

Residential Care Services Limited

Franklyn Lodge The Farm 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 

Overall summary

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 provide a rating for the service under the Care Act 2014.

This inspection was announced. At our last inspection which took place on 20 December 2013, the service was compliant with all the regulations we looked at.

Franklyn Lodge- The Farm House is a six bedded care home specialising in providing care for adults who have learning disabilities.

There were six people living at the home at the time of our inspection. There was a registered manager in post. A

Summary of findings

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.

Relatives told us they felt people were safe in the home. The provider had taken steps to help ensure people were protected from abuse, or the risk of abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The provider and manager were aware of the recent Supreme Court judgement in respect of DoLS and had started to assess whether any authorisations were needed to ensure that people who used the service were not unlawfully restricted. We saw that these assessments were recorded for each person and the provider was liaising with the local authority DoLS lead.

We found people were cared for by staff who felt they were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

We observed people were relaxed and felt at ease. We found people were free to come and go as they pleased in the home and their needs for privacy were understood and respected by care workers. We saw people being treated with respect and dignity. We observed care workers provided prompt assistance and were patient when supporting people.

People were consulted and activities reflected people's individual interests, likes and dislikes and religious and cultural needs were accommodated. We saw pictorial records of people's achievements and activities throughout the year such as community visits, bus rides, lunches in restaurants and birthday celebrations.

There was a clear management structure in place and systems were in place to monitor and improve the quality of the service. The home had a clear management structure in place with a team of care workers, registered manager, the provider and a regional director who worked closely with the home. Care workers also spoke positively about the culture within the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The registered manager had taken steps to help ensure people were protected from abuse, or the risk of abuse. Care workers knew how to identify abuse and were aware of action to take in response to an allegation of abuse.

The service identified when people were at risk. Comprehensive risk assessments had been completed and they were individualised to people's personal, behavioural and specific medical needs.

Care workers felt there was enough staff in the home to support people's needs safely. There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being looked after by people who were unsuitable.

Good



Is the service effective?

The service was effective. Staff had the necessary knowledge and skills they needed to carry out their roles and responsibilities and to care for people effectively.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. The manager and the care workers respected and adhered to people's choice and wishes.

People were supported to be involved in decisions about their nutritional and hydration needs and promoting their independence. People were supported and provided access to health and medical services when necessary.

Good



Is the service caring?

The service was caring. People were being treated with respect and dignity. Care workers provided prompt assistance and were patient when supporting people.

Care workers communicated well with people and responded in a caring way.

People were encouraged to build and retain their independent living skills.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person and their needs. People's care preferences were reflected.

People were supported to maintain links with the wider community and be involved with various community services which catered for people with learning disabilities.

The home had a system in place to obtain feedback through regular reviews being held between people, their families and healthcare representatives. There were clear procedures for receiving, handling and responding to comments and complaints.

Good



Summary of findings

Is the service well-led?

The service was well led. The home had a Statement of Purpose, a Service User Charter and handbook which explained some of the values the home were supporting such as principles of good care, promotion of choice, privacy, dignity, fulfilment, independence and peoples civil rights.

The home had a clear management structure in place with a team of care workers, registered manager, the provider and a regional director who worked closely with the home.

Systems were in place to monitor and improve the quality of the service and manage the health, safety and welfare of people using the service and others.

Good



Franklyn Lodge The Farm House

Detailed findings

Background to this inspection

We inspected Franklyn Lodge The Farm House on 9 October 2014. The inspection was carried out by one inspector. This was an announced inspection. The provider was given 24 hours' notice because the location was a care home for adults with learning disabilities who are often out during the day; we needed to be sure that someone would be in.

Before we visited the home we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. The provider also completed a Provider Information Return

(PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

People who used the service had learning difficulties and could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this, some people communicated with us by using key words, gestures and nods. We observed how the staff interacted with people who used the service and looked at how people were supported during the day and meal times.

We also reviewed six care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Relatives told us they felt people were safe in the home. One relative told us “[Person] is safe here in the home. They always let me know if something is wrong.”

The provider had taken steps to help ensure people were protected from abuse, or the risk of abuse. There were whistleblowing policies and procedures in place as well as the London safeguarding adults’ procedures, “Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse”. The contact details of the local authority safeguarding adults’ team, social services, emergency duty team and Care Quality Commission (CQC) were accessible to care workers.

Care workers were also aware of action to take in response to an allegation of abuse. They told us they would report to their manager and could also report allegations or incidents of abuse to the local authority safeguarding team, social services, the police and the CQC. One care worker told us “The manager always encourages us to whistleblow and raise any concerns.” Another care worker told us “Yes, I would report it. We should stand up for them.”

We looked at training records and saw care workers had received the relevant training in safeguarding adults and whistleblowing. When speaking to care workers, they were able to provide different examples of what constituted abuse and how they could identify abuse. Care workers were able to explain certain characteristics people they cared for would display which would enable them to know that something was wrong or the person was not happy. For example, one care worker told us about when a particular resident was in pain or experiencing discomfort they would tap the area with their hand and for another resident they could always know something was wrong by their behavioural patterns.

We looked at the provider’s risk assessment arrangements. Comprehensive risk assessments had been completed and they were individualised to people’s personal, behavioural and specific medical needs. For example, when a person displayed signs of challenging behaviour, there were guidelines which showed the triggers and signs which would cause them discomfort and the social and emotional support that was to be required by staff to help people to feel at ease. One relative told us “When [person]

first moved into the home, they had some challenging behaviour because of the move, [person] is a lot calmer now; they know how to calm them down. Before we used to visit the home every week but now we are more relaxed and have ease of mind that things are okay.” Risk assessments were also completed for when people went outside the home. For example, one person needed the help of two care workers to support them outside. We observed this was being followed to ensure the appropriate support was provided and the person was safe. One care worker told us “Safety is paramount; it’s about putting their safety first but doing it with dignity and respect.”

Arrangements were in place to ensure people and their belongings were safe. The manager told us there was a handover after each of the care workers shifts and we saw communication logs were completed by staff detailing the needs of people who used the service and the care which had been provided. As part of this handover, the manager told us there were security checks in place which staff undertook especially at night times. Staff checked that people were safe in their rooms, windows and outside doors were locked and the home also had a sensory light outside for additional security.

We found the home had appropriate arrangements in place for managing people’s finances which were monitored on a weekly basis. Money was accounted for and there were accurate records of financial transactions and the support that people received from care workers with regards to this. Care workers told us “There are always two of us when dealing with people’s money, every penny that comes out of the account, everyone knows how much and what it was spent on so there can be no errors and mishandling.” When speaking to relatives, they told us the manager regularly went through the finances, one relative told us “I look at all the documents, the finances, the receipts and have not found any errors.”

The home had suitable arrangements in place to manage medicines safely and appropriately. We looked at a sample of the Medicines Administration Recording (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time. There were arrangements in place in relation to obtaining and disposing of medicines appropriately with the local pharmacy. We saw monthly medicine audits had

Is the service safe?

been carried out by the provider. Records showed that care workers had received regular medicines training and policies and procedures were in place. There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe. Regular temperature checks had also been maintained.

We asked care workers whether they felt there was enough staff in the home to support people's needs safely, one care worker told us "There is always enough staff, everyone is a senior care worker here and very experienced. There is strong teamwork here." One social worker told us the service "Worked very well together. They have good support workers."

During the inspection, we looked at rotas and saw there was enough staff to meet people's needs. The manager told us that staff rotas were planned according to people's support requirements as some people who used the service needed additional support during the day to meet their needs. During the inspection, we saw extra staff were on duty providing the additional support that was needed for some people during the day.

The manager and care staff told us that they would use agency staff when needed. One care worker told us there was a good system in place in that only agency staff that were best suited to people's needs were used. They told us, "If the person and agency staff worked well together, they would keep sending that agency staff to ensure continuity in that person's care". The care worker also told us "The agency staff will also attend team meetings and training with us. This is encouraged by managers to ensure we are all on the same page."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for four care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with children and vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Is the service effective?

Our findings

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. One care worker told us “It’s very good working here; the needs of the people are placed first.”

Records and feedback from care workers showed us that appraisals and spot checks were being conducted and there was a record of regular supervision meetings between staff and the manager. One care worker told us “The manager is very approachable; he listens to me and takes our ideas on board.”

Care workers told us that they received adequate training to enable them to carry out their roles effectively and that training was always available. We found the care workers had completed their induction training and had also received training in areas such as safeguarding adults, deprivation of liberties, moving and handling, mental capacity, fire safety, medication, diabetes, infection control and food hygiene. There was a training plan in place which showed the training care workers had received and were due to receive for the remainder of the year. One care worker told us, “Yes I feel very well supported. The training is relevant and up to date.”

Records showed that staff members had obtained National Vocational Qualifications (NVQs) in health and adult social care and the manager supported staff to develop their level of skills and knowledge. One care worker told us, “The manager is very supportive and encourages you to get more qualifications.”

We found there were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. We saw care plans contained some information about people’s mental state and cognition. Where people were able to make their own choices and decisions about care, they were encouraged to do this and this was documented in their care plans. When people were not able to give verbal consent, records showed the home had involved the person’s relatives to get information about their preferences, care and support.

When speaking to the manager and the care workers, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records

showed that all the care workers had received MCA training. When speaking to care workers about mental capacity and gaining consent they told us “They are all different and have different levels of understanding, we respect their individuality and customise their care” and “As we look after them, we get to understand them and learn ways to communicate with them which is comfortable for them, one person for example can identify what they want and points, we let them decide.”

The CQC monitors the operation of the DoLS which applies to care homes. The home had appropriate policies and procedures were in place. People were not restricted from leaving the home and were encouraged to meet their relatives. We saw evidence that people went out to various activities and people identified at being of risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out. We found the provider and manager was aware of the recent Supreme Court judgement in respect of DoLS and had started to assess whether any people would need applications for DoLS authorisations. We saw that these assessments were recorded for each person and the provider was liaising with the local authority DoLS lead to ensure that people who used the service were not unlawfully restricted

People were supported to be involved in decisions about their nutritional and hydration needs. For example, by helping care workers when buying food for the home, helping to prepare dishes and regular consultation at meetings. During the inspection, we saw a person being supported to make their lunch which was a dish they had chosen themselves. Earlier in the day, we observed the person had come from the shops where they had been involved in buying the ingredients for their lunch. We saw the care worker was patient, used gentle prompting and did not rush them and provided support when the person requested it. The care worker also praised and thanked the person throughout. The care worker told us “[Person] loves the kitchen, cooking and cleaning; this cooking session was especially set up for them.”

During the inspection, we also saw a jug of water in people’s rooms in case it was needed and to avoid any possible dehydration.

The manager and the care workers respected and adhered to people’s choices and wishes. One person told care workers they had a heavy lunch and wanted something

Is the service effective?

light like rice pudding in the evening. We found this was accommodated for them. On another instance the person requested a hot drink from a care worker which was made promptly for them however on another occasion, the person requested they make the hot drink themselves which the care worker supported them to do.

We asked people whether people were enjoying and liked their evening meal, people responded by nodding their heads and smiling and showing us a “thumbs up” for approval.”

We found religious and cultural dietary needs were accommodated for. The home had two pictorial books which contained pictures of different types of food for people to choose from. One book was specifically catered for vegetarian dishes as one person in the home did not eat meat due their religious beliefs. We also found relatives had been involved with the home to support the person to have food from their cultural background. Relatives had chosen a particular restaurant the person liked the food from and arrangements were in place for the person to have a take away meal from the restaurant when the person chose to do so. One relative told us, “We are so happy, [person] is able to have food from our culture.”

Care workers kept daily records of what people had eaten, what they had chosen and nutritional needs were monitored. One care worker told us, “We can monitor what they have eaten as it’s written down and we follow it”. Records showed that information was obtained from day centres people attended which showed what people had eaten. For one person, a care worker told us this was particularly important as they had to make sure they “didn’t have too many sugary snacks due to their medical condition.” We also saw the dietary requirements for this

person were clear in their care plan and there was a specific risk assessment for this which showed the risks, managing sugary snacks and what actions staff needed to take when there was a change in the person’s sugar levels. There was also information about the medical condition printed out in the persons care plan which care workers could refer to.

Records also showed people’s weight was being monitored on a monthly basis and identified whether people’s weight had increased or decreased. People’s health and medical needs were assessed and we viewed records demonstrating that they were supported and provided access to health and medical services when necessary. We found appropriate referrals were made when required for advice and support. For example, there were concerns about one person and their weight. We found the manager had made a referral to a nutritional dietician to manage the person’s diet and their care plan and dietary requirements were updated accordingly to reflect their changing needs for care workers to follow and monitored through regular reviews. One relative told us, “We had concerns about [person] weight and the manager made a referral to see a dietician. I was very impressed with that. We also attended the appointment and were involved.”

Care plans detailed records of appointments and medicine prescribed by healthcare professionals including GPs, chiropodist, occupational therapists, dentists and opticians. The records contained information which showed the date and type of appointment, reason for the visit, the outcome and any medication prescribed. In one care plan, we saw the home had ensured a person received their annual diabetic review every year.

Is the service caring?

Our findings

One person who used the service indicated by nodding their head that they thought it was really nice in the home and when referring to the manager the person said “My friend.” One relative told us “Care workers show people the respect and are not just treating them like clients” and “[Care worker] is the best care worker, [care worker] is the best. [Care worker] treats [person] like an elderly brother. [Care worker] cares so much for [person] and does above and beyond their job.”

During the inspection, we observed people were relaxed and felt at ease. We found people were free to come and go as they pleased in the home and their needs for privacy were understood and respected by care workers. For example when some people returned from the day centre, they liked to rest in their rooms. We found this had been adhered to and people’s wishes were respected. We also found that care workers ensured they checked to see if people were okay and safe at regular intervals and knocked on the door before entering their rooms. When dinner was being cooked in the evening, we saw that people came for dinner in their own time and were not rushed or pressured by the care workers in anyway.

One care worker told us, “You must see people as human beings. Would you go out in the rain without a rain coat or wear dirty socks, no! So why would we let them do that. We are here to help them.”

We saw people being treated with respect and dignity. We observed care workers provided prompt assistance and were patient when supporting people. Care workers communicated well with people and explained what they were doing and why. During the inspection, we observed a person sitting in the lounge watching a TV channel of their

choice and the care worker had asked the person “Is it okay for me to go and Hoover your room whilst you are watching TV.” The manager told us, “We always ask before we do anything, it’s their room and we need to respect that and we respect them.”

When speaking to care workers about people’s respect and dignity, they had a good understanding. We found there was one person who did not want a female care worker to provide personal care, we saw this was accommodated for and female care workers were aware and told us “it’s about what they want.” We also saw people had en suite facilities in their bedrooms which also helped maintain their privacy and dignity.

Care workers responded in a caring way to difficult situations. For example during the inspection, a person became agitated when they went to their room as they thought the care worker would leave them. We saw the care worker spoke in a calm and caring manner and reassuringly said to the person “Don’t worry, I’ll be here.”

The care worker told us “You just need to talk to them, make them feel comfortable” and “They become like family to you, you see them as part of you and you want the best for them.”

Social workers told us people were “Very well cared for. People are immaculately turned out and happy. The home understand what they want and work well with them” and “It is a small friendly home. It is a home.”

People were encouraged to build and retain their independent living skills. Care plans set out how people should be supported to promote their independence and we observed staff following these during the inspection. Daily skills such as being involved with household chores were encouraged and documented in people’s care plans.

Is the service responsive?

Our findings

We looked at the care records of all six people who used the service. We found they were in an easy read format and contained pictures to help people understand more easily.

We found the care plans contained an introductory section “who am I” which provided the person’s life and medical background and contained a detailed support plan outlining the support the person needed with various aspects of their daily life such as health, mobility, personal care and hygiene, communication, eating and drinking, mental health and well-being, and community participation.

These were person-centred, detailed and specific to each person and their needs. We saw that people’s care preferences were reflected such as “Likes to listen to the news in the morning” and “Likes imperial leather gel.” One care worker told us, “Everyone has a different routine; the care is based on them as an individual.”

The care plans also listed specific body language, gestures, facial expressions, key words and objects of reference the person also used to communicate. Care plans encouraged people’s independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. This demonstrated that the provider and manager were aware of people’s specific needs and provided appropriate information for all care workers supporting them. When speaking with care workers, they were able to tell us about each person’s personal and individual needs. They were also able to tell us how a person would let them know whether they were in pain, needed to go to the toilet or if they were hungry using specific gestures and key words. One care worker told us “[Person] comes and sits at the table and you can tell they want something to eat. Sometimes I would show them a picture or sometimes show them items, we let them tell us in their own way.”

We found people were consulted and activities reflected people’s individual interests, likes and dislikes and religious and cultural needs were accommodated. We saw pictorial records of people’s achievements and activities throughout the year such as community visits, bus rides, lunches in restaurants and birthday celebrations. We found everyone

had just come back from a holiday at Bognor Regis. Minutes of meetings showed this was discussed with people beforehand to seek their views on the holiday. People also attended church if they wanted to.

A care worker for one person whose first language was not English told us they had worked closely with a relative who had translated and taught key words the person was able to say in their language and specific sign language. The care worker told us, “This has really helped. We can really understand each other.” The relative told us, “Yes, both the manager and care worker learnt some key words, I wrote the words in English to help them pronounce the words and told them what they meant. [Person] is well looked after and very settled here.” We also found that the home had installed a TV channel which adhered to their cultural needs. One care worker told us “[Person] has access to these channels; [person] really loves the old films especially”. The relative also told us “We visit [person] every week, take them to the temple and at every religious holiday, [person] is always home with us and we really like that.”

We found people were supported to follow their interests, take part in them and maintain links with the wider community. People were supported to be involved with various community services which catered for people with learning disabilities to participate in multi sports such as football, volleyball, basketball and dancing. We found one person had a particular interest in swimming and playing tennis and the manager told us they supported them to go swimming each week and had arranged a membership for a local lawn tennis club.

When speaking about one of the people at the home, one social worker told us the person “Has access to facilities, goes to the gym and out in the community. The home has established their routine and [person] is visually very happy and relates very well with the staff.”

There was a system in place to obtain feedback through surveys. Positive feedback had been received. There were regular consultations and meetings with the people who used the service which gave them the opportunity to discuss any issues or concerns they had and if they had any complaints they wished to make. People were encouraged to say what they liked and didn’t like. We found regular reviews were being held between people who used the

Is the service responsive?

service, their family or representatives, the registered manager, director of services and healthcare professionals where all aspects of people's care were discussed and any changes actioned if required.

One relative told us "The manager is very accommodating and endeavours to make sure we get what we want." Another relative told us "We always get invited to the review meetings and the social worker is always there too". We saw positive feedback had been received by the local authority as part of their reviews. For one person who used the service their review concluded the person was "Receiving the level of support they need to ensure they are safe and their needs are met. Franklyn Lodge-The Farm House is the best place for them to live." Another review for another person who used the home concluded the home was "A good service, prompt and responsive. We have a favourable impression of the home."

The manager told us every person in the home had a keyworker and there were monthly keyworker meetings that took place. The manager told us this provided them with a forum for people to have the chance to talk about anything they want. The manager told us, "We want to hear their voice."

Care workers told us there was a handover after each of their shifts. We found a communication book was completed by care workers every day which detailed the needs of people and the care which had been provided. The manager told us "Staff have to read the communication book before they start their shifts so they know exactly what they need to do for each person." When speaking to care workers, they confirmed there was a handover. One care worker told us "It's all written there; we have a look and know what to do."

We looked at the communication books and found they detailed information about people's meals, activities, appointments, state of mind and general well-being, the manager told us "I always get the staff to write down how people are feeling, it's very important to know this so we can provide the right care". We found a daily

communication sheet was completed by staff at the day centres people attended. We observed during the inspection when people came back from the day centres, they handed their sheets to the manager before they went into their rooms. The manager told us they used this information to monitor people's needs and if necessary to update care plans to reflect any changes.

We saw that any comments or complaints made to the home were logged in a specific book. We reviewed records and saw although no complaints had been made, suggestions and comments had been made by relatives. We found the manager had taken action to address the issues raised and resolved them promptly. Details such as the date of the suggestions and comments made, action taken to resolve the issue and the outcome had been recorded. We reviewed records and found that whenever a complaint had been raised it had been investigated and resolved promptly.

We found the home had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately by the home. When speaking to care workers, they showed awareness of the policies and said they were confident to approach the manager. Care workers felt matters would be taken seriously and the manager would seek to resolve the matter quickly. One care worker told us, "We can tell the manager and trust he will do something about it."

We saw a copy of the complaints procedure was easily accessible to people who used the service. A copy of the complaints procedure was available in each person's bedroom. We also found information was contained in people's care plans detailing how to make a complaint and who they could contact. This information was presented in an easy to read format and contained pictures to help people to understand this information easily.

Is the service well-led?

Our findings

Relatives told us “The manager is excellent, always on the ball” and “I am very happy with the service, the team they have here now is excellent”. When speaking to relatives, we found they were also aware of management structure of the home and told us “If I can’t get hold of the manager, I can call the provider. We have their numbers and they are very approachable”, “The provider is very good, they don’t cut corners here”.

In people’s care plans we saw there was a service user guide which detailed how the home was run, how the care is provided and how they assured quality care. There was a Statement of Purpose, a service user charter and handbook which explained some of the values the home were supporting such as principles of good care, promotion of choice, privacy, dignity, fulfilment, independence and peoples civil rights. We found they were in an easy read format and contained pictures to help people understand more easily.

The manager told us, “We integrate individuals into the community and make them feel they are like you and me, we are here to promote their respect, personal cultural values, their rights, choice and needs, dignity, treat them as individuals and establish their trust and confidence” and “There is equal opportunities in the home irrespective of peoples cultures and backgrounds. We have equality and inequality does not play a part here.”

One care worker told us, “The policies and practices here are in line with the values and visions they promote. The manager is always drumming it into you and shows us examples of how and why people should be treated.”

We found the home had a clear management structure in place with a team of care workers, registered manager, the provider and a regional director who worked closely with the home. Care workers spoke positively about the registered manager and told us “He’s very proactive and leads by example”, “He’s ‘hands on’, works with you, it’s a two way thing and we learn from each other and “The manager really looks after the people, he’s very good. He always ‘ups’ his knowledge and shares it with the staff.”

Care workers also spoke positively about the culture within the home. One care worker told us “There is inclusion and

involvement from everyone here so there is openness for example; we all have the directors numbers. The directors here are very visible and reachable. They always give feedback and give you recognition for the work you do.”

Records showed that there were senior executive meetings in place which the manager attended alongside the provider, the managers of other homes and the directors in which they discussed the home, any issues which needed to be addressed and if there needed to be any improvements with the quality of care being provided.

Monthly staff meetings were being held and minutes of these meetings showed all aspects of care were being discussed and that the staff had the opportunity to share good practice and any concerns they had. Care workers told us, “You can submit an item on the agenda if there is anything you want to discuss or raise, the manager makes sure we are all working towards the same thing.” And “We use the manager as an example, he carries you and uplifts you, he gives us the confidence, you can do it.”

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed monthly checks were being carried out by the provider and reports had been produced which detailed outcomes and any further action that needed to be taken to make improvements to the service. We found checks were extensive and covered all aspects of the home and care being provided such as premises, health and safety, medication, records, finances, staff records and supervisions. We found regular care audit forms were being completed by the manager every six months which showed care plans and risk assessments had been reviewed and kept up to date which showed care needs was being monitored which helped ensure people were receiving the appropriate care they needed.

We found the home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment, legionella checks on the homes water supply and maintenance checks. The home also had a repair maintenance book which was completed by care workers when something was in need for repair. Service records were up to date. Accidents and incidents at the home were recorded in an incident report

Is the service well-led?

book and incident forms were completed. Fire drills involving a full evacuation of the home had been carried

out, testing of the fire alarm and equipment was completed every two weeks by the manager. Records showed that any improvements identified were acted upon accordingly and actioned promptly.