

Thornton Lodge Care Limited

Thornton Lodge Residential Care Home

Inspection report

Thornton Lodge Residential Home
43-47 Thornton Road
Morecambe
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Website: www.example.com

Date of inspection visit: 12th August 2014
Date of publication: 16/01/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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

Thornton Lodge Residential Care Home supports people with mental health needs. It is registered to provide care and accommodation for up to 36 people. The home is situated close to shops, buses, the beach and local facilities in Morecambe.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

This was an unannounced inspection undertaken on the 12th August 2014.

Every staff member we spoke with was positive about their work and how care and support was provided to the people who lived at the home. They all said they were supported by the management team. One said, "The manager and senior staff are fantastic very supportive."

Each person who lived at the home had an allocated member of staff known a keyworker. This enabled people and their families to have a named person who worked with them closely to ensure care and support was delivered as planned. We saw if people's needs changed their care plans would be reassessed to ensure they received the support they needed. We found people were involved in decisions about their care and were supported to make choices as part of their daily life. This was confirmed by talking with people. One person who lived at the home said, "I go out and about if I want it is my choice." The staff team worked with the person and their relatives to develop relationships. This ensured staff were aware of what was important to people they supported and how they could best enable people to live an independent life as possible.

We found individual risks had been assessed and identified as part of the care planning process. Control measures had been put in place to manage any risks in a safe and consistent manner. This meant people were supported to take appropriate risks especially when out in the community and staff were aware of any potential risks to people's health and well-being. This ensured people were protected and staff promoted their independence and freedom.

Staff received on-going training and development in the areas of care and support people required. Mandatory training was provided for staff that included, moving and handling, first aid and safeguarding. Staff told us they were supported to access training outside the home and the registered manager supported staff to develop their

skills and improve their knowledge of caring for people. This meant staff were provided with the skills to be able to provide the support people with mental health needs required.

We observed people's privacy and dignity was respected. Interaction between staff and people who lived at the home was good. One person said, "The staff do remarkably well with us all. Plenty to do. I go down town myself, the staff encourage me to be as independent as possible."

There were sufficient numbers of staff available to assist people with personal care, activities and food and drinks. Staff helped people in a dignified way so people could enjoy their food. All comments from people were positive in terms of quality and quantity of the meals. Comments from people who lived at the home included, "The food is good, plenty of it."

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with the registered manager and some staff members to check their understanding of MCA and DoLS. They had a good awareness of the code of practice and confirmed they had received training. The registered manager understood when an application should be made, and how to submit one.

People who lived at the home told us they were cared for and supported by staff that were knowledgeable about their needs and wishes. One person said, "I feel comfortable with the staff they all seem qualified and experienced in what they do."

Thorough recruitment and selection procedures were in place and appropriate checks had been undertaken before staff commenced their employment. This was confirmed by talking with staff and looking at recruitment records. One staff member said "Cannot fault the way they checked everything before I started to work here."

The management team assessed, audited and monitored the quality of care consistently. The service encouraged feedback from people who lived at the home, stakeholders and families, which they used to make improvements to the service. One relative we spoke with said, "The good thing about the home they are always

Summary of findings

trying to improve things for the good of the residents.”
Also a person who lived at the home said, “They ask our
opinions, what we think and what would improve the
home.”

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The home was safe.

The service had suitable procedures in place to protect people from the risk of abuse. People told us they felt safe. By our observations and talking with people we found people were supported by staff in a safe, caring and respectful manner.

Clear procedures were in place to support staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

Good



Is the service effective?

The home was effective.

Staff had access to ongoing training to meet the individual needs of people who required nursing or dementia care support. This ensured staff had the appropriate skills and knowledge to carry out their role confidently and effectively.

People who lived at the home were encouraged and supported to express their views about how they wanted their care and support to be delivered. This started before the person moved into the home. The management team worked with the person to plan communicate and develop relationships.

Outstanding



Is the service caring?

The service was caring.

People who lived at the home we spoke with, all said they were very satisfied and content with the service and the support they received. People told us they had a good relationship with the staff and manager. Our observations confirmed there was a strong, visible, open and inclusive culture at the home. Staff were fully committed to support people to live an independent life as possible both at the home and within the community.

We observed staff showed patience and gave encouragement when supporting people. Staff were respectful and caring when helping people with complex nursing needs.

Good



Is the service responsive?

The service was responsive.

People who lived at the home and their relatives told us they had been involved in making decisions about what was important to them as an individual. People's care needs were kept under review and staff responded quickly when people's needs changed.

People were encouraged to maintain relationships with their friends and relatives. People were supported by staff to take part in activities that were of their choice. Staff encouraged individuals to be independent and supported people to do this.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff and people who lived at the home told us the registered manager was approachable and always willing to help out. They felt confident they would be listened to if they had any issues and action would be taken if required.

The registered manager actively sought and acted upon the views of others. There was a commitment to continually improve the service.

Systems and methods to assess and monitor the quality of the service people received were in place.

Good



Thornton Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection team who visited the home consisted of a lead inspector, a second inspector 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 and had a nursing care background.

Prior to the inspection the provider completed a 'provider information return' (PIR). This provided us with information and numerical data about the operation of the home. We used this information as part of the evidence for the inspection. We also reviewed information we held on the home such as notifications adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

On the day of our visit we spoke with the registered manager, senior management, care and domestic staff. We also spoke with visiting relatives and people who lived at the home. We had information from external agencies including social services and the contracts and commissioning team. The comments from these agencies were all positive about the care and support provided by the service. They said they had good relationships with the registered manager and staff team.

We spent time observing care in the lounge areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us.

Thornton Lodge was last inspected in September 2013. The home was found to be meeting all the regulations that we inspected during that inspection.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff. One person who lived at the home said, "It is a relaxed atmosphere, people feel safe to walk around the place without any worries." Staff ensured people's privacy and dignity when supporting them. One instance we saw a member of staff quietly and sensitively talking to a person who was upset. They moved to a private area of the home. We later saw the person interacting with other people and staff. He told us he felt, "Much better."

Care records we looked at recognised some of the risks to people, such as the risks of falls and risks associated when they were out in the community. Risk assessments had been completed for people who went out in the community to keep people safe. One staff member we spoke with said, "It is important for people to be safe, also to feel protected by us especially when they are out in the town on their own."

People who lived at the home and a relative we spoke with were very positive about how risks were managed. One relative said, "They do encourage him to be independent and I feel he is safe and secure with the support he gets from all the staff."

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with the registered manager and staff members to check their understanding of MCA and DoLS. Staff had a good awareness of the code of practice and confirmed they had received training in these areas. One staff member said, "We have received training and are aware of the implications of the Mental Capacity Act." There were clear procedures in place to help staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves. Staff were clear of their responsibilities to support those who lacked capacity in order to manage any presenting risks.

Where people displayed behaviours which challenged the service, we saw evidence in care records and assessments

that risk management strategies were in place. These were detailed and meant staff had the information needed to provide suitable care and support. We spoke with staff about individual people we had observed or spoken with during the day. One staff member said, "Our keyworker system works well and we get to know people well. This helps us supporting residents and being aware of any risks." Staff were able to describe the support people required and aware of individual risks to people they care for. This meant the potential risk of harm to people was low because of the knowledge and understanding the staff had of individuals.

At the time of our inspection there had been one safeguarding alert raised by the service since the last inspection. This was dealt with appropriately by the registered manager and no concerns were identified in relation to the quality of care the home provided. We found procedures were in place for dealing with allegations of abuse. Discussion with staff confirmed they had a good understanding of the type of concern they should report, and how they would follow the safeguarding protocols. One staff member said, "I know the procedure to follow, all staff will know because of the training we do around safeguarding people." Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people they supported were protected from potential harm or abuse. Training records confirmed all staff had received recent training on safeguarding adults. This meant the staff had the necessary knowledge and information to ensure people were protected from abuse or harm.

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. We observed this was managed well and people felt safe with the amount of staff around to support them. Comments from people who lived at the home included, "They don't seem short of staff around." Staff we spoke with told us there were sufficient staff on each shift to keep people safe and allow time to spend with them. One staff member said, "I feel we have good staffing levels to enable us to spend time with residents on a one to one basis if necessary."

We saw there were sufficient staff on each shift with a range of skills and experience. This meant people were being cared for by sufficient staff with the knowledge and skills to support people who lived at the home.

Is the service safe?

People were protected against the risks of abuse because the home had thorough recruitment procedures. This was confirmed by talking with staff and by looking at recruitment records. The recruitment process included the completion of an application form detailing a full employment history, a formal interview, written references and the completion of a disclosure and barring check to

confirm the staff members' suitability to work with vulnerable adults. We spoke with staff who had recently been recruited. All comments were positive about the recruitment process. One staff member said, "The most thorough process I have been through. It really helped me with the induction period to get to know how the home was run."



Is the service effective?

Our findings

We spoke with people who lived at the home and relatives to ask them about their experiences of support provided by staff and management of Thornton Lodge. One person who lived at the home said, "This is my home, plenty of help from the staff here and I have got some good friends." A relative said, "The staff go above and beyond what is asked of them. I have been to a few homes and this is definitely the best."

As part of the inspection, we spoke with commissioners from the local authority. They told us the management team and staff had an excellent relationship with them and worked alongside a number of professionals who visited the home to provide a quality service. They told us relationships with staff at the home were very supportive and any communications regarding incidents had always been addressed and thoroughly investigated to reach satisfactory outcomes. One staff member said, "We have built up strong relationships with Lancashire and especially Cumbria social services."

Staff members we spoke with confirmed they had access to a structured training and development programme. Mandatory training included fire safety, first aid, food hygiene and safeguarding. Other training courses were available for staff to access for example most staff had been encouraged to undertake a 'challenging behaviour course'. One staff member said, "The training opportunities here are excellent, we are always supported by the manager to undertake training and develop our skills." Another staff member said, "I have undertaken specialist training around mental health issues and ways of supporting people who have challenging care needs. The manager was so supportive for me to develop my skills in this field."

The registered manager informed us they ensured training attendance was a condition of continued employment. In this way they maintained a high level of staff who were trained to, National Vocational Qualification (NVQ) level. There were currently 100% NVQ qualified in all care staff. Cooks and housekeepers had also undergone this training. This ensured people in their care were supported by a skilled and competent staff team. One relative we spoke with said, "When I am here the staff seem well prepared and knowledgeable about how to help people with a mental health problem."

New staff undertook induction training, which took account of recognised standards and was relevant to their workplace and their role. New employees completed a structured induction programme to ensure they understood the homes policies and procedures. One staff member said, "It was an excellent induction period which gave me confidence from the start."

We looked at care records of people following our discussions and observations from the day. Each record had an individual care plan and risk assessments which related to when people were in the home and out in the community. What the service did well was to identify specific staff with specialist knowledge and skills that would be suitable to support certain individuals who had health problems that the staff member had good knowledge of. This one to one support was very effective and staff were able to develop relationships and provide support with confidence that they knew the individual well. One person living at the home said, "[Staff member] knows me very well. He knows how to treat me and we get along famously." A relative we spoke with said, "The one to one support for [relative] has brought him on so much it's because [staff member] knows him so well."

Care plans were personalised and it was clear people's specific needs, choices and preferences had been discussed with them and their family members where possible. This was confirmed by talking with people who lived at the home. The management team had shown innovative ways of obtaining as much information about the person during the assessment process. For example professional mental health assessments had been obtained, also much information as possible from family members. Personal histories of people had been developed from the information of the individual living at the home and friends and relatives. One staff member said, "It is very important we learn about much about the person during the early stages as much information as possible is definitely a bonus so we are able to provide the personalised care individuals require." People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records we looked at confirmed this.

Care plans of people we looked at contained information of visits to healthcare professionals such as dentists, doctors and opticians. These were undertaken on a regular basis



Is the service effective?

and recorded, to detail information of the visits. One staff member said, "It is important to maintain good links with other health agencies and keep appointments such as the dentist so people's health is looked after."

We observed mealtime routines at breakfast and lunchtime. Some had meals in their room, others in the dining areas. One person said, "They don't mind where I have my meals it's up to me." There were plenty of staff around at lunch time to support people if they needed assistance. One staff member said, "No-one waits for help at mealtimes there are more than enough of us to support people." This was confirmed by our observations. We saw staff helped people in a dignified way so they could enjoy their food. All comments from people who lived at the home and relatives were very positive in terms of quality and quantity of the meals. Comments included, "The choice and quality of food is Also, "Everybody eats well with really nice homemade food made by the cooks." People were able leave the dining room when they chose or stay as long as they wanted in order to finish their meal at their own pace, which was respected by staff.

Staff members worked very closely with people and their family members to understand people's likes and dislikes. We found care plans contained detailed information about people's food and drink preferences. Records included a detailed assessment of people's nutrition and hydration needs. One staff member said, "The effort we put in to monitoring peoples food and drink intake, means we would soon pick up if somebody had a problem." We spoke with the cook who explained how liquidised foods were presented for people. The service had imported special designed moulded shapes in the form of vegetables and meats. This showed how the service displayed innovative ways to present people with appetising well-presented

meals so people could enjoy their food. One member of staff said, "We try and make it a pleasant experience for people who need liquidised meals they have to look nice and appetising."

We observed the cook speaking with people checking what they would like and offering alternatives to the main courses where needed. One person did not want a hot meal and was offered a salad or sandwiches. At lunchtime most residents ate in the large dining room being served by staff. Also we saw some people serving themselves if they wanted too. Three people sat in the lounge to eat, one required feeding by a member of staff and two who needed prompting. We observed this was done in a kind unhurried way. One person who lived at the home said, "The meals and food choices are excellent. Another person said, "We are lucky to have great cooks."

This management team had developed care records to support people to create their own support and recovery action plan. The records informed us of how people were involved in setting out their goals and to identify what help they need to get there, and what issues puts their mental health at risk. This showed the service looked at innovative ways for people to develop their own plan of care and promote their independence. Care plans we looked at showed people had been involved in developing their plan. This enabled staff to identify people's support preferences. There was a system in place to request the support of an advocate who could represent the views and wishes of the person, should they need it.

There was a system in place to request the support of an advocate who could represent the views and wishes of the people living at the home, should they need this service.

Is the service caring?

Our findings

People were seen to be supported by attentive and respectful staff. We saw staff and management showed patience and gave encouragement when supporting people. People were walking in and out of the administration office and staff encouraged them to sit down and involved them in the running of the home. One staff member said, "They come and go wherever they like and join in with us when they are in the office."

We used (SOFI) to help us assess and understand whether people who used the service received the level of care that met their individual needs. In this period we spent time in the lounges observing how the staff team and management interacted with people in the home. There was evidence of positive interaction for people in the lounge during that time. One staff member was gently talking with a person who seemed upset. The staff member quietly led the person to a part of the room where no one was. This was so they could sit together and talk in private. Staff were always available for people during this period. Staff were patient, caring and supportive to people. There was a relaxed atmosphere as staff and people who lived at the home moved around the building freely.

We saw evidence that the provider regularly sought feedback for people who lived at the home about the care and support they received. We looked at questionnaires'/ feedback from relatives and people who lived at the home, together with those from other professionals. The results from 2013 showed a high level of satisfaction and professionalism. One comment was, "They provide a high level of care for people." Questionnaires could be completed anonymously if preferred.

We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they supported people, to get to know how they liked to be treated and responded to. One staff member said, "To work here you have to treat everyone as an individual and respect each person." We observed staff knocking on doors before entering bedrooms. Staff told us they were trained to respect people's dignity and choices. The registered manager informed us the home was a member of Lancashire County Councils Dignity Charter Group. This meant care practices in the home were based around dignity, respect and promoting choices and independence towards people.

We observed people were supported by attentive and respectful staff. We saw staff showed patience and understanding to people. They gave encouragement when supporting people. One person who lived at the home said, "They are all so caring, nothing is too much of a problem to them. I could not wish for a more caring, considerate bunch of people."

People who lived at the home were supported by care staff who knew them and what their individual needs were. Care records contained 'social histories' of people. This information covered the person's lifetime in areas of their early life, work, and families and where they lived. As staff had access to this information and the registered manager encouraged staff to read a person's life history, they were more likely to understand a person's past and how they are now. This supported staff to know the individual well and develop good caring relationships with people as they could relate to their lives and discuss what was important to the person.

Two people who lived at the home were keen to show us their rooms. They told us they were encouraged to furnish the room with their own belongings. One person told us they had chosen the colour scheme. They said, "I prefer these colours and the staff let me choose what I wanted." We found people had their own key and each room had a personal wall safe for money or important belongings.

Information in care records we looked at told us staff kept people up to date and informed about their care and involved them in decisions regarding support they required. One person who lived at the home said, "I do know what's going on with my life the staff keep me up to date with everything." Care records included people's wishes regarding their care and support so their requests and choices were respected ensuring dignified care.

People received the information they needed to help them to make decisions and choices about their care and support. Each person who moved in to the home had their needs assessed by the registered manager and staff. This enabled people and those important to them to meet with a member of the management team and ask questions to make sure the home was the right place for them to live. The registered manager told us they had a thorough admission and assessment process when moving to the

Is the service caring?

home. This was to ensure people made the right choice, also the home could make sure they were able to provide quality care and support that met the needs of the person being admitted.

Is the service responsive?

Our findings

Throughout the assessment and care planning process, staff supported and encouraged people to express their views, choices and wishes. This was confirmed by talking with staff and people who lived at the home. This was to enable people who lived at the home to make informed choices and decisions about their care and support and help to keep them as independent as possible within a risk assessment framework.

The registered manager had a complaints procedure which was made available to people they supported and their relatives. Although they had not received any complaints since the last inspection, the registered manager told us complaints had been recognised as a positive source of information and they would be fully investigated and outcomes reached to answer and act upon any concerns or issues. One relative we spoke with said, "Never had to complain but I would do if I needed to."

People who lived at the home and relatives we spoke with, felt they never needed to complain or raise concerns. They told us they were aware of how to make a complaint and felt confident these would be listened to and acted upon. One person who lived at the home said, "If I think something is wrong I tell them and they always help me out. I have never had to make any serious complaint to anyone." Complaints information was available for people who lived at the home and visitors. The procedure and contact numbers were available in the reception area.

The activities that take place are innovative, so promoting independence was enhanced and staff were good at supporting people to meet their individual aims. For example one person enjoyed football but did not go to watch the local professional team. Part of his plan was to go out to the games and mix in with the local community. This was being achieved and the person now looks forward to going to games. He had become more confident when out in the community. The home had a range of activities in place to support people to undertake their chosen interests. There was evidence of organised trips out, parties and events throughout the year which people told us they

enjoyed. Events and activities were advertised around the home. One staff member said, "They are not set in stone and we are flexible as to what people want to do." The registered manager told us they encourage people to make and maintain contact with relatives who live abroad, for example in the USA and Australia, by e-mail or skype. One person who lived at the home said, "A member of staff helps me make a family box, its lovely." The box had photos and mementoes of her family, The person said, "She helps others make them too, she helps me to bake, she makes lovely cakes."

People who lived at the home told us they regularly go out into the community to the theatres, library, football matches and shopping. They had a 14 seated minibus which was used for outings at least twice a week coupled with an extensive activities programme. One staff member said, "They love the trips out in the bus. We are just employing another driver as the last one has left." A person who lived at the home said, "Yes we have trips out and I enjoy them."

People received the information they needed to help them to make decisions and choices about their care and support. Each person who moved in to the home had their needs assessed by the registered manager and staff. This enabled people and those important to them to meet with a member of the management team and ask questions to make sure the home was the right place for them to live. The registered manager told us they had a thorough admission and assessment process when moving to the home. This was to ensure people made the right choice, also the home could make sure they had were able to provide quality care and support they would meet their needs.

We observed staff encouraged people in independent activities where they could and prompted people in an unhurried way to enjoy what they were doing. A person who lived at the home said, "I do like to do things on my own and the staff are around if I need them." One staff member said, "If people want to try things on their own we encourage that. We are there for support if need be."

Is the service well-led?

Our findings

The registered manager told us they had a management team that consisted of them self, a care manager; team leaders and senior carers. This meant there was always someone senior available to people if required. Staff and relatives we spoke with confirmed this. One relative said, "There is always a manager around if I want to discuss anything and they are all approachable."

The manager registered has been registered with the Care Quality Commission (CQC) for a number of years. A registered manager is a person who has registered with CQC to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. Staff, relatives and people at the home spoke positively about the leadership of the registered manager. One person who lives at the home said, "The manager is always willing to spend time with me and takes to football games."

We found Thornton Lodge had clear lines of responsibility and accountability. All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support for people who lived at the home. One staff member said, "We have a lot of people with mental health issues but we feel we have the skills to provide a quality service."

Staff, people who lived at the home and relatives we spoke with told us they felt supported by the registered manager and senior staff. They felt comfortable sharing any issues or concerns with them. One person who lived at the home said, "I feel I could talk to anyone of the managers at any time."

We were told service quality was also measured through staff and 'resident' meetings. We saw records of these,

which confirmed service quality was further reviewed. Issues dealt with included care provision, training, record-keeping, menus and activities. This meant people were provided with opportunities to discuss any issues, also ideas to improve the quality of care provided. One staff member said, "I go to the meetings they are very productive." A person who lived at the home said, "I like the meetings we can give our opinions."

Surveys/ questionnaires were completed by people who lived at the home and relatives. This was confirmed by talking with relatives and people who lived at the home. The manager would analyse any suggestions or negative comments and act upon them to ensure the service would continually develop to provide quality care for people. We saw satisfaction surveys/questionnaires' for this year. These were produced to get the views of how people thought the service was run. They also provided the opportunity for people to suggest ways to improve the running of the home. One staff member said, "We do get some good suggestions from people that we feel would improve the home." The results from the last survey were very positive with all people who lived at the home being satisfied with the support, food, activities in and out of the home and management of the service. One person who lived at the home said, "I have completed forms before to say how I felt the home was doing. I think everything is really good, the staff do a wonderful job."

All staff spoke of a strong commitment to providing a good quality service for people who lived at the home. Staff confirmed they were supported by the manager and enjoyed their role. One staff member said, "The manager is always available for everyone he is good fun and easy to get along with."