asked to be. One person said, "I don't get chance to get lonely here, but I can shut my door when I want to." There was sufficient space in the home if people wanted to sit quietly alone or with family and friends.

People's care records were handled respectfully. Records were returned to the locked room in which they stored as soon as staff had finished using them. This ensured that people's personal records could not be viewed by others, ensuring their privacy was maintained.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We observed and spoke with relatives visiting people throughout the day.

## Is the service responsive?

### Our findings

The majority of the people we spoke with spoke positively about the activities provided at the home and the support they received from staff to follow the hobbies and interests that were important to them. One person said, "I really love knitting and I mentioned it at the residents' meeting. They [staff] are going to try and organise a 'knitting bee' soon. That will be nice." Another person said, "My family can visit at any time and they have been told to take me out anytime they want. I love craft fairs, so that makes a nice change. I never mind coming back [after they have been out] either." Another person said, "I am looking forward to the canal trips. There is always a good response to that and we have a good laugh. It started with one a year but now there are two so more people get to go."

However one person told us they felt the staff were always busy and they felt unable to raise their wishes with them. We raised this with the registered manager who assured us they would speak with the person.

We spoke with the activities coordinator about how they planned the activities for people. They said, "We are always asking residents for ideas about things they would like to do, which is why in the 12 years I have been here, the activities have been varied." We observed the activities coordinator encourage people throughout the inspection to join in and take part in activities, but respected people's decisions if they did not want to. The noticeboard in the home displayed photographs of a number of events, days out and activities that people had taken part in; these also included future events such as trips to a cinema.

People spoke positively about the way staff responded to their health needs or their wishes and felt the staff looked after them well. A person said, "The staff know I am very frustrated by my physical challenges since [start of condition], and they are very good at distracting me with good quizzes!" A relative said, "My [family member] has made an amazing recovery since being in here and I am sure their care and attention is a huge part of that. It's a first rate place."

People's care records were written in a person centred way. They contained detailed information obtained from people and/or their relatives when they first came to the home. This included information about their life history and the things that were important to them. Guidance was also available for staff about how to support people in the way they wanted. Examples of which included, the support they wanted support with personal care and the time they wished to go to bed or to get up.

People's care records were signed by them or their relatives to say they agreed with the care and support that was being provided. We saw examples within people's care records where reviews had taken place and people had signed to say they agreed with any changes made. We received mixed feedback from people when we asked them if they had seen their care records, however people were happy with the care provided at the home.

When we spoke with staff they had a good understanding of people's care needs. They could explain how people liked to be cared for and supported, and our observations throughout confirmed that staff ensured people were directly involved with the decisions about their own care.

Efforts had been made to support people living with dementia to lead as fulfilling a life as they could. The home was decorated in a way which would be appropriate to the age of the people living at the home. Memorabilia which could be identified from people's younger days were placed around the home for people to pick up and use. People's bedroom doors had photographs and their names on to support people with identifying their own bedroom. There were other parts of the home that contained signs and pictures to assist people with orientation. However, some of the corridors did not have these signs and could be confusing for some people living with dementia. The registered manager told us they were aware of this and was in the process of obtaining more signs to improve this.

People were provided with a complaints policy within their service user guide when they came to the home. The policy contained details of who people could make a complaint to, both internally and externally to agencies such as the CQC.

People told us they felt able to make a complaint if they needed to. One person said, "I don't think I would bother the manager with a complaint, but I would speak to a carer. They can pass it on can't they?" A relative said, "I don't think there is anything to complain about here. It is all very nice and everyone is so good to [family member]. There are much worse places out there."

Staff could explain what they would do if someone wanted to make a complaint and felt confident the registered manager would deal with it appropriately. One staff member said, "If someone complains to me, I offer them reassurance then report it."

We viewed the complaints register and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner, in line with the provider's complaints policy.

# Is the service well-led?

## Our findings

People and relatives were encouraged to become involved with the development of the service and they contributed to decisions made to improve the quality of the service provided. Regular meetings for people and their relatives were held. We checked the minutes of these meetings and saw a wide variety of subjects were discussed. A relative said, "I have attended the relatives' meetings and they are quite positive. They [staff] do seem to listen and I guess it will just remain to be seen whether things change."

The registered manager told us they used the information received from these meetings as well feedback from questionnaires to improve the quality of the service provided. We viewed the results and analysis of the most recent survey and saw the responses in almost all areas were positive. Questions included whether people were happy with the care, food, activities and cleanliness of the home.

The staff we spoke with felt the registered manager was approachable and listened to their views. Regular staff meetings were held and staff felt able to contribute. One staff member said, "We have regular team meetings. I always get the chance to speak my mind. The manager is amazing, she is so friendly and everyone loves her."

The registered manager told us they had an 'open door' policy and welcomed people, staff and relatives to discuss any concerns they had directly with them. The registered manager told us a bench was placed outside of their office to enable people, relatives and visitors to sit there or come into their office to talk with them. We saw people doing this throughout the inspection.

We spoke with the registered manager and the activities coordinator and asked them about how they ensured people living at the home were encouraged to make and maintain links with their local community. The registered manager told us they and their staff worked to support people with doing this. The activities coordinator said, "We have strong links with the community and many local businesses support us. We hold events for fundraising and they [local businesses] are very good at providing raffle prizes and donations for special things. The Board of Trustees are all local people, so it makes a difference. We also have local choirs who come in at Christmas and volunteers who help at our fayres in the summer. We had a garden party last year and it went so well, we are having another one this year."

Staff understood the values and aims of the service and could explain how they incorporated these into their work when supporting people. One staff member said, "I love coming to work. It's nice to be able to make a difference to someone's life, in a really small way of course."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had a clear understanding of their role and responsibilities. They ensured they had the processes in place to meet the requirements of their registration with the CQC and other agencies, such



as the local authority safeguarding team. The registered manager had ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

There were systems in place to ensure risks to the service, people and staff were identified in a timely manner and acted upon. The registered manager told us they ensured staff were kept fully informed of the risks in team meetings and in detailed handovers between shifts. We viewed the staff handover between shifts. A detailed discussion was held between the team leader who was finishing their shift and the staff who were starting. People were assigned roles and responsibilities and understood what was expected of them. Where a person had been identified as requiring specific care or support for that shift, this was discussed and agreed what needed to be done to support them.

There were robust quality assurance and auditing processes in place that ensured people who used the service, their relatives, staff and visitors were safe. A mixture of daily, weekly, quarterly and annual audits were conducted in areas such as the cleanliness of the home, the quality of the food provided, the training completed by staff and safety of the building.

The registered manager told us they were continually looking for ways to develop their staffing team and to give them more responsibility, enabling them to contribute to the safe management and running of the home. They gave us an example where one shift a week a care worker was given the opportunity to 'act up' in the role of a team leader. We spoke with one member of staff who had taken this opportunity. They said, "I act up in the senior role every now and then. I'm not afraid to roll up my sleeves." The registered manager told this enabled them to identify staff for future senior roles.