

Torr Home

Torr Home

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

The Inspection took place on 8 & 9 & 10 September 2015 and was unannounced. The service provides accommodation, personal care and nursing care for up to 60 older people. At the time of our inspection there were 60 people using the service. The service consists of two separate services, Torr home, a nursing and residential care home and The Glentor Centre a specialist unit for up to 17 people living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our inspection in December 2014 we found breaches of legal requirements. The provider sent us an action plan which explained how they would address the breaches of regulations. At this inspection we found all actions had been completed.

We observed people and staff were relaxed. There was a friendly and calm atmosphere. We observed people and

Summary of findings

staff chatting and enjoying each other's company. Comments included; "The staff are very good and caring." People, who were able to tell us, said they were happy living there.

People had their privacy and dignity maintained. We observed staff supporting people and showing kind and compassion care throughout our visit.

People, relatives and healthcare professionals were very happy with the care provided to people and said the staff were knowledgeable and competent to meet people's needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives. One person said; "My son and daughter are very happy with my wife and myself being here. They looked around Plymouth and found this to be the best and I think they are right. It is very good here. From the moment I walked in here I felt relaxed and at home."

People were protected by safe recruitment procedures. There were sufficient staff to meet people's needs and staff received an induction programme. Staff had completed appropriate training and had the right skills to meet people's needs.

The registered manager had sought out and acted upon advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Applications were made to help safeguard people and respect their human rights. Staff had undertaken safeguarding training, they displayed a good knowledge on how to report concerns and were able to describe the action they would take to protect people against harm. Staff were confident any incidents or allegations would be fully investigated. People who were able to tell us they felt safe.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as GPs and Physiotherapist. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

People's medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

People's risks were considered, managed and reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home and in the community where possible. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People were supported to maintain a healthy, balanced diet. People told us they enjoyed their meals and we saw mealtimes were not rushed. One person said, "The food is very good-Excellent", and "My request for mushy peas when we had fish was met in a week."

People's records were comprehensive and detailed people's preferences and care needs. People's communication methods were recorded. Records contained detailed information about how people wished to be supported. Records were consistently updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People, staff and visiting healthcare professionals confirmed the management of the service was supportive and approachable. Staff were happy in their role and spoke positively about their jobs.

People's opinions were sought formally and informally. There were quality assurance systems in place. Audits were carried out to help ensure people were safe, for example environmental audits were completed. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

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.

People were supported by skilled and experienced staff. There were sufficient numbers of staff to meet people's needs.

Staff were able to recognise the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People's medicines were administered and managed safely and staff were aware of good practice. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People received support and care to meet their needs.

The registered manager and staff had completed training and understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People received care from staff who were trained to meet their individual needs and were supported to have their choices and preferences met.

People were supported to maintain a healthy and balanced diet.

People could access appropriate health, social and medical support as needed.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them.

People's wishes for end of life support were well documented.

Good



Is the service responsive?

The service was responsive.

Care records were individual and personalised and met the needs of people.

Staff responded quickly and appropriately to people's needs.

People had a wide choice of activities they were supported to participate in if they wished.

Good



Summary of findings

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Is the service well-led?

The service was well led.

There was an experienced registered manager who was approachable.

Staff said they were well supported by the management team. There was open communication within the service and staff felt comfortable discussing any concerns with them.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Good



Torr Home

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.

The inspection was undertaken by two inspectors, a specialist advisor in dementia care 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 inspection was carried out on 8 and 9 and 10 September and was unannounced.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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. We also reviewed the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 20 people who used the service, the registered manager and 14 members of staff. We also spoke with four relatives and four health and social care professionals who had all supported people within the service. We also spoke to two visiting Chaplains.

We looked around the premises and observed and heard how staff interacted with people. We looked at nine records which related to people's individual care needs. We looked at 12 records which related to the administration of medicines, six staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

We inspected Torr Home in December 2014 and found breaches of legal requirements, including the failure to follow good practice guidelines and the home's medicines policy combined with the storage of inappropriate items within medicine storage. The provider also failed to provide staff with adequate training and information on local procedures for the safeguarding of adults exposing people to unnecessary risk. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

People told us they felt safe. We spoke with 20 people who used the service and all said they felt they were in a safe environment. A relative said; "Yes I believe he (their relative) is safe." Another said; "I'm happy to leave him here." One professional confirmed the Glentor Unit had a finger print system of entry and they always had to be let in by staff to help ensure people were kept safe. One staff member said the Glentor Unit was safe due to the design and layout of the building which enabled people to move freely and independently, and allowed staff to observe people.

People who lived at Torr Home were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm. Staff had the knowledge and skills to help keep them safe. Staff informed us they were up to date with their safeguarding training. They confirmed they had access to safeguarding and whistleblowing policies and procedures. Staff said they would have no hesitation in reporting abuse and were confident the registered manager would act on any concerns. They said they would take things further if they felt their concerns were not being taken seriously and were aware of outside agencies, for example the local authority. Staff spoke confidently about how they would recognise signs of possible abuse. We saw referrals to the safeguarding team had been made and this showed that appropriate concerns were reported to the relevant authority. The service only managed people's everyday money, receipts and income and expenditure were recorded to help ensure people's money was kept safe.

People lived in a safe and secure environment that was maintained. Smoke alarms and emergency lighting were tested. Regular fire audits and evacuation drills had been carried out. This ensured staff knew what to do in the event of a fire. People had individual emergency evacuation

plans in place. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep them safe. We saw that environmental health had carried out an inspection and rated the home as level five, which is the highest rating that could be achieved.

People identified as being at risk had up to date risk assessments in place. Care records contained appropriate risk assessments which had been reviewed and updated regularly. Records showed people at high risk of falls had this information clearly documented to help ensure staff were aware of how to reduce the risk to people. Individual risk assessments in were place for people who may place themselves and others at risk due to their health needs. There were clear protocols in place for managing these risks for example some people had one to one staffing to help keep them safe. Staff were given the necessary guidance to support people safely. Staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support, for example if people needed two staff to support them when they moved around. This helped to ensure people were moved safely.

People, relatives and visiting healthcare professionals felt the service had enough staff to meet people's needs. Rotas and staff confirmed the home had sufficient staff on duty to meet people's needs. Staff were observed supporting people appropriately at all times, for example during mealtimes and activities arranged in the community. The registered manager confirmed they assessed people's needs to ascertain if they needed one to one staffing and reviewed staffing regularly to ensure the correct number of staff were available at all times to meet people's care needs. Staff confirmed there were sufficient staff on duty.

People were protected by the home's recruitment practices. The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people's needs. Required checks had been conducted prior to staff starting work at the home to confirm the staff member's suitability to work with vulnerable people. Two newly employed staff confirmed they shadowed experienced staff, completed an induction and were provided training. This helped to ensure suitable trained staff had the appropriate competencies and qualifications to work with vulnerable adults.

Is the service safe?

Incidents and accidents were recorded and analysed to identify what had happened and actions the service could take in the future to reduce the risk of reoccurrences. For example, if a person became agitated due to living with dementia additional staff were put in place to help protect them and other people. This showed us that learning from such incidents took place and appropriate changes were made.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this. A designated staff member had the responsibility of overseeing medicines and undertook regular audits and staff competency checks.

People had a detailed plan of their prescribed medicines and how they chose and preferred these to be administered. Medicines administration records (MAR) were all in place and were completed appropriately. All other

storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Controlled drugs were appropriately stored. Staff were knowledgeable with regards to people's individual needs related to medicines. The registered manager and nurses confirmed appropriate action would be taken to help ensure people's medicines remained safe including ongoing training and supervision for all staff.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use. Staff were able to explain the action they would take to protect people in the event of an infection control outbreak. People said they were pleased with the standard of cleanliness and one person added, "I had visitors yesterday who commented on how clean and fresh it was when they came into the house."

Is the service effective?

Our findings

We inspected Torr Home in December 2014 and found breaches of legal requirements, including the failure to provide appropriate training, formal supervision and annual appraisals to staff. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

People were supported by well trained and staff who were well supported. Staff had the skills and knowledge to carry out their roles and responsibilities effectively. They knew the people they supported and ensured their needs were met. Staff were able to say in detail about the care needs of people they supported and were confident in their ability to meet people's complex needs. Staff completed an induction when they started work which was supervised by a member of the management team. This helped to ensure staff had completed all the appropriate training and had the right skills to effectively meet people's needs. Staff confirmed they shadowed experienced staff. This enabled staff to get to know people and see how best to support them prior to working alone. One person when asked if they believed staff had the necessary skills to carry out their role said; "Of course they do."

Staff attended training to meet the needs of people currently living in the service, for example, dementia training. Torr Home checked nurse's registration status and checked with the registering body (the Nursing & Midwifery Council) to ensure nurses renewed their registration. Staff training records showed staff had completed additional training in health and safety issues, such as infection control and fire safety. We saw further training had been planned and booked to support staffs continuous learning for example "Conflict resolution" training. This is de-escalation training which would be useful to diffuse situations which may occur.

Staff confirmed they received one to one supervision and appraisals and had opportunities to discuss issues of concern during regular staff meetings. Team meetings were held to provide staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff went on to say they felt listened to and, if they needed to talk outside of these meetings, the registered manager made themselves available.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals.

Staff had received training and demonstrated a good understanding and knowledge of MCA and DoLS. The registered manager confirmed people were subject to a DoLS application or authorisation and one DOLS assessment had been completed and showed 1:1 care was being delivered for this person to keep them safe. Authorisations were held on people's files. The correct authorisation had been sought and review dates were also recorded. This application recorded if people had been involved in the decision making. Staff were aware of this person's legal status. This showed us the staff understood when a supervisory body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

The registered manager and staff recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in the activities arranged. People's care plans showed people were involved in their care and were consenting to the care plan which was in place. Staff were observed gaining people's consent to care provided, for example people were asked if they were happy for staff to assist them with their care needs. We observed a person wanted to leave the home and noted how well the situation was managed. The person was spoken to in a kind manner and explanation was given and diversionary tactics used which resulted in the person going back into the main body of the home.

People's hydration and nutritional needs were met. People could choose what they would like to eat and drink and this information was recorded into individual care records. People had their specific dietary needs catered for, for example diabetic or soft diets. People said they were given the weekly menu so they could make their choice well in advance and others said that a staff member visited them each day with the menu choices. People said they could

Is the service effective?

change their minds at the last minute and the cook would prepare more or less anything they asked for. The weekly menu was on display at the entrance to the dining room. Care records identified what food people liked and disliked. Catering confirmed they had a list of people's individual dietary needs. Staff understood what they could do to help ensure each person maintained a healthy balanced diet. People had access to drinks and snacks 24 hours a day. People were offered a choice of liquid refreshment with their meal including an alcoholic drink of their choice. We observed mealtimes were unrushed and a social occasion and people showed they enjoyed this time as they were smiling and engaged in conversation.

The malnutrition universal screening tool (MUST) was used when needed to identify if a person was at risk of malnutrition. People were referred to the dietician or to the Speech and Language Therapist if needed. Staff ensured people received regular drinks and snacks and completed food and fluid charts for people who required them. The computerised care system sent an alert to staff regarding any issues around the lack of eating and drinking for individuals. This helped to ensure people received sufficient hydration and nutrition. One person said; "The midday meal is always mostly excellent." Other comments included; "I enjoy a small sherry before dinner" and "I receive a choice which I appreciate".

People lived in a service that provided a high standard of accommodation for people. The grounds were tidy and there was a colourful display of plants and shrubs. Regular upgrades were carried out. The registered manager said they tried to repaint and upgrade bedrooms before a new admission if required.

People had access to healthcare services and local GP surgeries provided visits and health checks. When people's health deteriorated they were referred to relevant healthcare services for additional support. For example the service had consulted with the district nurse team to provide additional end of life support for people. If people had been identified at risk of skin damage, guidelines had been produced for staff to follow. Health and social care professionals confirmed staff kept them up to date with changes to people's medical needs and contacted them for advice. Health and social care professionals confirmed they visited the home regularly and were kept informed about people's wellbeing. People said in their experience a GP would be called in when necessary. One person said; "My health has improved a lot since coming here and I am very happy here." This helped to ensure people's health was effectively managed.

Is the service caring?

Our findings

People who lived in Torr Home were supported by kind and caring staff. People told us they were well cared for, they spoke very highly of the staff and the high quality of the care they received. The interactions between people and staff were positive. Comments included; “The staff are very good and caring” and “can’t argue with the quality of care.” Another said; “I find it a relaxing place where people have conversations.” A relative said; “The staff are very caring and do not hesitate to change my parent’s clothing more than once a day.” A staff member said; “I would want my mum or dad to be in here if needed.” Healthcare professionals said they had observed the staff being caring and had good relationships with the people they cared for.

People were involved as much as they were able with the care and treatment they received. Staff were observed treating people with kindness and compassion. Staff told people what they were going to do before they provided any support and ensured they were happy and comfortable with the support being offered. For example, people who required assistance with moving around the building. Staff informed people throughout the process what they were going to do and the task was completed at the person’s own pace. Staff explain how they ensured that they were providing care that people were happy with. They told us that they would explain the tasks. They would know from the body language of the person whether they were happy with their intervention.

People’s personal care needs were responded to by staff in a discreet manner. For example, when a person required assistance and support, staff ensured this was carried out discreetly without drawing attention to people. This showed staff were able to recognise people’s needs and respond to them in a caring manner.

People who required one to one support due to living with dementia were offered support quickly by the designated person. For example, when a person became confused or distressed staff supported this person and explained where they were and what they were doing. We observed examples throughout our visit when staff responded to people promptly and positively. Relatives said they saw staff chatting and interacting with people whenever they visited.

Staff showed concern for people’s wellbeing. For example, people now confined to bed due to deteriorating health were observed being provided additional support from staff with kindness and compassion whilst maintaining people’s dignity. Care records showed staff recorded regular personal care carried out including mouth care. A relative confirmed the home was quick to contact them when changes in care were required due to health care professional’s advice, for example from a G.P.

People’s care files recorded information on people’s end of life plans. They evidenced where end of life care had been discussed with an individual and their relatives so that their wishes on their deteriorating health were known. Where people had been assessed as lacking capacity, records showed the involvement of family members and other professionals to ensure decisions were made in the person’s best interests. Information regarding people preference on end of life care was displayed on a whiteboard held in the office for quick reference in an emergency. Hard copies of people’s choice were held. Staff had completed a course in palliative care and this enabled staff to care for people at the end of their lives.

Staff knew people well and what was important to them such as how they liked to have their care needs met. People looked comfortable and their personal care needs were met. One person said; “I make my likes and dislikes pretty obvious! We all get on pretty well and I enjoy banter with one or two”. Relatives said that they found the atmosphere to be friendly and welcoming. People agreed adding; “Very good here, this is a happy sort of place.” One person had information on their sleeping pattern. The service had a sleeping chart in place to monitor the person’s sleeping pattern. This ensured the home could monitor and care for this person appropriately.

People said their privacy and dignity were respected. Staff detailed how they maintained people’s privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed. Staff said they felt it was important people were supported to retain their dignity and independence. Relatives commented they had never seen staff being anything other than respectful towards the

Is the service caring?

people they supported. One relative said; “I am aware that the doors and curtains are closed when the staff are giving personal care and was pleased when visitors were invited to leave the bedroom at that time”.

Is the service responsive?

Our findings

People were supported by staff who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the home. Pre-admission information included a discharge/transfer summary for people who had moved from another service. This assessment of their health and social care needs helped to ensure the service could support the individual. This provided staff with up to date information on people which was used to develop a full care plan. The registered manager said this assessment enabled them to assess if they were able to meet and respond to people's needs before admission and understand what level of care people needed, for example if people required nursing or residential care or specialist care in the dementia unit.

People were involved as much as possible with planning their care and records held information on how people chose to be supported. If a person's care needs changed, care plans were reviewed and altered to reflect this change. For example, one person's health had deteriorated and staff responded by involving the GP and district nurse team to assist them and offer support and advice to ensure they remained comfortable.

People's records held detailed information about their care needs and recorded people's health and social care, physical and personal care needs. Other information recorded included people's faith, social and recreational needs and how staff supported and met these needs. Records had been regularly reviewed with people or, where appropriate, with family members. Relatives confirmed they had been involved.

People's care plans recorded people's nursing needs and physical needs, such as their mobility and personal care needs and choices. People said they could have a shower or bath whenever they chose to. Additional information recorded included how to respond to people's needs if a person was living with dementia. For example what emotional support they may need. Care plans held sufficient detail, were personalised and recorded people's wishes. Records had been regularly reviewed and updated to ensure staff had current information to respond to people's needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned. Behavioural charts were

put in place and recorded measures used to help and support challenging issues. For example it was noted staff ensured reassurance was given, when triggers such as loud noises, upset one person.

People's care records included a full life history and a "My life story." This recorded people's medical history, professional involvement and lifetime history. Staff had access to people's life history therefore they could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

People had access to call bells which enabled staff to respond when people required assistance. We observed people who chose to stay in their bedrooms had their call bells next to them. People told us call bells were answered promptly. One visitor said in their experience; "The staff responded to the call bell very quickly." This showed people were able to summon staff for assistance at all times to respond to their needs.

People's records documented people's physical needs, such as their mobility and personal care needs choices. For example, people who required a hoist to move around. We observed staff ensuring people, who required them, had pressure relieving cushions in place to protect their skin integrity. Additional information included how staff could respond to people's emotional needs and if a person had additional needs. For example, those people living with dementia and required the input from a specialist dementia nurse.

People were encouraged and supported to maintain links within the local area. For example, people had staff assist them to visit local shops and people also went out with family members.

Activities were provided by a designated activities staff member and assisted by the staff on duty. The activities staff told us about their role including meeting people on a one to one basis and in groups to gain information on their interests. They spoke about ensuring people continued to remain part of their own community regardless of whether they lived in a care home. Staff said they encouraged people to join in. The staff understood people's individual needs and took this into account when arranging activities and ensured people had a variety to choose from. We observed several activities taking place during our visits

Is the service responsive?

including people going out on a bus trip, a singer visiting on the second day and two Chaplains' attending to people's faith needs. A religious service was held for people to attend if they wished to. People confirmed they were happy with the activities provided in the home. We observed the activities staff working in different areas of the home and encouraging people to join in. A relative told us that they can go out with their family member when trips are organised.

People who stayed in their own bedroom said they preferred to remain in their bedrooms as they appreciated the peace and quiet. One added; "I have all my things around me including my laptop computer so I prefer my own company." Another said; "If I am not up in time to have breakfast in the dining room it will be brought up to my room for me".

People told us they were able to maintain relationships with those who mattered to them. Several relatives and friends visited during our inspection. Relatives confirmed they were able to visit when they wished and often enjoyed a meal at the service.

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. People said they felt the registered manager, nurses or staff would take action to address any issues or concerns raised. Relatives said they would have no concern about approaching the staff with one person saying; "I raised a minor issue and it was dealt with straight away." People were unanimous in their understanding of the complaints procedure and expressed clearly to whom they would make a complaint.

The company had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The procedure was clearly displayed for people to access. A comment box was made available in the main entrance for people. The complaints file showed complaints had been thoroughly investigated in line with the service's own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented. Any complaint received was shared with staff to aid learning and reduce the risk of recurrence.

Is the service well-led?

Our findings

Torr Home was well led and managed effectively. The company's philosophy was "People First" as its value base and offering each individual, "Choice, Independence, Privacy, Dignity" at all times. Staff understood these values. The registered manager took an active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the registered provider. One person said; "This is a very good place, very well run."

Staff spoke highly of the support they received from the registered manager. Staff felt able to approach and speak to the registered manager if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as very supportive. The registered manager had an "open door" policy, was visible and ensured all staff understood people came first. People said of the registered manager; "A friendly sort of person with more than enough to do to run a place this size", "things are kept on a very even keel", and "She does an excellent job, a very caring person who spreads herself around very well, "Very hands on."

People, relatives and staff spoke positively about the registered manager. One person said; "She is always around. Excellent, first class manager." Health and social care professionals said their visits to the service had been a positive experience. One staff said; "[...] (the registered manager) interacts with people a lot! Very involved in daily work and activities."

There was a clear management structure in the service. Staff were aware of the roles of the registered manager and the other members of the management team. They said the registered manager and management were approachable and had a regular presence in the home. During our inspection we spoke with the registered manager, the senior nurse and nurses. All demonstrated they knew the details of the care provided to people which showed they had regular contact with the people who used the service and the staff.

People were involved in the day to day running of their home as much as possible. People were aware of the recently formed "Residents Committee" and said they were looking forward to the next meeting. A "residents and relatives" meeting was also held, chaired by a person

residing at the service. The registered manager sought verbal feedback from relatives, friends and health and social care professionals regularly to enhance their service. The registered manager encouraged all staff to make time for people and talk and listen to people's concerns.

Staff were motivated, hardworking and enthusiastic. They shared the philosophy of the service and management team. Staff meetings were held regularly and provided a forum for open communication and discussions about the service. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. The home had a whistle-blowers policy to protect staff. Staff confirmed they were encouraged and supported to raise concerns. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "First place I've ever worked in that is like a big family." An agency worker said; "they never make you feel like you're just 'agency', they are always friendly."

The registered manager worked in partnership with other organisations to support care provision. Health and social care professionals involved with the home said communication was good between them and the registered manager. They told us the registered manager worked well with them, made themselves available and followed advice given.

Annual audits related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests were carried out. We saw in the maintenance records where areas had been noted as needing repair, these were followed through promptly. Audits were carried out in line with policies and procedures. For example, there was a programme of in-house audits including audits on medicines and people's care records. The service had an effective quality assurance system in place to drive improvements. Surveys were sent to people who were able to complete them.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw accident and incident forms were detailed

Is the service well-led?

and encouraged staff to reflect on their practice. For example one recorded a person had “stumbled and fell against sideboard.” The outcome recorded “ensure person has walking aid at all times and prompt to use walking aid.”

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. A maintenance plan was in place to help ensure the quality of the environment remained appropriate and fit for purpose.