Crossways Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 13 December 2016 and was unannounced.

Crossways provides personal care and accommodation for up to 25 people. On the day of our inspection there were 21 older people at the home, some of whom were living with dementia. The home is spread over two floors with a passenger lift, communal lounges, dining room, gardens and patio.

The home had a registered manager. 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 experiences of people were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. One person told us "It's lovely here. Yes I feel very safe there is somebody about all the time". Another person said "That is important to me, that I am somewhere safe and that someone is here". We observed people at lunchtime and through the day and found people to be in a positive mood with warm and supportive staff interactions.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate the risks. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. One member of staff told us "I would always let the manager know if I suspected a resident was being abused or getting poor care". The registered manager made sure there was enough staff on duty at all times to meet people's individual care needs. When new staff were employed at the home the registered manager followed safe recruitment practices.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and had access to health care services when needed.

Staff supported people to eat and drink and people were given time to eat at their own pace. The home met people's nutritional needs and people reported that they had a good choice of food and drink. One person told us "The food is tasty and good they do what I like". Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose suitable leisure and social activities in line with their individual interests.

The home considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

There was a homely and caring atmosphere at the home. People, staff and relatives found the management team approachable and professional. One person told us "Excellent, you get to know them, I think of them as family". A relative told us "I am more than happy with the care and support my relative gets. The manager is great".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of the needs of people. One staff member told us "It's good I would say. There's quite a lot of training going on. I've been here a few months now and I'm doing something all the time".

Resident and staff meetings took place which provided an opportunity for staff and people to feedback on the quality of the service. Feedback was sought by the registered manager via surveys. Surveys results were positive and any issues identified were acted upon. People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues.

The registered manager welcomed and encouraged feedback and used this to drive improvement and change. There were quality assurance processes in place to enable the provider and registered manager to have oversight of the home and to ensure that people were receiving the quality of service they had a right to expect.

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.

There were arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs and keep them safe.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans identified all relevant areas of risk.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The home was effective.

The training records showed that staff received training necessary to fulfil their roles along with other, relevant training specific to people's needs.

People were supported to eat and drink sufficiently to maintain a balanced diet.

People were supported to maintain good health, and to have access to healthcare services that they needed.

Is the service caring?

Good

The home was caring.

People were supported by caring and kind staff.

People were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

The home was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual plan.

People's individual plans included information about who was important to them, such as their family and friends and we saw that people took part in activities in the service and in the community.

There was a complaints procedure and people knew how to raise concerns.

Is the service well-led?

Good

The home was well-led.

People felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Crossways Healthcare Limited

Detailed findings

Background to this inspection

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

This inspection took place on 13 December 2016 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was an expert in care for older people.

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 they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounges and dining room. We were also invited in to people's individual rooms. We spoke to 10 people, three relatives, four care staff, an administrator, two visiting health and social care professionals, deputy manager and the registered manager. We spent time observing how people were cared for as well as their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at six

people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with the care delivered.

The service was last inspected on 27 September 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. People's comments included "I feel very safe and everyone makes sure that I am", "It's lovely here. Yes I feel very safe there is somebody about all the time" and "That is important to me, that I am somewhere safe and that someone is here". A relative told us "I can walk out of here knowing my relative is in safe hands, it is so reassuring".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concerns in reporting abuse and were confident that management would deal with any concerns raised. One member of staff told us "I would always let the manager know if I suspected a resident was being abused or getting poor care". Another staff member said "We do get training on the subject every year. I find it useful". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Information on safeguarding was also displayed in the staff areas as a reminder of the process staff should follow. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People and relatives felt there was enough staff to meet their needs. One person told us "There is always someone around if you need them. I have a button to press in my room and they will come day or night". Staff rotas showed staffing levels were consistent over time and that consistency had been maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us "I have a good team of staff and when needed everyone will support each other, so that any holidays or sickness is covered. We don't currently use agency staff". Staffing levels were devised by looking at people's assessed care and support needs and adjusting the number of staff on duty based on the needs of people living at the home. We asked staff about staffing levels at the home. One staff member told us, "I don't think it's a problem here. There are always enough staff around". Another staff member said "We do get time to spend with the residents". A third staff member told us, "I like it that we have time to spend with the residents and get to know them". Our observations on the day confirmed staff appeared to have enough time to care for people well. We also spoke with a visiting health professional on this subject. They told us "I never wait outside when I call. They (staff) answer the door straight away. The call bells hardly ever go off either as staff are always around. In fact, you wouldn't think they had them they go off so little. And it's always like this when I call, which is quite often and at different times of the day".

Each person had an individual care and support plan. The plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out on people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of

sensation. These allowed staff to assess the risks and then plan how to alleviate the risk. For example ensuring that the correct equipment is made available to support pressure area care. Some people required barrier creams to be applied to prevent rashes and pressure ulcers. Staff told us that they were aware of the individual risks associated with each person and that they found the care plans to be detailed.

People's freedom was not unlawfully restricted and they were able to take risks. Observations showed some people independently walking around the home. We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. One staff member told us, "Of course we want to keep people safe but not to the point we restrict them. I wouldn't want to be. Most people come and go as they want". Our observations on the day confirmed staff were mindful of people's rights to take risks. People's needs had been assessed and risk assessments were devised and implemented to ensure their safety. For example, care plan records and risk assessments for one person detailed how they could walk around the home unassisted but was unable to use the stairs and used the lift for their safety. The person told us "I go where I want but I am a bit unsteady on the stairs, so I use the lift it's safer".

We observed staff on several occasions carrying out transfers of people, for example, transferring people from their wheelchair to an armchair and assisting them to mobilise around the service. All the transfers we saw were carried out safely and staff explained to people the procedure to help manage their anxiety and to ensure that they were aware of what was going to happen.

Accidents and incidents that had occurred were recorded and analysed to identify the cause of the accident and determine if any further action was needed to minimise the risk of it occurring again. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. Regular checks in relation to fire safety had been undertaken and people's ability to evacuate the building in the event of a fire had been considered, as each person had an individual personal emergency evacuation plan.

People were cared for by staff that the registered manager had deemed safe to work with them. Prior to their employment commencing identity and security checks had been completed, and their employment history gained. In addition to this their suitability to work in the health and social care sector was checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

People's medicines were stored and managed safely. We observed a member of staff administering medicines and looked at the Medication Administration Records (MAR) for each person. We found no gaps in recording. The staff member was knowledgeable about people and the medicines that had been prescribed. They were patient in their approach and gave people time to consider whether they wanted to take their medicines. When required the member of staff reminded people what their medication was for and encouraged people to take them. When people refused the staff member explained they accepted this but would make a note to try again later on. They explained that as long as it was within a given time frame the person could have their medicines later. Some tablets needed to be destroyed and the staff member followed the provider's policy to dispose of the medicine safely. Storage was secure and where needed some medicines were stored in a refrigerator. Regular checks were recorded to ensure the refrigerator temperature remained suitable. Some people were prescribed 'when required' medicines. There was clear guidance for staff with regard to when these medicines should be offered and we saw that MAR charts were completed correctly. One person told us "I am a diabetic and my medication is given to me twice a day. Staff make sure I take it". Another person said "Yes staff give me my tablets, yes twice a day". The management team undertook regular audits to ensure the safe and effective management of medicines. These included

checking medicines had been signed for when dispensed and that medicines were safely stored and disposed of. There were also regular external audits, undertaken by the provider's assigned pharmacy.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us "The staff know what they are doing. They go on courses and learn lots of things". Another person said "Yes very well trained. They recognise if someone is off colour".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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).

Training was available for staff in relation to the MCA and DoLS. Staff we spoke with told us that they had received training and shared their knowledge of the principles of the MCA. They gave us examples of how they would follow appropriate procedures in practice. One staff member told us "We know we have to assume the residents can do things for themselves unless they've been assessed as being unable". Another staff member said, "Most people can make some decisions for themselves, even if it's just something like what they wear. We encourage that". Staff told us they explained a person's care to them and gained consent before carrying out any care tasks. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Staff members recognised that people had the right to refuse consent. People's capacity to make decisions had been assessed and the registered manager also knew how to make an application to deprive a person of their liberty, and we saw appropriate paperwork that supported this. A relative told us "The staff always include us in any choices made, but our relative is still quite bright and has full capacity so is able to make her own decisions".

People told us they received effective care and their individual needs were met. One person told us "They are trained to a high standard". Another person said "They know what they are doing and help me when I need it". Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example in pressure care and dementia. The registered manager explained that after their induction new staff are put on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager added, "We offer lots of training to the staff and encourage development such as a Diploma in Health and Social Care". Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, such as around autism, diabetes and end of life care.
One staff member said, "It's good I would say. There's quite a lot of training going on. I've been here a few months now and I'm doing something all the time". Another staff member said "There is quite a lot of training. It's very good". A third member of staff told us "We have lots of training and there is a list on the staff

board ready for next year already. I am also doing a Diploma in Health and Social Care".

Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. One member of staff told us "It's quite a small home so we see each other all the time but I do get supervision. It's fine".

In the morning of the inspection a member of staff went and spoke to each person about what choices were on offer for lunch and what they would like to eat. The member of staff showed great knowledge of people's preferences and made suggestions when needed. We observed lunch in the dining room. It was relaxed and people were considerately supported to move to the dining area, or could choose to eat in their room. The atmosphere was calm and supportive and it was clear people enjoyed each other's company. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. One member of staff went around and offered drinks to people. One person asked for a glass of sherry with their lunch. The member of staff provided what was asked and asked other people on the same table if they would like a glass. People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu based on people's choices which was on a board in the dining room. People were offered alternative food choices depending on their preferences. Comments from people around food included "The food is tasty and good, they do what I like", "It's very good, all local fresh food and meat comes from the local butchers. Eggs are free range and drinks are always available. I always do the menu board for them and add something, today I couldn't think of anything so I did a weather report for everyone" and "It is mostly good. I've not thrown anything back yet, yes there is plenty to drink. They bring round drinks and biscuits if you are thirsty you only have to ask". One staff member told us, "I think the food we provide here is excellent. For example, we have one person here who came to us recently and their relative told us they ate very little and needed (food) supplements. Now they are eating three meals a day, no supplements and loves the food". Our examination of the person's care plan confirmed this.

People received support from specialised healthcare professionals when required, such as GP's, district nurses and social workers. Access was also provided to more specialist services, such as chiropodists. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. Comments from people included "They sort out the people I need to see. I am waiting for the chiropodist today, they are ever so nice", "My daughter will take me to any healthcare appointments. I don't feel safe going out on my own. If I need to see a GP they would call one but it hasn't been necessary" and "There are a few healthcare people who pop in. Staff respond quickly when necessary. I haven't had any issues".

Good

Is the service caring?

Our findings

People and their relatives described the staff as caring and kind. People's comments included "They are not staff , they are my friends. They are lovely and kind to me, "They are very caring and helpful" and "I have only one word for them, excellent". A relative told us "I knew someone who moved into the home before my relative did. It struck me how everyone was happy and with a good atmosphere. Staff polite, friendly and caring. I knew my relative was in good hands". A visiting professional told us "It really is a friendly, nice home. Staff are caring and supportive of people's needs".

We spoke with a visiting health professional about their experiences when visiting the home. They told us, "This is the best care home I visit. I actually wanted to get a place here for my relative but they were fully occupied at the time. The staff are lovely and very kind. The way you see it today is the way it always is. It's just a lovely, caring home".

Crossways had a very calm and relaxed environment. Throughout the inspection people were observed freely moving around the service and spending time in the communal areas. People's rooms were personalised with their belongings and memorabilia. One person invited us into their room and showed us their Christmas cards and famed photos they had on the wall. They told us "I have the best room it really is lovely. I like sitting here and looking out of my window at the birds. If I see two in a day I am happy, but if I see six then that is wonderful. Everyone here is so kind, I can't say any more than that". People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. The registered manager told us "We always say to relatives they are welcome anytime and can have lunch or supper with their loved ones. We have some relatives coming Christmas day for lunch".

We observed care in communal areas throughout the day. We observed good interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and receive appropriate care.

Staff showed affection and warmth in their approach, when checking on people's comfort and well-being. Staff reassured and spoke to people in a kind, calm manner using eye contact and ensuring that they were at the same height as people when communicating with them. One person became agitated and we observed staff reassuring them and asking what they would like to do. A member of staff came around with a box of chocolates and offered them one. The person appeared happy with this and enjoyed their chocolate. We could see people were happy and comfortable with staff. We observed staff to have a cheerful and approachable disposition. One member of staff asked if a person would like assistance to the dining room for lunch and walked with the person having at chat about what was for lunch. They then showed the person to a chair and offered them a drink of their choice.

People were involved in decisions that affected their lives. Records showed that people and their relatives had been asked their preferences and wishes when they first moved into the home and that care plans had been reviewed in response to people's feedback or changes in their needs. People and relatives confirmed that they felt involved in the delivery of care to people and could approach staff if they had any questions or queries relating to it. A relative told us "Yes my relative is consulted in their care, but I usually get involved".

People confirmed that they felt that staff respected their privacy and dignity. One person told us "I'm my own boss, I don't have any problems with privacy. If I go back to my room and close the door they always knock before coming in". Another person said "The staff definitely respect your privacy". We asked staff how people's dignity was maintained and observed staff caring for people. One staff member told us "Yes, we always knock before we go into people's rooms". Our observations on the day confirmed this. Another staff member said, "Well, this is their home. We wouldn't just walk into someone's house without being asked so we don't here. If someone doesn't want to do something we won't force them".

People were encouraged to be independent. Observations showed people independently eating and drinking and choosing how they spent their time. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and observations confirmed this. One person told us "I am independent I don't need support".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "It is definitely people centred. The residents come first". Another person said "Anything I need or any help, the staff are there for me. There are lots of activities, but I don't join in. I am not interested".

We asked staff what they understood by the term 'person centred care'. One staff member told us, "Each person's care is different. I suppose it's all about the person you're dealing with at the time". Another staff member said, "It's whatever people like their care to be. I mean care that is personal to them". We noted several examples of person centred care being delivered during our visit. For example, we noted one person could not remember what they had ordered for lunch when arriving at the dining room. We noted a staff member noticed this and assisted the person to remember in a caring and discreet manner. On another occasion, we saw staff members taking time to explain menu choices to people and to listen, then act appropriately, when comments were received.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. The provider had recently transferred the care plans into an electronic format on a computer. Records confirmed people and their relatives were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained detailed personal information, which recorded details about people and their lives, likes and dislikes. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the electronic care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans also contained detailed information on a person's daily routine with clear guidance for staff on how best to support that individual. For example one care plan stated the equipment staff needed to use to support the person. This included a hoist and a description of the sling including its colour to ensure staff were using the correct equipment. Another care plan detailed that staff should support a person who was partially deaf with activities and encourage them to participate with help if needed.

There was regular involvement in activities. Keeping people occupied and stimulated can improve the quality of life for a person, including those living with dementia. Activities on offer included art classes, quizzes and chair exercises. Comments from people included "I think they are all very good, I like the chair exercise. We also see a chiropodist & hairdresser regularly", "I like the singers, bingo and we recently had a carol service that was good" and "I don't want to be involved in activities, just to the garden sometimes". Conversations with people were held to gather ideas, personal choices and preferences on how to spend their leisure time. One person told us of trips to a local garden centre and said "I like to read my newspaper and then go for a little walk outside to keep me active. Not today though it is chilly out there".

Staff encouraged people and ensured that people who remained in their rooms and who might be at risk of social isolation were included in activities and received social interaction. In one person's care plan it detailed that the person preferred to watch TV or listen to music in their room and staff were to encourage them to participate in activities. On the inspection we observed staff encouraging the person to come down to the communal lounge but they decided to reside in their room. One member of staff engaged in a conversation with them about Christmas cards they had received and reminded them of who they were from. We spoke with a member of staff who had already planned activities for the coming year and the entertainers they had booked. They also told us "We had a Christmas party and had local school children come in and sing. It was lovely and everyone really enjoyed it so much".

There were systems and processes in place to consult with people, relatives and staff. Satisfaction surveys were carried out annually by the provider which gave a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed in the home. Complaints made were recorded and addressed in line with the provider's policy with a response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally. One person told us "Good lord no. I haven't had any concerns, if I did I would definitely bring it up". Another person said "I have never had any cause to complain".

Good

Is the service well-led?

Our findings

People, relative's and staff all told us that they were satisfied with the service provided at the home and the way it was managed. People's comments included "Management is very good, always available", "Management is excellent and totally honest", "They all seem to get on pretty well together, they are well organised" and "Excellent, you get to know them, I think of them as family". A relative told us "I am more than happy with the care and support my relative gets. The manager is great". Another relative said "Managed well, it's kept clean and it is well staffed".

There was a homely and caring atmosphere at the home. The management team were supportive and approachable and took an active role in the day to day running of the service. People appeared very relaxed while talking with the registered manager and deputy manager. While we were walking around the home with the registered manager, positive interactions and conversations were being held with people and staff. They showed knowledge on the people who lived at the home. We observed people and staff approaching them throughout the day asking questions or talking with them. They took time to listen to people and staff and provided support where needed. We asked staff if they thought the home was well led. One staff member told us "Yes, very well led. I love it here". Another staff member said, "A lot of the staff have been here for many years and I think it shows. They know the residents really well. I can ask anything and the manager will know it. They are really nice people and the manager is very approachable and patient". A third member of staff said "I think we try to make this a home for people. It's not a big home and we all get along really well".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service. We saw that people had been involved in choosing specific foods for the menu and activities. Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. One person told us "Communication is good. We are kept informed and there is also the notice board with details of what is going on". The registered manager told us "I will deal with any issue straight away to ensure staff and people are supported and feel they are listened to. Just this morning a resident let me know that their reading light was not working. That is important to them, so I went out and bought a new bulb and changed it straight away for them".

Regular audits of the quality and safety of the home were carried out by the registered manager. These included audits of the environment, care plans, medicines and health and safety. Action plans were developed where needed and followed to address any issues identified. Feedback was sought by the provider via surveys which were sent to people at the home. The registered manager was passionate about their role and proud of the home. They told us how their aim was to ensure everyone living at the home received the best care possible and would go out of their way to meet people's needs. They were open to ideas and suggestions from people and staff to improve the home. They said "I work alongside my staff and know my residents well. I ensure that everyone is getting the care they need and will support and encourage my staff with training and development. I feel supported by the provider and have regular meetings and supervision with them".

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and up to date sector specific information was also made available for staff. This included the manager and staff attending training externally through the local authority.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.