The Orders Of St. John Care Trust

OSJCT The Poplars

Inspection report

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Date of inspection visit:
15 July 2016

Date of publication:
09 November 2016

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15 July 2016 and was unannounced.

OSJCT The Poplars provides accommodation and personal care for up to 40 older people or people living with a dementia type illness.

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

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect them. The management and staff understood their responsibility and made appropriate referrals for assessment. One person living at the service had their freedom lawfully restricted under a DoLS authorisation.

People felt safe and were cared for by kind and caring staff. People received their prescribed medicine safely from staff that had the skills to do so. Staff knew what action to take and who to report to if they were concerned about the safety and welfare of the people in their care.
People were treated as individuals, had a good quality of life and were enabled to follow their hobbies and pastimes. There were a wide range of activities provided both inside and outside the service. The service had formed strong links with the local community and people were involved with young people at all stages of their education. People told us that they looked forward to their visits.

People were given a choice of nutritious and seasonal home cooked meals. There were plenty of hot and cold drinks and snacks available between meals.
Staff were aware of people's choices and preferences. Staff had the skills to undertake risk assessments and plan to ensure people's personal, physical, social and psychological needs were met. Staff had access to professional development, supervision and feedback on their performance.

Staff knew how to access specialist professional help when needed. People had their healthcare needs identified and were able to access healthcare professionals such as their GP who visited weekly.

There were systems in place to support people and their relatives to make comments about the service or raise concerns about the care they received. People and their families told us that the manager and staff were approachable.

The registered provider had systems in place to monitor the quality of the service and make improvements.

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 is safe.

People were kept safe because they had their risk of harm assessed.

There were enough skilled and competent staff on duty to keep people safe from harm.

Staff followed correct procedures when administering medicine.

Is the service effective?

Good

The service is effective.

People were cared for by staff who had the knowledge and skills to carry out their roles and responsibilities.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have enough to eat and drink and have a balanced diet.

Is the service caring?

Good

The service is caring.

Staff had built a positive and caring relationship with people and treated them with kindness and compassion.

People were treated with dignity and staff respected their choices, needs and preferences.

Is the service responsive?

Outstanding ☆

The service is responsive.

People were at the heart of the service. They were enabled to take part in a range of innovative activities of their choosing that

met their social needs and enhanced their wellbeing.

People's care was person centred and regularly assessed, planned and reviewed to meet their individual care needs.

A complaints policy and procedure was in place and people and their relatives knew how to complain. Complaints were addressed promptly and appropriately.

Is the service well-led?

Good

The service is well-led.

The service had developed strong links with the local community.

The provider had completed regular quality checks to help ensure that people received appropriate and safe care.

There was an open and positive culture which focussed on people and staff. People and their relatives found the registered manager approachable.

OSJCT The Poplars

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.

The inspection took place on 15 July 2016 and was unannounced. The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service. We use them to help us to understand whether or not people are receiving appropriate care to meet their needs.

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 service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at information we held about the provider. This included notifications which are events which happened in the service that the registered provider is required to tell us about.

During our inspection we spoke with the registered manager, the head of care, two members of care staff, the cook and the activity coordinator. We also spoke with seven people who lived at the service and six visiting relatives and friends. We observed staff interacting with people in communal areas and providing care and support. In addition we spoke with two visiting healthcare professionals and two students on a work experience placement from a local school.

We looked at a range of records related to the running of and the quality of the service. These included three staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager and the provider completed. We also looked at care plans for four people and medicine administration records for seven people.

Good

Is the service safe?

Our findings

People who lived in the service and their relatives told us that the service was safe. One person said, "I'm very safe." Another person told us, "I've been in a few of these places, and I feel really comfortable and relaxed here." A visiting relative spoke about their loved one and said, "She is absolutely safe. There is always someone around, and they [the people who lived in the service] look after each other. I am so glad the [front] door is kept locked to keep her safely in the home." The front door had a key pad to gain entry and egress. However, people were able to freely come and go on trips out with their relatives, friends and members of staff. One person told us, "You know they keep the door locked to keep us safe and I think that is good." We noted that one person had access to the key pad code and had been assessed as safe to come and go as they pleased.

The provider had policies and procedures in place to support staff to prevent people from experiencing avoidable harm, potential abuse and help keep them safe. Staff told us that they had received training on how to keep people safe and how to recognise signs of abuse. We found that safeguarding alerts had been fully investigated and lessons learnt were shared with staff.

There were systems in place to support staff when the registered manager was not on duty. Staff had access to an emergency folder that contained contingency plans to be actioned in an emergency situation such as a fire or electrical failure. Staff had access to an on-call area operations manager out of hours for support and guidance.

People had their risk of harm assessed. We found that a range of risk assessments had been completed for each person for different aspects of their care such as mobilising safely and communicating their needs effectively. Care plans were in place to enable staff to reduce the risks and maintain a person's safety. We saw where a person had been prone to recent falls, that measures had been put in place to reduce the risk of further falls and monitor them. A pressure mat was in place at the side of their bed that alerted staff when the person got out of bed unaided. Their risk of falls had been reassessed and their care plan for mobilising and their fire evacuation plan had been amended to reflect the increased risks.

The provider had a system for calculating the care dependency levels for the people who lived at the service. These dependency levels then informed the registered manager of how many staff with different skill levels were needed on each shift. People and their relatives told us that there were enough staff to look after their care needs. People had access to a buzzer call system in their bedrooms, toilets and shared areas. We found that care staff carried a device that alerted them when someone activated the call system and responded to their needs straight away.

We looked at three staff files and saw that there were robust recruitment processes in place that ensured all necessary safety checks were completed. This ensured that a prospective staff member was suitable before they were appointed to post.

People received their medicine from staff who had received training in medicines management and had

been assessed as competent to administer them. At lunchtime we observed medicines being administered to people and noted that appropriate safety checks were carried out and the medicine administration records (MAR) were completed. We saw that the staff member spent time with each person and asked them how they were feeling and if they had any pain. For example, one person had painful swollen legs and had recently been prescribed an antibiotic. We heard the member of care staff ask them, "How are you? How are your legs today? Would you like some pain killing tablets to make them feel better?" The person was given their medicine and the staff member stayed with them until they had safely swallowed them with a glass of water. We looked at the person's MAR chart and saw that there was an accompanying care plan that clearly identified the steps care staff would take to safely give the person their antibiotics and monitor their progress.

We looked at medicine administration records (MAR) for seven people and found that medicines had been given consistently and there were no gaps in the MAR charts. Each MAR chart had a photograph of the person for identification purposes and any allergies and special instructions were recorded. Where a person did not receive their medicine a standard code was used to identify the reason, such as when a person had spat their medicine in tablet form out. We noted that this person had their medicines changed by their GP to a liquid format and were now able to swallow their medicine safely. When a person was prescribed medicine through a skin patch, a body map was in place and identified the areas where the patch was to be applied, to minimise the risk of damage to the person's skin.

All medicines were stored in accordance with legal requirements, such as locked cupboards, medicines trolleys and fridges. There were processes in place for the ordering and supply of people's medicines to ensure they were received in a timely manner and out of date and unwanted medicines were returned. Staff recorded on the label the date when a medicine was opened. In addition, a senior member of care staff was the nominated medicines lead and was a resource to other care staff and people.

Good

Is the service effective?

Our findings

We found that staff had the knowledge and skills to carry out their roles and responsibilities. When new staff started to work at the service they were supported to undertake a comprehensive programme of induction training. This included the completion of a set of nationally recognised induction standards over a 12 week period. This meant that new staff had the opportunity to develop the appropriate skills and knowledge to meet people's needs and wishes in a structured and supervised way. A senior member of care staff told us about the induction programme and said, "The new recruitment system is good. They will touch on so much. It will take longer before they start to work but that is a good thing." Staff were provided with training in areas such the care of a person living with dementia, safeguarding, deprivation of liberty safeguards and dignity. In addition, most staff had been supported to work towards a nationally recognised qualification in adult social care or hospitality. Staff told us that the training provided prepared them to do their job competently. One senior member of care staff said, "Training is really good quality. I'm impressed by the standard." Staff received regular supervision and appraisals and said that they were a positive experience and they welcomed feedback on their performance

We saw that staff exchanged information about a person's care needs and wellbeing at shift handover to maintain continuity of person centred care. In addition, a shift handover sheet was passed on from shift to shift and signed by two staff, this included a safety check of the premises and that people were where they should be. For example, we saw recorded that one person was in hospital and another was out with their family and friends.

We observed that people's consent to care and treatment was sought by staff. For example, we saw that people had given their signed consent to have their photograph taken for identification purposes and to have a seasonal influenza vaccination.

Where a person lacked capacity to give their consent staff followed the principles of the Mental Capacity Act 2005 (MCA). The registered manager and staff understood what constituted a restriction to someone's freedom. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirements in the DoLS. Two people had their applications approved and were being lawfully deprived of their liberty and a further 16 applications to the local authority were waiting to be assessed. We saw that the provider had complied with the conditions of the DoLS.

The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS. We saw an example where staff used their knowledge of MCA in practice to help a person whose capacity had fluctuated. We noted that person had sustained a recent bump to their head following a fall and care staff called for an ambulance and the person was assessed at their local accident and emergency department. We saw that a copy of the head injury advice letter and minor laceration guidance from the

hospital were safely stored with their care plan for staff to reference. We spoke with the person about their experience and saw that they had a bump and bruise to their head and a dressing. They told us, "I can't really remember much about it." A member of staff told us that the person would have their mental capacity to make decisions to receive care reassessed as they had been quite vague since they had returned from hospital.

People were provided with a well-balanced and nutritious diet. In addition, hot and cold drinks were provided throughout the day and bowls of fruit and snacks were available in the communal areas and we saw people helped themselves to them. We saw that there were information leaflets available on eating and drinking well. A member of care staff said that some people did not sit down to eat a meal and were provided with food at any time of day or night.

People and their relatives told us there was always plenty to eat and drink and that the food was very good. One person said, "I really like what I get to eat, I'm not a big eater and they understand this." Another person said, "They come round with a piece of paper in the morning and ask what you want and then you get that." They added, "I didn't fancy my dinner the other day and they made me a ham sandwich with no fuss or anything." People had their risk if malnutrition and weight loss assessed using a nationally recognised nutritional screening tool. People assessed as being at risk of malnutrition or dehydration had their food and fluid intake monitored and actions were taken. For example, we saw that one person who had been referred to their GP for weight loss had been prescribed regular nutritional supplements.

People were offered a choice of meals from a three week menu plan, and seasonal changes were made between Summer and Winter menus. The head cook told us that they asked for feedback at resident meetings when a new menu was introduced. They said people shared their ideas, and likes and dislikes. The head cook told us that they catered for people with special dietary needs and also fortified some dishes to support people who may be at risk of weight loss. For example, we found that cream was added to custards and homemade soups and butter to mashed potatoes and sponge cakes. We noted that all dishes were homemade and made with fresh ingredients. Furthermore, people at risk of weight loss could have extra small meals rather than larger main meals as it supported them to eat more. The cook was aware of people with food allergies and said, "One person can't eat wheat, so I make him a box of fairy cakes with special toppings."

The provider recently changed food supplier and all food now comes from a central source. The cook told us that initially the quality was not good and people complained that that meat was tough and cooked meats were tasteless. However, people's comments were fedback to the supplier and the standards have now improved. The registered manager spoke of a new 'drinks' provision for various different flavours of cordial which had some initial teething problems, but had since proved popular. The drinks were used to compliment a person's protein and calorie intake. People told us that the drinks were very fruity and pleasant and best served chilled.

People were supported to maintain good health. We noted that care staff had built a good working relationship with the local GP practice. One person who lived at the service told us, "If you need to see a doctor they will get you one, but anyway one comes every week." The service was supported by a 'designate' GP from the local surgery and this promoted continuity of care. Relatives spoke positively about the support their loved one received from their GP. One relative said, "If anything happens they first of all get a doctor and then they let me or my wife know. We are kept in the picture." Another person's relative told us, "A doctor is always available and nurses come in regularly." In addition, people had access to their chiropodist, dentist and optician and were referred to a speech and language therapist if needed.

Good

Is the service caring?

Our findings

People told us that they were looked after by kind, caring and compassionate staff. One person who lived at the service said, "Considering that they are paid a pittance for the very hard work that they do, I think they are wonderful'. Another person told us, "They are very kind and caring." One person's relative said, "The staff certainly know what they are doing and will do anything to try and make the residents comfortable and cared for."

We noted that throughout the service there was as friendly and informal atmosphere. People who lived at the service were well supported by staff and volunteer visitors and we saw that there was mutual respect and friendship between people, volunteer visitors and staff. We observed staff interacting with people and saw that people and staff had a good relationship and there was lots of friendly banter. One person spoke about the relationship they had with staff and said, "I have a laugh with them and they with me and I occasionally make a cheeky remark. They just laugh this off. They are like family to me." One person's relative made reference to the service having a homely, family atmosphere and said, "My relative wanted to come here and when we talk to him he says 'this is my home'." The relative spoke of the relationship their loved one had with their key worker and said, "They give him regular baths and so on. They get on like a house on fire."

We noted that there was always staff present in the communal areas. When members of staff passed through the communal areas and a person called out to them, the staff member took time to sit and acknowledge the person and listen to what they had to say. One person's comments supported our observation, "When staff are walking in and out they always have a word with you. They are very kind and caring."

We spoke with two visiting healthcare professionals who told us that they visited the service twice a week. The spoke positively about the culture of the service and one said, "One of the nicest ones I have been in. Very homely, lots of interaction. The patients tell us they really like it here. They always have something for them to do, even for those in wheelchairs."

We observed staff assist some people to the dining room for their lunch. People were supported to walk at their own pace and staff chatted with them in a friendly manner. We saw that people sat in friendship groups to have their lunch and several were chatting about how they used to cook fish at home and the smell would linger. Staff provided assistance to people who required help to cut up their food.

We saw measures in place to enable people to be orientated to the day of the week and their surroundings. For example, there was a large print calendar, a board with staff photographs and signage throughout the service was in word and pictorial format. People had their name and a picture on their bedroom door that was significant to them. This meant that people living with a dementia type illness could maintain their independence and were supported to find their way about the service. Furthermore, each corridor was decorated in a different theme. We saw that one corridor has a sea side theme with lots of pictures and objects made with different textures, such as shells, and fishing rope, that people could touch and talk

about.

People told us that care staff involved them in everyday decisions about their care. For example, people were asked what they wanted to wear, what they wanted to eat and how they wanted to spend their time. We noted that when a person had communication difficulties, that staff were patient with them and helped them express their needs. One person's relative spoke of this and said, "There is very good communication between the staff and residents." Another visitor told us that people were encouraged to be involved and maintain their independence and said, "[Name of person] is really happy here, the atmosphere is great, and residents are encouraged to help when they can, thus maintaining their independence."

People were provided with information on how to access an advocate to support them through complex decision making, such as moving into the service. Advocacy services are independent of the service and local authority and can support people to make and communicate their wishes.

We saw that people's right to their privacy and personal space was respected. For example, we noted that staff always knocked on a person's bedroom door before entering and doors and curtains were closed when a person was receiving personal care. We saw that some people had the key to their bedroom door. This provided a sense of security and ensured that other people could not enter a person's bedroom without their permission.

Some people showed us their bedroom and we saw that they had personalised them with soft furnishings and photographs and ornaments that reflected their past life. One person said with pride, "Oh it is so lovely in here and they come in and clean it for me and everything is just as it should be."

We saw that a dignified approach was taken at mealtimes. For example, people were offered moist hand cleansing wipes before their meal was served. After lunch, tea and coffee were served in individual pots and people who were able could help themselves to milk and sugar and assist others. We found that the head cook had recently won a hospitality award for their innovative and dignified approach to whole dining experience.

One person was celebrating their birthday and had made plans to go out for lunch with their friends. Before they left, care staff wished the person and their friends a pleasant time and when they returned care staff made a fuss of them because it was a special occasion. On their return they had a birthday tea with homemade buns, scones and cupcakes and the cook had made them a birthday cake of their choice; lemon drizzle cake.

Outstanding ☆

Is the service responsive?

Our findings

The service had a happy family atmosphere and people were enabled to keep busy and active taking part in a diverse range of activities and pastimes. Throughout the day we saw that some people chose to sit with friends in one of the lounges or potter in the gardens, whereas others preferred to return to their bedroom for some private quiet time.

People who lived at the service benefited from their involvement with community groups and were enabled to contribute to improvements to the gardens. For example, an organisation that helped unemployed people learn new skills to gain paid employment had commenced a project to renew the sensory gardens with assistance from some of the people who lived in the service. The sensory garden had a range of plants such as herbs with different textures and scents and was of therapeutic value to people living with memory difficulties. In addition, the service provided a work experience placement for students from local schools and colleges. We observed two senior school students on placement support two people to water the gardens. We saw that there was a good relationship between them and people enjoyed the company of the students.

People who lived at the service were able to maintain links with the local community, keep up the interests they enjoyed before they moved in to the service and maintain their independence. For example, one person was an able bridge player and was enabled to follow their pastime. We learnt that they had come top of the local bridge league last year. Another person played Bingo at the local community centre. Not only did they enjoy taking part in this activity but they also helped to raise funds to benefit people who lived in the service. People enjoyed regular visits from the local branch of the Women's Institute who sang to them and chatted with them over tea and cake. Also, a local church group recently performed a pantomime for people. It was a great success and people had enjoyed the occasion so much that the registered manager had arranged for them to return for the Summer fete and Christmas festivities.

People benefited from a café in the garden called The Cosy Teapot, with a Victorian fireplace and kitchen dresser with lots of tea pots and other memorabilia that people could reminisce over. We found that this was of particular benefit to people living with a dementia type illness as it helped to unlock memories and people could share special moments in their lives. People told us that they could go there for a cup of tea with family and friends. We saw this was also used for domino matches and card games.

Another person who was a keen gardener looked after the raised flower beds and had a green house where they had successfully grown tomatoes. We observed that some people who lived in the service took great pleasure from their pet rabbit. During the afternoon the rabbit was brought into the lounge and we saw the people found stroking the rabbit very therapeutic.

People and their relatives told us that there was always plenty to do as there was also a full activity programme arranged by two activities coordinators. One person's relative spoke with enthusiasm about the activities provided and said, "They do bowling on a Friday, crafts of all sorts and there is a local newspaper for them to read. They had a street party for the Queen's 90th birthday and as for Christmas; it is just

wonderful. They make decorations for weeks beforehand and on Christmas day Father Christmas comes with a gift and a card for every resident."

Some of the activities provided helped to promote a person's overall health and wellbeing. For example, we watched 12 people take part in an armchair exercise that helped them maintain and improve their coordination and motor skills. We saw that there was much laughter and applause as people who took part encouraged each other and staff praised them for their achievements. In addition, some people were doing jigsaw puzzles, others were knitting or reading and a group of people were playing dominoes in The Cosy Teapot. We saw where a person was unable to join in activities; they received one to one support from the activity coordinators. For example, they had their hands massage, their favourite music played to them and staff sat and chatted with them.

The people who lived at the service and their relatives told us that they were involved in planning their care. Each person was allocated a key worker who was responsible for assessing and planning their care with them. The key worker ensured it was written from the person's perspective and focussed on their care needs. One relative told us, "We are involved in the care planning and meetings take place for this on a regular basis with us, the resident and a staff member." One person confirmed this and said, "I have a named nurse [key worker] and if I have any worries I ask her about them." In addition, the key worker was responsible for buying the person Christmas and birthday presents and also supported the person to celebrate their birthday as they wished. Staff told us that this was of great importance to people, especially if they had no close family or friends. We looked at the care plans for four people and saw that individual care plans focussed on supporting the person to live well and maintain their independence. Relatives told us how staff responded to their loved one's individual care needs. For example, one person's relatives said, "She likes to rise early and have breakfast straight away." Another relative told us, "He can request anything at all. He likes to sit out in the garden and they ensure that if he wants to he can."

Before a person moved into the service they were offered the opportunity to get a flavour of what it was like to live there. People and their relatives were encouraged to visit the service and talk with staff and other people who lived there. One person's relative told us that this had helped them make their decision and said, "I assessed the home before I brought her in and it struck me as a great place." In addition, people had their life story "all about me" recorded. This identified key events in their life, like their first job or when they got married and their likes and dislikes. This helped staff to get to know the person better and strengthen their understanding of the person's lived experiences especially if the person had some memory difficulties. One staff member shared an example of how knowing a person's life story helped them communicate with the person and said, "I find when we sit and chat with them, if we go back far enough in their life they will really open up to us."

People had access to information on how to make a complaint, and told us that they had no reason to complain and could talk with staff at any time. On person's relative told us, "If anything is wrong I know I can knock on [the registered manager's name] door and she will deal with it." Staff told us that if a person complained to them they would escalate the concern to the registered manager or the senior member of staff on duty. Complaints received had been addressed and resolved in a timely manner as per the provider's guidelines.

There was a comment and suggestion box for people and their relatives to give their thoughts on the service. However, the registered manager said that they seldom received comments this way and it was difficult to respond in person as they were usually anonymous.

Good

Is the service well-led?

Our findings

There was a positive culture of openness and equality and we saw that all staff put people at the centre of everything they did. A sign at the main entrance read, "Our residents don't live in our workplace; we work in their home." People and their relatives had access to a copy of the quality statement that focussed on the corporate values and behaviours of the provider.

A new wing was under construction to accommodate a further 11 people. We saw that the plans were on display at the main entrance to the service. People and their relatives were kept up to date with progress through regular meetings; the most recent one was in May 2016.

The provider acknowledged the contribution that people who lived in the service made to the well-being of other people. We saw that one person had been awarded the Chairman's commendation for doing odd jobs about the premises and garden, for collecting the daily newspapers and fundraising to benefit people who lived in the service. The person told us that their reward was to meet the Queen at a royal garden party.

The registered manager welcomed feedback from people and their relatives on the quality and standards of care they received. People and their relatives provided feedback through questionnaires and at meetings. One person's relative told us that they were regularly asked to give their feedback and said, "At the moment it is just happy face, sad face or ok to mark off, but there is space for comments." This was reflected by another relative who told us that not only did they complete questionnaires but also attended regular meetings and said, "I come along to as many of the meetings as I can. They usually put a poster up in the foyer when these are going to take place, and quite a few relatives or friends attend. If I miss a meeting the activities coordinator will feedback to me what happened."

People who lived at the service were invited to regular meetings and could input to the agenda. We read the minutes from the meeting held in June 2016 and saw topics for discussion included the future outings and the recent change of food supplier.

Staff told us that they found the registered manager approachable and supportive. One member of staff said, "[Registered manager's name] is approachable. She is good. Takes time to listen and shows you how to do things." There was a regular programme of team and departmental meetings and staff spoke positively about the benefits of attending these meetings. We found that they could air their views and were listened to. A senior member of care staff told us, "We get to speak out, and there are some things that [registered managers name] has to tell us about, like changes to legislation."

We found that the registered manager was visible, knew their staff and the people in their care. The people and their relatives that we spoke with knew who the registered manager was and knew them by name. Staff told us that they were a good team and that they were proud to work in the service.

Staff had access to policies and procedures on a range of topics relevant to their roles. For example, we saw

policies on safeguarding and infection control and guidance on delivering personal care. Staff were aware of the whistle blowing policy, knew where to find it and knew how to raise concerns about the care people received with the registered manager, the local authority and CQC. Staff were provided with up to date information and best practice guidelines from local and national organisations and charities to support them to deliver quality care, such as Age UK and the local care home association.

A programme of regular audit was in place that covered key areas such as health and safety, medicines and infection control. Action plans with realistic time scales were produced to address any areas in need of improvement. The audit outcomes and required actions were shared with staff. The registered manager undertook an annual care quality audit on behalf of the provider that covered all aspects of standards of care in the service. In addition, the area operations manager undertook monthly quality assurance visits and the registered manager completed a monthly report that included medicine incidents, falls and DoLS authorisations. On the day of our inspection a registered manager from another service who was the infection control lead for the provider undertook an infection control audit. The registered manager received verbal feedback on the day and this would be backed up later by a written report. We noted that regular night visits were carried out by the area operations manager, the registered manager and the head of care to meet with staff and to ensure that people were receiving a high standard of care at night.