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Crantock Lodge

Inspection Report

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Summary of findings

Overall summary

Crantock Lodge is a residential care home for older people. It can accommodate up to a maximum of eleven people. On the day of the inspection eight people were living at Crantock Lodge.

The day to day management of Crantock Lodge was being carried out by the owner of the home.

On the day of the inspection we saw people looked well cared for and their needs were met quickly and appropriately. People told us staff were, "lovely" and "wonderful".

People living at Crantock Lodge were supported to live their lives in the way they chose and to maintain their independence.

The home had a 'house mother' in place. They dedicated time each day to talking to people living at the home on a one to one basis. This helped ensure people's individual needs were recognised and met.

We saw staff relationships with residents and their relatives and friends were positive and supportive. People told us they were listened to and their wishes were acted upon.

Care plans were well laid out and regularly updated to reflect people's changing needs.

The premises were well maintained and comfortable. There were appropriate spaces so people could spend time taking part in activities, chatting together or on their own.

We found there were positive relationships between staff and management. Everyone who worked at Crantock Lodge who we spoke with demonstrated compassion and respect for the people they supported.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards. People's human rights were properly recognised, respected and promoted.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People we spoke with and their relatives and friends told us they felt safe at Crantock Lodge. One person who lived at the home told us: "I have never seen or heard of any verbal or physical abuse." We saw staff and residents were relaxed with each other and the atmosphere was friendly.

The home's safeguarding and whistle blowing policies were comprehensive and up to date.

Staff had received training in the safeguarding of vulnerable adults. Not all staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). We saw training had been planned to rectify this. In discussion with us the owner and trainee manager demonstrated an understanding of the principles of the legislation.

Care files contained risk assessments which were regularly reviewed. The assessments did not always give staff detailed information about the nature of the identified risk or guide them as to what actions to take to protect people from risk. This meant staff who did not know the people well may not have been able to support people safely and appropriately and so protect them from the risk of harm. From speaking with care staff and observing them assisting people who lived at the home we found they had a good knowledge of people's needs and how best to support them safely.

People's medicine was managed safely and appropriately ensuring people were protected from the risk of not receiving their medicine as prescribed. Where people had chosen to, they were supported to retain control of their own medicine. People were involved in decisions about their treatment. This meant people were able to maintain their independence with regards to medicines.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had been necessary, proper policies and procedures were in place. Management understood when an application should be made, and how to submit one. People's human rights were properly recognised, respected and promoted.

Summary of findings

Are services effective?

People's needs and preferences regarding their care and support were met. Staff talked knowledgeably about the people they supported. People who lived at Crantock Lodge told us they were well cared for and had all their needs met. One commented: "We couldn't be looked after any better."

Communication within the staff team ensured all staff were kept up to date about people's health needs and their general well-being.

People's care records were well laid out and contained detailed information regarding many aspects of people's care. For example there were sections on mobility, eating and drinking, mental well-being and communication. The plans were up dated and reviewed on a regular basis to ensure they reflected people's changing needs.

We toured the building to assess the safety and suitability of the premises and found the design, layout and decoration of the home met people's individual needs. The home was warm, comfortable and well decorated. People's bedrooms were decorated and furnished to reflect their personal taste.

The home had pleasant communal areas including a small, well stocked library. There were gardens to the front and rear of the home and on the day of the inspection people were sitting outside enjoying the sunshine.

We saw people's wishes regarding their end of life care had been recorded within the care plans. We saw Allow Natural Death Orders (ANDOs) were in place in two of the care plans we looked at. ANDO's are directives which state the person wishes to be allowed to have a natural death whilst not having palliative care withdrawn. These had been signed and dated by the person concerned as well as an external end of life care practitioner.

Are services caring?

People we spoke with told us they were treated kindly and with respect. One person said: "We're very well looked after, I had heard good reports about Crantock Lodge and as I was getting older I came to visit the home for a few days, I was so impressed, I never went home."

Staff worked in a way that protected people's privacy and dignity. We saw staff knocked on people's doors before entering and made sure they were happy to speak with us. A relative we spoke with told us they popped into the home frequently and unannounced and had never seen staff being anything other than respectful towards the people they supported.

Summary of findings

We observed the midday meal in the dining area. We saw staff were attentive to people's needs and ensured they had all they needed.

We spent some time in communal areas observing interactions between staff and people who lived at Crantock Lodge. We saw staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. Where people needed reassurance staff responded kindly and stayed with the person until they were calm.

The home had created a role of 'house mother'. This role involved dedicating part of each day talking to all of the residents privately and making sure they had everything they needed. The owner told us this meant any problems were quickly identified and could be dealt with in a timely fashion.

We observed the staff handover and heard the exchange of information between the incoming and outgoing shifts ensured care was consistent throughout the day.

Staff spoke to us about the people they supported in a caring and knowledgeable way. Staff turnover was low which meant staff and residents knew each other well. The care staff we spoke with all spoke about the strength of the team. One commented: "It is an excellent staff team...our main concern is for the residents."

Are services responsive to people's needs?

People were able to take part in a range of activities which suited their individual needs. An activity co-ordinator arranged regular visits from entertainers.

One person had expressed a wish to see a church service held at the home. As a result the owner had arranged for a minister to visit the person on a regular basis. The day before the inspection the resident had taken communion in their room.

People's individual preferences were taken into account in regards to their environment. People told us they were involved in choosing furnishings and carpets for their rooms. People told us they were supported to maintain routines that were important to them. One person told us: "One carer used to bring me a glass of wine in the bath, now they leave me wine and crisps in my room after my bath."

Crantock Lodge had an effective complaints procedure in place. People told us they would feel comfortable making a complaint although no-one we spoke with had needed to do so. A relative we spoke with told us they had not had cause to complain and added: "...or even prompt them to do anything."

Summary of findings

Are services well-led?

We found there was good communication amongst the staff team at Crantock Lodge, and between staff and the owner. All the staff we spoke with told us they could approach the owner or trainee manager with any concerns they had. They all said they were confident they would be listened to and taken seriously. Staff also commented on the closeness of the staff team and the positive way in which they worked together. We asked a relative what they thought about the staff team and they told us: "It's not just a job to them. They're very engaged".

The views of people living at Crantock Lodge, with regard to their care and support, were actively sought out. Where appropriate, actions were taken to improve people's experience of the service.

Staff meetings took place regularly. These were an opportunity to discuss the health needs of residents and organisational issues as well as any concerns or suggestions staff might have.

At the time of the inspection the owner told us there were sufficient staff to ensure people's needs were met at all times. We saw there were enough staff available to meet people's needs in an unhurried fashion.

Summary of findings

What people who use the service and those that matter to them say

We spoke in depth with four people whom were living at Crantock Lodge at the time of the inspection. We also spoke with a relative and two friends who were visiting on the day. Everyone we spoke with was positive about the care and support provided at the home. A visitor told us: "If I was in need I'd like to stay here."

Comments from residents included: "If you don't like something you only have to say.", "They keep notes on what I eat and what I weigh, they weigh me regularly."

They bought a gel pack to help protect the skin on my heels, you couldn't better it anywhere.", "We laugh and we joke and we all enjoy life." and "I don't think I could be in a better place."

Staff told us they were able to support people in a way which met, not only their health needs, but also their individual preferences and choices. One member of care staff said: "It's like a hotel for the residents, they're always put first. If someone wants sardines on toast we'll go out and get sardines."

Crantock Lodge

Detailed findings

Background to this inspection

We visited the home on the 24 April 2014. The inspection consisted of a lead inspector and an Expert by Experience who had experience of caring for an elderly relative and of receiving health care.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

On the day of the inspection there were eight people living at the home. We were shown around the premises and saw people's bedrooms, (with their permission), bathrooms, the kitchen and laundry room and communal living and dining areas. We also spent time looking at records, which included people's care records, and records relating to the management of the home.

Before the inspection we reviewed all the information we held about the home. At our last inspection in July 2013 we did not identify any concerns with the care provided to people who lived at the home. We reviewed information received from the owner as part of the new inspection process, examined previous inspection reports and examined notifications received by the Care Quality Commission.

On the day we visited we spoke with four people who were living at Crantock Lodge. We also spoke with a relative and friend who were visiting two of the residents, six members of staff and the owner. Throughout the day we also spoke briefly with other residents and members of staff. We spent some time in the dining and living communal areas observing people who lived at Crantock Lodge and their interactions with staff.

During the inspection visit we reviewed four care plans, a selection of the homes policies and procedures and staff training records.

Are services safe?

Our findings

People we spoke with and their relatives and friends told us they felt safe at Crantock Lodge. One person who lived at the home told us: "I have never seen or heard of any verbal or physical abuse." We saw staff and residents interacting together in a friendly and relaxed manner. People who used the service told us staff knew them and their needs well, one person commented: "They are always respectful to me." A relative we spoke with told us they had been worried about their parent going to live in a care home and had felt guilty. However, they now were happy with the situation and were planning a long holiday. They said: "I wouldn't do that if I didn't feel they were safe."

It is important staff have access to guidance about safeguarding to help them identify abuse when it occurs and respond appropriately. We asked to see the home's safeguarding and whistle blowing policies. We saw these were readily available to staff, both in the office and within the staff handbook. The policies were comprehensive and up to date. This meant staff were able to access relevant and recent information regarding safeguarding processes easily and quickly.

We looked at staff records to establish what training they had undertaken in regards to safeguarding. We saw all but two of the twelve members of staff had up to date safeguarding vulnerable adults training. However, eight people had not had any training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). We discussed this with the owner who told us they were currently organising a schedule of refresher training for all staff which would include the Mental Capacity Act and Deprivation of Liberty Safeguards. We confirmed this by looking at correspondence between the home and a training provider which outlined planned training and identified further training requirements which were yet to be finalised.

We discussed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards with the owner and trainee manager. They demonstrated an understanding and knowledge of the requirements of the legislation. It is important a service is able to implement the legislation in order to ensure people's human rights are protected.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards. We found the location to

be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had needed to be submitted, proper policies and procedures were in place. Management understood when an application should be made, and how to submit one. People's human rights were properly recognised, respected and promoted. We asked two members of staff what they would do if they suspected abuse was taking place. Both said they would have no hesitation in reporting abuse and were confident management would act on their concerns. They told us they would take things further if they felt their concerns were not being taken seriously and mentioned the Care Quality Commission as the next point of contact. Neither named the local authority safeguarding team as a relevant authority to report possible abuse to. It is important care staff are aware of how to report abuse both inside and outside of the service.

We looked at people's care records and saw they contained appropriate risk assessments which were reviewed regularly. Two of the people whose records we looked at had been assessed as being at high risk of falls. There was no detailed guidance for staff on how to reduce the risk or information to highlight when people might be at increased risk. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at Crantock Lodge, including the risk of falls and when people might require additional support. During our visit we observed care staff supporting people appropriately whilst moving around the home and getting in and out of chairs. However it is important assessed risks are comprehensively documented in order that newly appointed staff or staff who do not know the people so well, are able to support people safely and appropriately and so protect them from the risk of harm.

People living at Crantock Lodge had call bells in their rooms and we saw people had bells with them as they moved around the home during the day. People we spoke with told us call bells were answered quickly. We did not hear any bells being used during the inspection.

We looked at the arrangements for the management of people's medicines. We inspected the home's Medication Administration Record Sheets, (MAR), and saw they were filled in accurately. We saw medicine was stored securely and refrigerated when required. We saw the refrigerator temperature was checked on a regular basis and the temperatures recorded. This meant that any drops in

Are services safe?

temperature which might impact on the effectiveness of medicines could be quickly identified. We saw from people's care records that some people had chosen to manage their own medicines and this was appropriately documented and risk assessed. We saw people had lockable storage in their rooms where they could keep medicines. People told us they were involved in decisions about their treatment. For example, one person told us they had decided against having a flu vaccination as it had made them ill in the past. This meant people were able to

maintain their independence with regards to medicines. We observed medicines being given and saw measures were in place to protect people against the risk of having their medicines administered incorrectly. Two members of staff gave people their medicines to provide an extra safety check. The medicine was taken out of the cupboard for each individual separately and the cupboard was relocked after each removal. Medicine was taken to people one by one to reduce the risk of giving the medicine to the wrong person.

Are services effective?

(for example, treatment is effective)

Our findings

People's needs and preferences regarding their care and support were met. Staff we spoke with talked knowledgeably about the people they supported. People who lived at Crantock Lodge told us they were well looked after and had all their needs met. One commented: "We couldn't be looked after any better." We asked staff how they were made aware if people's needs changed. We were told, by staff and management, that there was a verbal handover session at the beginning of every shift when the incoming staff were updated. We observed a handover session and saw relevant information about people's general health and mood was reported as well as more specific information, for example in respect of people's food and fluid intake. In addition daily records were completed, we saw these were recorded regularly and were signed and dated and contained detailed information.

Care records were well laid out and contained detailed information regarding many aspects of people's care. For example, there were sections on mobility, eating and drinking, mental well-being and communication. People had signed their care plans to indicate they agreed with them. We saw all sections of the care plans were reviewed on a regular basis which meant the information was up to date and reflected people's changing needs and level of support required. Therefore staff had access to up to date guidance to ensure they were able to meet people's needs.

We toured the building to assess the safety and suitability of the premises and found the design, layout and decoration of the home met people's individual needs. The home was warm, comfortable and well decorated. The bedrooms and communal rooms were all pleasantly decorated and clean. People had their own bedrooms which were personalised to enable them to feel at home. Each room had different coloured towels so people and staff were able to easily identify which towels belonged to whom. The washroom was clean and very well organised. We were told people had their own 'wash days' to help prevent people's garments getting mixed up. One person told us: "My clothes are well laundered and I get my own clothes returned, they even put my clothes away for me."

The communal bath/shower/toilet rooms were immaculate. A notice was displayed on the walls to say the water temperature should be between 37 and 38 degrees, a thermometer was on the shelf so care staff could check this

requirement. This meant people were protected from the risk of scalding. We saw the home had a small well equipped library with a wide range of books, many of which were large print. This was a quiet area where people could be alone if they wished. This demonstrated Crantock Lodge considered people's social needs and their need for quiet time alone.

We saw the home had a pleasant garden. On the day of the inspection chairs and cushions were taken outside and people were enjoying the sunshine. The entrance was approached by a ramp with newly installed handrails that led into a small conservatory seating area; this led into a welcoming and well decorated hallway. The side table had a bowl of fresh fruit and a bowl of wrapped mixed sweets. A notice board advertised events which were due to take place in the home.

The dining room contained seating for eleven people; the tables were laid out with tablecloths, table mats, napkins in rings and vases of real flowers. A glass of cold water was provided at every setting. Classical music was playing quietly in the background and a large jigsaw was in the process of being worked on. We saw the mid-day meal being prepared and served, it looked well-presented and nutritious.

It is important there are systems in place to support staff to carry out their roles and responsibilities to an acceptable standard. Staff we spoke with told us they received regular supervision. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. We saw staff files contained a record of people's most recent supervision that showed they were a two way process which gave staff an opportunity to raise any issues or concerns they might have and identify any training needs. There was also an opportunity to make suggestions. Staff told us they found supervisions useful and felt management listened to any ideas they had.

At the time of this inspection no one was receiving end of life care. We saw people's wishes regarding their end of life care had been recorded within the care plans. We saw Allow Natural Death Orders (ANDOs) were in place in two of the care plans we looked at. ANDOs are directives which state the person wishes to be allowed to have a natural death whilst not having palliative care withdrawn. These had been signed and dated by the person concerned as well as an external end of life care practitioner. A relative we

Are services effective?

(for example, treatment is effective)

spoke with told us they and their parent had discussed their wishes with the service when they first went to live there and that those wishes had been recorded appropriately. They commented: "They acknowledged it's their right to do what they want."

The owner told us, and we saw from the planned training records, training in end of life care was being arranged for all staff. It is important care staff are given access to training which is directly relevant to the specific needs of the people they are supporting.

Are services caring?

Our findings

We spoke with four people who lived at Crantock Lodge. They told us they were treated kindly and with respect. One person commented: "I can have anything I like including special yogurts with cultures. I could give you a long list of items they have brought in especially for me; they even installed a new shower for me as I didn't like the existing one." Another person said: "We're very well looked after, I had heard good reports about Crantock Lodge and as I was getting older I came to visit the home for a few days, I was so impressed, I never went home."

Staff told us how they maintained people's privacy and dignity generally and 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. They told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the home we observed staff knocked on people's doors and asked if they would like to speak with us. A relative we spoke with told us they popped into the home frequently and unannounced and had never seen staff being anything other than respectful towards the people they supported.

We observed the midday meal in the communal dining room which was attended by six people who lived at Crantock Lodge. Other people who used the service had chosen to eat their meals in their rooms. This demonstrated people were able to make choices about their day to day living arrangements. Four members of staff served the meals and without exception they were attentive, caring and helpful. For example, one carer asked one of the diners if they wanted the blind down as the sun was strong. Throughout the meal staff were popping in and out and asking if everything was alright and if people had everything they wanted. One person asked for fruit sponge and custard but when it arrived they complained that there was too much sponge and not enough custard. This was immediately taken away and a second bowl brought. This showed us staff respected people's wishes and ensured their needs were met.

We spent some time in communal areas observing interactions between staff and people who lived at Crantock Lodge. We saw staff were respectful and spoke to people kindly and with consideration. They were unrushed and caring in their attitude towards people. For example,

during the visit we observed one person became distressed and tearful. We saw a member of staff sitting with the person and reassuring them. They spoke to the person in a patient and caring manner and stayed with the person until they were calmer. Throughout the course of the inspection various members of staff and the owner checked on this person and spent time sitting and chatting quietly with them.

People we saw throughout the day were smartly dressed and looked physically well cared for. This showed that staff took time to assist people with personal care. We saw there was a room which had been turned into a hair salon and were told a hairdresser came in once a week. People were able to ask their own hairdresser to attend if they wished. On the day of the inspection one person had arranged for this to happen. This demonstrated Crantock Lodge respected people's individual preferences.

Staff told us they had opportunity to have one to one time with people. A member of staff we spoke with told us they would often sit and chat with people during the evening. People who lived at Crantock Lodge confirmed this. One person said: "They take time to massage my feet." We spoke with a visitor to the home who commented: "There are always staff around". The activities co-ordinator had recently taken on the role of 'house mother'. This role involved dedicating part of everyday talking to all of the residents privately and making sure they had everything they needed. The owner told us this system meant they were able to identify any problems people might have quickly. This showed us the home was proactive in ensuring the residents were happy.

We observed the staff handover and heard staff exchanging information regarding people who used the service that was relevant and pertinent to incoming staff. For example, the staff taking over were told one person had not eaten very much at lunch time and it was suggested they might be offered a bowl of soup, which staff knew they enjoyed, at tea time. The staff spoke about people respectfully and fondly, demonstrating a concern for their well-being.

People living at Crantock Lodge were supported by care staff who know them and their needs well. This ensured care was consistent and delivered in a way which met people's individual needs. Management told us, and we saw from the records, that staff turnover was low. Staff we spoke with all said it was a, "strong and supportive" staff team. They told us staff tended to remain working at the

Are services caring?

service because it was a good place to work. One commented: "It is an excellent staff team...our main concern is for the residents." We spoke with another member of staff who had joined the team six months previously, they told us they had worked with a more experienced member of staff for the first few shifts to enable them to get to know people and see how best to support them prior to working alone.

Care files contained information about people's life histories which is important for those supporting them as it can give an insight into what has made the person who they are today. We saw evidence of people's likes and dislikes and their preferred name was recorded. We heard one person comment: "When I came in here they wanted to know what I wanted to be called and I chose [removed for confidentiality]."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At the time of the inspection no-one living at Crantock Lodge had been assessed as lacking capacity to make decisions. Staff we spoke with were not able to demonstrate knowledge of the Mental Capacity Act or the associated Deprivation of Liberty Safeguards. We saw training in this area was planned for all care staff in the next few months. We spoke with the owner and trainee manager about the requirements of the Mental Capacity Act (2005) and they demonstrated an understanding of the principles.

People were able to take part in a range of activities which suited their individual needs. On the day of the inspection we saw four of the people who lived at Crantock Lodge were taking part in an arts and crafts session which was run by the activities co-ordinator. People told us they enjoyed this. We spoke with the activities co-ordinator who told us there was a schedule of regular structured activities throughout the year. This included a travelling theatre group and various singers. People we spoke with told us they enjoyed the visits. One of the people we spoke with used computer tablet device. They told us: "I had an iPad when I moved in but there was no connection, the owner offered to install a hub for me to enable me to use it and get Wi-Fi." This showed us people were supported on to take part in activities they enjoyed.

A relative told us they had been concerned about their parent becoming socially isolated prior to them going to live at Crantock Lodge. They said the home actively encouraged them to socialise more and this had been successful. They told us this had been approached in an unpressurised fashion stating: "There's a very easy air about it." People who used the service told us they never felt lonely and there was always someone to talk to if they wanted company.

We found people's views were actively sought, listened to and acted on. We saw, in a completed annual satisfaction survey, that one resident had asked for a church service to be held at the home. The home had responded by contacting a minister and arranging for them to come to the home on a regular basis. The day before the inspection the resident had taken communion in their room. This showed us people's cultural needs and wishes were respected.

We asked a relative about the involvement they had in developing the care plan when their parent moved into Crantock Lodge. They told us they were kept informed by the management team but added: "It's their (my parents) business. It's up to them not me."

We were told Crantock Lodge were able to meet people's individual needs in regard to their personal preferences regarding the environment. For example one person who used the service told us they did not like the carpet in their bedroom and so the owner had got carpet swatches for them to help choose another which had since been put in place.

People received personalised care which was responsive to their needs. The four care plans we looked at were individualised and took into account information regarding the person's interests and preferences as well as their health needs. For example, one person's file stated they liked a particular wash powder which management confirmed to us they used when laundering this persons clothes. We saw the care plans also contained information about people's routines. For example one stated: "[name removed for confidentiality] likes to have a sherry and a biscuit in the evening."

People we spoke with told us they were supported to maintain routines which were important to their quality of life. One person told us: "We have accompanied baths when we want one, I have one once a week. One carer used to bring me a glass of wine in the bath, now they leave me wine and crisps in my room after my bath."

We saw the homes complaints procedure which provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. We asked people who lived at Crantock Lodge if they would be comfortable making a complaint. People told us they would be, one person commented: "We've all got tongues in our heads; we can all make a complaint." No-one we spoke with had made a complaint. One person commented: "No complaints, nothing at all and I'm not just saying that."

Are services responsive to people's needs? (for example, to feedback?)

We saw the owner chatting with people and asking after their welfare throughout the day. A relative told us they had not had cause to complain and added: "...or even prompt them to do anything." They said they would feel confident to approach management or staff if they had any concerns.

Are services well-led?

Our findings

We found Crantock Lodge was managed effectively and had a positive culture and clear set of values which included compassion, dignity, respect and independence.

Staff we spoke with were positive about the support they received from management. They described the management team as: "approachable". One new member of staff told us they felt able to ask if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as, "...like one family. There's no back biting, everyone works together." Staff were clear about levels of responsibility and accountability at Crantock Lodge and were aware of whom to go to with any problems. We asked a relative what they thought about the staff team and they told us: "It's not just a job to them. They're very engaged".

The owner lived very close to the care home and they and staff told us they were available at all times when they were at home whether or not they were on shift. The trainee manager told us they felt well supported and would have no hesitation in contacting the owner for help or advice if they felt they needed it. The owner told us he emphasised the importance of caring for people living at the home to staff frequently by reminding them: "It's not me who pays your wages, it's them."

We saw the owner had practices in place to ensure staff were kept up to date with policies and refreshed their knowledge regularly. For example, they had established a 'policy of the week' system. This involved making a policy available for all staff to read throughout the week. At the time of the inspection the policy of the week was Privacy and Dignity, we saw the majority of staff had signed and dated that they had read it.

We saw residents had completed a satisfaction survey in February 2014. We looked at the results and saw they were largely positive. Where there had been areas of dissatisfaction we saw these had been addressed promptly. For example, one person had written: "I get a bit bored sometimes." We saw that following this it had been arranged for the person to attend a local club once a week. In addition the house mother had spoken with the person

concerned and established they used to enjoy jigsaws and knitting. Subsequently a jigsaw table had been set up in the dining room and a knitting bag put in the persons bedroom. This demonstrated Crantock Lodge collected people's views about their experience of living at the home and used them as an opportunity for learning or improvement.

Staff and management told us staff meetings were held regularly. We saw the minutes from the last staff meeting. We saw the meeting was an opportunity to discuss the health needs of residents and organisational issues as well as any concerns staff might have. We saw management had used staff meetings to consult with the staff team on how best to organise staff numbers at certain times of the day. This had resulted in an extra member of staff being on duty between 7am and 9am which staff had identified as being a particularly busy time. This demonstrated management listened to staff and acted on their concerns.

At the time of the inspection we were told the organisation had sufficient numbers of staff to meet the needs of the people living there, at all times. From our observations we saw staff seemed unrushed and available to support people as required. Relatives and friends we spoke with all said they felt there was enough staff to meet people's needs and they always appeared competent and knowledgeable.

We saw from the staff supervision records that there was an opportunity within supervision sessions to air any problems staff might have or suggest any ways in which the service could improve. Staff we spoke with confirmed they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. This demonstrated the management believed in openness and were willing to listen.

The owner told us, and we saw from the documentation, that staff at Crantock Lodge carried out regular audits. These included audits associated with equipment, fire safety and Legionella disease as well as audits of people's care documentation such as care plans and risk assessments.