Larchwood Care Homes (South) Limited

Fleetwood Lodge

Inspection report

Reading Road North
Fleet
Hampshire
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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?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Fleetwood Lodge on 18 and 20 October 2016.

Fleetwood Lodge is a care home providing accommodation and personal care for up to 51 older people. Most people living in the home were living with dementia. When we visited there were 39 people lived in the home. Fleetwood Lodge is a converted residential dwelling with accommodation over two floors. People live in single or shared rooms.

The service had 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. The service is required by a condition of its registration to have a registered manager.

Our previous inspection on 26 and 27 October 2015 identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action to address the concerns we had identified. Sufficient improvement had been made for the provider to meet the requirements of the two previously breached regulations in relation to good governance (Regulation 17) and requirements relating to workers (Regulation 19).

The provider had introduced new quality assurance systems and additional checks had been put in place to support the registered manager and staff to continually evaluate the quality and risks in the service. We found these systems had been effective in driving improvements for example, in staff training and supervision and monitoring of health and safety requirements in the home. However, more time was needed to ensure recently implemented improvements made by the provider in relation to the records kept for people, staff and the management of the home, were fully completed and sustained.

The provider had improved their recruitment practices and we found all the required staff pre-employment checks had been completed to ensure staff would be suitable to work at the home.

People received their prescribed medicines safely and had access to healthcare services when they needed them. People liked the food and told us their preferences were catered for. People received the support they needed to eat and drink enough.

Staff had a good knowledge of their responsibilities for keeping people safe from abuse. Staff sought people's consent before they provided their care and support. Where people were unable to make certain decisions about their care the legal requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

Care plans were based around the individual preferences of people as well as their medical needs. They

gave a good level of detail for staff to know what support people required. Staff received training and supervision to support them to meet the individual needs of people effectively.

The provider had adapted the home environment to better meet the needs of people living with dementia. The dementia friendly environment supported people to orientate themselves in the home and maintain their independence.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were committed to enhancing people's lives and provided people with positive care experiences.

People knew how to make a complaint. People told us the manager and staff would do their best to put things right if they ever needed to complain.

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 home was safe.

The environment was safely maintained and staff knew how to protect people from the risks associated with their care.

Recruitment processes for new staff were robust to ensure they were suitable to work with vulnerable people.

The provider had appropriate arrangements in place to safely manage people's medicines and people had received their medicines as prescribed.

There were enough suitably skilled staff deployed to meet the needs of people. People felt safe living at the home and staff understood their responsibilities to report abuse.

Is the service effective?

Good

The home was effective.

People received effective care from a staff team who had received the training and support they needed to meet people's needs.

People's rights were respected because staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked mental capacity families and other professionals were consulted when decisions needed to be made about people's care and treatment.

People were appropriately supported and encouraged to eat and drink a balanced diet that met their individual needs, preferences and wishes.

People's health needs were managed effectively. Health professionals were contacted promptly when people became unwell.

Is the service caring?

Good

The home was caring.

People and their relatives gave positive comments about staff and how caring they were when supporting people. We observed staff offer support that was kind and compassionate.

People received care from staff who knew their history, likes, needs, communication skills and preferences.

Relatives felt, and observations showed, people's privacy and dignity were maintained.

Is the service responsive?

Good

The home was responsive.

People's needs had been assessed and care plans detailed how people wished to receive the support they needed. The environment had been adapted to support people living with dementia to remain independent.

People had access to activities and events which they enjoyed. They were supported to maintain their personal relationships.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

Requires Improvement

The home was not consistently well-led.

The provider had put new systems in place to monitor safety and drive improvements in the quality of the home. However, more time was needed to ensure recently implemented improvements made by the provider in relation to the records kept for people, staff and the management of the home, were fully completed and sustained.

People and staff were positive about the leadership of the registered manager and staff were clear about their role and responsibilities.

There was an open and transparent culture in the service. Staff, people who used the service and relatives were encouraged to identify risks and to support the improvement of the home.

Fleetwood Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 20 October 2016 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection, we reviewed all the information we held about the home including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection.

We requested 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 improvements they plan to make. We inspected the home before the provider had time to submit their PIR and we gathered this information during our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We also observed care, including support at a mealtime and the administration of medicines.

During our inspection we spoke with ten people using the service and three people's relatives. We also spoke with the registered manager, deputy manager, senior facilities manager, regional manager, activities co-ordinator, kitchen assistant, chef and nine care staff. We also spoke with a commissioner of the service and the specialist community nurse for care homes who worked closely with the home.

We reviewed care records and risk assessments for six people. We also reviewed training records for all staff and personnel files for four staff, medicine administration (MAR) records and other records relevant to the

management of the service such as health and safety checks and quality audits.

Good

Is the service safe?

Our findings

At our previous inspection on 26 and 27 October 2015 we found the provider had not implemented safe recruitment practices as all the required staff pre-employment checks had not been completed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 18 March 2016. At this inspection we found improvements had been made in this area and this regulation had been met.

The provider had reviewed their recruitment and selection procedure. All of the required information was available in the staff files we reviewed. Records showed appropriate checks had been undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. A full employment history with written explanations of gaps in employment was available. References had been obtained from previous employers to alert the provider to any concerns in relation to staff's conduct in previous employment that might make them unsuitable to work with people using care services.

The registered manager had completed a risk assessment when the available pre-employment information had raised concerns about an applicant's suitability, for example if they had a previous criminal conviction. They had clearly recorded their recruitment decisions to show all known risks had been taken into account when making recruitment decisions and before staff were allowed to work unsupervised.

People were protected from the risk of abuse and they told us they felt safe living at Fleetwood Lodge. Staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the senior care staff, registered manager or the provider. One staff member said, "I have to report to my senior". Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "I know how to contact the local safeguarding team and will phone them if needed''. If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action. For example, one staff member told us, "I know I can contact the local authority, CQC, the GP and the police."

The registered manager had raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the service had ensured all concerns were reported to local authority safeguarding and CQC and acted on.

People's care plans contained assessments of their risks and support needs in relation to their health and well-being. Assessments included moving and handling, mobility, agitation, nutrition and hydration. Staff told us people's risk assessments gave them sufficient guidance on how to protect people from their individual risks. For example, mobility plans were in place for people at risk of falls. One person needed to be reminded by staff to use their walking aid to reduce their risk of falling. We observed staff supporting them in accordance with their risk management plan throughout our inspection. Staff understood people's individual risks and took appropriate action to keep them safe.

People's medicines were stored in accordance with manufacturer's guidelines. Staff recorded the temperature of the room medicines were stored in. These recordings showed the temperatures were within the recommended range of the manufacturer. People's prescribed medicines were stored securely. This meant the risk of people's prescribed medicines being inappropriately used was reduced. Staff kept a clear record of the support they provided to people regarding their prescribed medicines. Some people needed their medicines at set times to ensure they would remain mobile, records showed people had received their medicine at the time they required. People's prescribed medicines were checked by two senior staff members when they were delivered to the home by the pharmacy. This reduced the risks to people from mismanagement of their prescribed medicines.

People and their relatives were happy there was enough staff deployed on a daily basis to meet people's needs. Their comments included: "Staff come quickly when I call them" and ''There is always someone to talk to''. There was a calm and homely atmosphere in the home on both days of our inspection with staff visible in the communal areas and spending time chatting and doing activities with people throughout the day. Staff did not appear rushed, responded to people's requests for assistance promptly and had time to assist people in a calm and dignified way.

Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "Staffing levels are good'' and ''When we have to use agency it is always the same four girls and they know people well''. We saw senior staff allocated tasks to staff at the start of each shift to ensure people received support when they needed it. There was always a staff member allocated to the lounge area to ensure people would not be left unattended.

The registered manager and a representative from the provider had identified the number of staff needed to ensure people were kept safe. Staff rotas showed on the days of our inspection and other days, there were an agreed number of staff in line with the providers expectations deployed to meet people's needs. The provider had recruited to two care staff vacancies that were being covered by agency staff and the registered manager told us the new staff would be starting at the home in the coming week.

People were cared for in a safe environment. The maintenance officer had systems in place to routinely check the environment and the building to ensure a safe environment was provided. This included ensuring equipment and furniture were in working order. If any repairs were required, then this was organised and tended to. Gas, electrical and water safety checks and maintenance were undertaken by suitably qualified contractors to make sure the premises were safe. Fire safety drills had been completed and the maintenance person had made improvements following lessons learnt from previous drills. For example, the fire evacuation procedure had been re-issued to staff to ensure all staff would know what to do in an emergency. The registered manager routinely checked that all health and safety checks and plans had been completed.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about care staff. Their comments included: "They are very good'', ''Always know what to do if my mother is unwell'' and ''Support is very good, staff are very good''. People were cared for by staff who felt supported and had received the training they needed. Staff we spoke with said they received guidance from the manager and senior staff when they needed it. One member of staff said, "The seniors are very good and they are always there for advice''. Staff had received regular one to one supervision meetings with their manager, where they could receive feedback on their performance and discuss their development needs.

New staff had completed an induction programme that met the requirements of the Care Certificate standards. The Care Certificate standards are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. Staff told us they had also shadowed experienced staff for a week before they worked unsupervised to ensure they understood how to support people effectively. The registered manager told us they were working with the provider's training team to ensure new staff's Care Certificate workbooks would always be completed within the first 12 weeks of staff's employment.

Staff were complementary of the training opportunities they were provided. Their comments included ''We get a lot of training'', ''My induction was good it was enough for me to be confident to start working on my own'' and ''We are encouraged to do further qualifications and I will be doing my QCF [Qualifications Credit Framework] in health and social care''. Training covered health and safety related topics and topics relevant to people's support needs. Training included health and safety awareness, infection control, manual handling and nutritional awareness.

Most people who lived at Fleetwood Lodge lived with a diagnosis of dementia and staff had received training to assist them to understand how to support people living with dementia. We saw good communication skills and dementia friendly practices were evident when staff supported people with dementia. For example, we observed three care staff supporting people during lunch time. They spoke with people throughout, such as telling them what they were eating, or asking where they would like to eat. One person was becoming anxious about which table to eat at and staff showed them the different small tables so they could choose the one they preferred. Staff kept another person company when they became upset and did not want to have their lunch. This meant people living with dementia benefitted from meaningful and effective support from skilled staff who understood their needs.

Some people did not have the mental capacity to independently make decisions about their care arrangements. Staff had undertaken training on the Mental Capacity Act (MCA) 2005. 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff showed a good understanding of this legislation and were able to tell us about their responsibilities under the MCA. One member of staff told us, "I always ensure people are given a choice about what they want to

eat, wear and do.'' Staff were observed seeking consent and explaining the tasks they were about to carry out, for example when asking people if they wanted any pain relief.

The registered manager ensured people's capacity to consent to their care had been recorded. Where staff were concerned a person did not have the capacity to make a specific decision, they completed a mental capacity assessment. These assessments clearly documented if the person had capacity to make the decision. For 39 people a best interest decision had been made as they no longer had the capacity to understand the risks to their health and safety if they left the home without support. The registered manager made an appropriate Deprivation of Liberty Safeguard (DoLS) application for these people. 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). This meant people's rights were respected because staff understood their responsibilities in relation to the MCA.

People spoke positively about the quality and quantity of food available to them in Fleetwood Lodge. Their comments included: "The cake was very nice "; "I like the food'' and ''The food always looks fresh''. We observed the dining room experience of people at a lunch-time. It was a calm pleasant atmosphere with most people sat at small dining tables and seemed a social and supportive event whilst other people preferred to eat in the lounge. People required different levels of support and those who required help with their food were supported in a dignified way. There were picture menus on the table and these were used to support people to make their meal choice.

The chef told us that if someone did not like the menu options offered then they would offer them an alternative of their choosing and people's preferences were met. The kitchen was clean and well organised. The kitchen staff were aware of people's food and portion preferences. At the time of our inspection no one needed a specialised diet.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, community nurses, mental health nurses, physiotherapists, diabetic nurses and podiatrists (foot specialists). A local GP visited the home at least weekly and people told us they were satisfied that their health needs were met. One relative told us "The GP is very helpful".

Good

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. Their comments included: "I love the atmosphere. It's kind, you can feel it as soon as you walk in the door. The staff are there for you"; "They're very good. I get on with them all very well" and "Yes, they do look after you.''

People enjoyed positive relationships with staff and the registered manager. The atmosphere was friendly and lively in communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed and reassured about the purpose of our visit by staff. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person liked to do puzzles, staff supported this person and ensured puzzles were always in their reach so that they could use them when they chose.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them. For example, people were encouraged to manage their personal hygiene and appearance. When people chose to spend time in their rooms we saw people's tables were near them and their reading glasses, remote controls and books were within easy reach. People had been involved in decisions about the décor of their rooms and were surrounded by objects they held dear.

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One staff member told us about one person and the support they needed. They said, "They like to have company during lunch time and one of us will always sit with them''. We saw during lunch time that staff sat with this person while they ate their meal. Another person told us they enjoyed having visits with their family and staff always made sure everyone had a cup of tea.

Staff were supported to spend time with people and they spoke positively about this. Their comments included: ""Every person is special"; ''We just want to make people happy'' and ''It is so important to spend time with people and make sure they have a good day''. We observed staff sitting with people talking, playing games, listening to music or having a dance. People clearly enjoyed discussing their views and lives with staff and enjoyed jokes. For example, one person was offered a magazine and the staff member had a friendly joke with the person. The person was clearly comfortable to joke with staff.

People told us their dignity was respected by all staff at the home. The language heard and recorded in care records was appropriate and respectful. Staff used touch to support people to understand instructions, we saw this was done appropriately and people seemed comfortable and reassured through physical contact with staff. Contact was unrushed, with smiles and kindly gestures, such as when asking where people would like to sit or when people appeared not to understand what was asked of them. Staff explained to us that an important part of their job was to treat people with dignity and respect. Our observations confirmed that staff respected people's privacy and dignity. When people required support with personal care tasks this was done discreetly, behind closed doors to ensure their dignity was maintained.

Good

Is the service responsive?

Our findings

Each person's needs had been assessed and were used to develop a personalised care plan which reflected people's needs and preferences. This included an assessment of the person's needs before they were admitted to the home. The registered manager understood the skills of the staff team and the needs of the people already living in the service. They gave us examples of how they took this into account when making decisions about whether the home could meet the needs of new people.

Relatives told us they were kept informed if people became unwell or their needs changed. They told us they had been given an opportunity to review people's care plans to ensure they provided information that people might not have been able to share. Personal information was available for each person, which included details of the person's background and preferences, such as bed time routines so staff would know how to plan and deliver care. There were care plans for personal care which were well recorded and included specific details of how staff should support people. These included tasks which people could do for themselves regarding their personal care and what staff needed to help people with. Staff could explain how they used the information in people's care plans about their life and employment history to initiate conversation and were familiar with the care instructions in people's care plans.

Care plans included information on how staff were to support people to meet their emotional needs. Care plans were in place for people whose behaviour might put themselves or others at risk so staff would know how people preferred to be supported when they became anxious. Some people had specific routines for example during bath time, that supported them to manage their anxiety and staff could describe how they ensured people's routines were kept to. We observed staff during lunch time supporting people with humour, distraction and reassurance when they became anxious till they were at ease and could enjoy their meal. Staff explained how they identified people becoming upset and told us speaking calmly and reassuring people were the most effective ways to support people through a difficult time

The provider had made adjustments to the home environment to better meet the needs of people living with dementia. The dementia friendly environment supported people to orientate themselves in the home and maintain their independence. People's bedroom doors were painted with a vibrant colour to make it easier for them to recognise their own rooms. Toilets seats were coloured to make their identification easier and helped to reduce people's anxiety relating to continence. The corridor handrails had been brightly painted to provide a contrast to the walls so people could see them better and use them to improve mobility and prevent falls. We saw staff guided people to the two communal areas in the morning so they could spend time with each other. Armchairs were group together to make it easy for people to chat and we saw people spend most of their day in the lounge areas in conversation or busy with their hobbies and interests.

Structured activities were available for people every day and they were able to choose whether they wished to join in or not. Events were held throughout the year and relatives were encouraged to take part in celebrations and events at the home. A tea dance was due to take place on the following day and people told us they were looking forward to this. People seemed to enjoy the activities and these were tailored to

people's individual needs. During our inspection we saw people drawing, colouring in, looking through newspapers and magazines and being encouraged by staff to discuss what they saw. Staff were playing board games with people or keeping them company. The activities co-ordinator told us 'We have made changes to our activities to meet the needs of people with dementia, Even though we have set activities every day the key is to adjust these so that you have something in there that meets everyone's needs so we are often doing many things at the same time''. We observed a high level of engagement from people in these activities, staff understood people's interests and how to keep them involved. This meant people were given the opportunity to have an active and stimulating day with meaningful engagement.

Family and friends were encouraged to visit whenever they wanted and staff supported people, who wanted to have regular and frequent contact with relatives. People's faith needs were respected and a monthly Christian church service and communion was held at the home.

People and relatives told us they would feel comfortable raising concerns with staff if they had any. One relative told us "I would speak to (naming deputy or registered manager).'' The provider's complaints process was available to people and their representatives. This set out how people could make a verbal or written complaint and how their complaint would be dealt with.

The registered manager told us they had received no complaints since our previous inspection relating to the care provided. There was a process for ensuring people's complaints were logged, investigated and responded to.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 26 and 27 October 2015 we found quality monitoring in the home was not effective. Shortfalls had not always been identified and where action plans had been drawn up to drive improvement these had not always been completed. This was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and told the provider and registered manager they needed to make the required improvements by 31 March 2016. At this inspection we found improvements had been made and the requirements of this regulation were now met. However, more time was needed to ensure recently implemented improvements made by the provider in relation to the records kept for people, staff and the management of the home, were fully completed and sustained.

The provider had introduced new quality assurance systems and routine checks and audits had been put in place to support the registered manager and staff to continually evaluate the quality and risks in the home. The registered manager told us ''I like the new quality checks and get a lot of support from my new regional manager, she is at the home every week''. The registered manager and regional manager told us the home needed some time to embed the new systems and for all staff to become skilled in using them effectively.

Following our previous inspection weekly and monthly medicine audits had been completed and no concerns had been found. This was confirmed by the community pharmacist who completed a medicine audit in April 2016 and was satisfied that people's medicines were managed safely.

A monthly audit was also completed by the regional manager, for example, of all safety incidents, complaints, staffing concerns, medicines, health and safety checks and training that had occurred in the home. Action plans had been drawn up to address any shortfalls and we saw the registered manager was working to ensure all staff training and care plan audits were completed. We saw where care plans audits had identified gaps in people's care plans these had been rectified. However, some time was needed for staff to review people's care plans in relation to moving and handling and behaviour support to ensure the information would always be comprehensive and completed in accordance with the provider' new care plan format. This would ensure new staff would have detailed information about people's support needs when people were not always able to explain their routines to staff. Time was also needed to ensure an up to date record was always kept of staff's induction activities to support the registered manager to monitor whether new staff had received the support they required to understand their role and responsibilities.

Following our previous inspection health and safety checks had been completed routinely and all records relating to the maintenance of the equipment and the building were available. The registered manager had introduced a weekly meeting with the maintenance officer to monitor the health and safety action plan and ensure improvements were made. We saw for example, new flooring had been laid and a new boiler had been installed when the maintenance person raised concerns about the temperature of the water. On the first day of our inspection the provider's Senior Facilities Manager visited the service to complete their annual health and safety audit. They told us they were satisfied that the service kept the required records and always contacted them promptly if any concerns relating to people's environment were identified.

An effective system had been put in place to ensure the registered manager would promptly notify CQC of the outcome of DOLS applications as required by law. This meant we could check that the appropriate action had been taken at the time the DoLS authorisation was made.

The registered manager met monthly with the Specialist Community Nurse for Care Homes to review all falls, infections, wounds and weight loss concerns and to review people's care plans to ensure these reflected current best practice so that people would always receive care in line with current quality and safety standards. The specialist community nurse for care homes told us the home followed their guidelines and had a good understanding of best practice.

An annual service satisfaction survey was completed to provide an opportunity for people and relatives to provide feedback. The results of the October 2015 survey indicated that people were very satisfied with their care but some would welcome the opportunity to be more involved in their care plan reviews. A plan had not been drawn up following this survey to ensure a record would be available to evidence the action taken to address people's request. We asked the registered manager what action had been taken following this feedback. They told us annual review meetings were held with relatives and people and they were working with the provider to look at creating additional opportunities for people and relatives who wanted to review people's care plans more regularly. Another survey had had been sent out at the beginning of October 2016 and the registered manager was waiting for these to be returned. They told us they would be developing an action plan following the feedback to ensure people's views would be acted on.

The service had 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.

During our inspection the registered manager and senior staff had a visible presence around the home. They talked with people and relatives and gave advice and guidance to staff to ensure people were happy and received a good standard of care. Staff were complimentary about the leadership in the home and told us they received clear direction and understood their roles and responsibilities.

People and relatives told us they appreciated the registered manager's ''open door policy'' and felt encouraged to give their feedback about the service. One relative told us ''The manager is always here, I can just have a quick word about anything''. Staff worked well together and told us they were motivated to ''make people's lives better'' and ''provide the best care possible''. Monthly staff meetings were held and staff told us they were happy and confident to express their views and offer their ideas to the manager. For example, their ideas to introduce new activities and to scatter objects around the communal area to encourage people to remain active had been positively received.

Staff, people and relatives told us the service had caring values and that they treated people with kindness, consideration and compassion. We observed these values in action during our inspection and found staff were motivated, patient and caring.