Lime Lodge Care Ltd

Lime Lodge

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out an unannounced inspection of the service on 2 December 2015. Lime Lodge is registered to accommodate up to nine people and specialises in providing care and support for people who live with a learning and/or physical disability. At the time of the inspection there were eight people using the service.

On the day of our inspection there was a registered manager in place, however they were not present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments were in place to identify the risks to people's safety however some of these had not been reviewed since August 2015. Accidents and incidents were investigated thoroughly although the CQC were not notified of one incident when we should have

Summary of findings

been. Regular assessments of the environment people lived in and the equipment used to support them were carried out, however people did not have personal emergency evacuation plans (PEEPs) in place.

During the inspection there were enough staff to support people safely, although some relatives felt on occasions the service has been short staffed. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People were supported by staff who understood the risks associated with medicines. People's medicines were stored, handled and administered safely, although protocols explaining when staff should administer a certain type of medicine were not recorded in people's medicine administration records.

People were supported by staff who completed an induction prior to commencing their role and had the skills needed to support them effectively. Reviews of the quality of staff members' work were conducted.

The registered manager had ensured they recorded how the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. However we did find a small number of examples where assessments may have been required that had not been completed.

The deputy manager was aware of the principles of DoLS and had made the appropriate applications to the authorising body for all people that required them.

People were weighed regularly and where a risk to their health as a result of their weight had been identified, support from external health care professionals was requested. People were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

People who used the service and their relatives felt the staff supported them or their family member in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed.

People were provided with the information they needed that enabled them to contribute to decisions about their support. People were not provided with information about how they could access independent advocates to support them with decisions about their care. Staff maintained people's dignity. People's friends and relatives were able to visit whenever they wanted to.

People's care records were written in a person centred way. People and their relatives where appropriate, were involved with planning the care and support provided. People were encouraged to do the things that were important to them and they were supported to take part in activities individually and collectively with the people they lived with. The complaints procedure was referred to but was not available in the home. However people and their relatives felt able to make a complaint and felt it would be acted on.

People spoke highly of the registered and deputy managers. The deputy manager understood their responsibilities and how they contributed to the development of the service. Regular meetings were held with staff to ensure they understood what was expected of them. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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?

Requires improvement

The service was not consistently safe.

Regular assessments of the risk to people's safety had been conducted although some had not been reviewed since August 2015. Personal emergency evacuation plans were not in place for people.

Accidents and incidents were investigated, although one incident had not been reported to the CQC.

During the inspection there were enough staff to support people, although feedback from relatives stated they felt the service was sometimes understaffed.

People's medicines were stored, handled and administered safely, although protocols for administering 'as needed' medicines were not recorded on people's medicine administration records.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

Is the service effective?

Good

The service was effective.

Staff had received the training they needed to do their job effectively. Staff performance was regularly assessed.

The principles of the Mental Capacity Act 2005 and deprivation of liberty safeguards were adhered to and implemented appropriately by staff, although there were a small number of examples where MCA assessments may have been needed but had not been conducted.

People were supported to follow a healthy and balanced diet.

People's day to day health needs were met by the staff and external professionals and referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and caring way.

Staff understood people's needs and listened to and acted upon their views.

People were provided with the information they needed that enabled them to contribute to decisions about their support, although information about accessing an independent advocate was not available.

Summary of findings

People's dignity and privacy was maintained by the staff. People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive? Good

The service was responsive.

People were involved with planning the support they wanted to receive from staff and their needs were regularly reviewed.

People's support plan records were written in a person centred way and staff knew people's like and dislikes and what interested them.

People were encouraged to do the things that were important to them.

People felt able to make a complaint and that it would be acted on, although the complaints process was not available within the home.

Is the service well-led? Good

The service was well-led.

The deputy manager understood their role and how they contributed to the development of the service.

The management was liked and respected by people and staff.

Staff understood their roles and how they could contribute to providing people with safe and effective care.

People were encouraged to provide feedback and to contribute to the development of the service.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

Lime Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 2 December 2015 and was unannounced.

The inspection was conducted by two inspectors.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and other healthcare professionals and asked them for their views.

During the inspection we spoke with two people who used the service, four relatives, three members of the care staff, the deputy manager and representatives of the provider. We also carried out observations of staff interacting with the people they supported.

We looked at parts or all of the care records for all eight people who used the service at the time of the inspection. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures.

Requires improvement

Is the service safe?

Our findings

People and their relatives told us they felt they or their family members were safe at the home. One person said, "It's all good. I like to know there's people I can trust. I trust them [staff] all. I feel safe here." A relative we spoke with said, "I do feel that [my family member] is safe. They have no ability to maintain their own safety, but the staff keep them safe and support them well." Another relative said, "The staff are very good. I know [my family member] is safe."

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. Staff were also aware of who they could speak with both internally and externally if they had concerns. All staff spoken with said they could report concerns to their manager, but also to the CQC, the local multi-agency safeguarding hub (MASH) or the police.

Records showed the registered manager responded quickly to any allegations of abuse and reported those allegations to MASH and the CQC where appropriate. Internal investigations were carried out and when needed changes to company policy and procedures would be implemented to protect people's safety. However we did find one example where a notification should have been forwarded to the CQC regarding a potential safeguarding incident.

People were not provided with information about how to keep themselves safe and who they could report concerns to if they believed their or other people's safety was at risk. The deputy manager told us they were planning on putting together a noticeboard that would contain this information however this was not in place at the time of the inspection.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person in relation to their care needs and behaviour. These included, walking to the shop unaccompanied, safety when there was a fire and the risks associated with a person who smoked. Each risk assessment had been reviewed although many of them had not been since August 2015. The deputy manager told us that people's needs had not changed in that time. However they told us they would ensure that more regular reviews were carried out to ensure they were up to date to each person's current needs.

Each person's care records contained a care plan and assessment for people's ability to carry out tasks independently and safely to ensure their freedom was not unnecessarily restricted. These included taking part in domestic activities but also their ability to manage their safety when outside of the service in the community. We observed one person go in and out of the home on their own to smoke. The staff told us they had assessed this person's ability to maintain their safety when outside of the home and were confident that the processes in place were effective.

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered manager and they made recommendations to staff to reduce the risk to people's safety.

The risk to people's safety had been reduced because regular assessments of the environment they lived in and the equipment used to support them were carried out. We spoke with the maintenance person who explained to us how they ensured the environment and equipment was safe. Records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals.

The deputy manager showed us an assessment that had been conducted that showed the number of people that required assistance from the staff should an urgent evacuation of the building be needed. However the records did not contain a personal emergency evacuation plan (PEEP) that identified each person's individual needs in a case of an emergency. The deputy manager told us that due to the low turnover of staff they were aware how to evacuate people safely if needed. However they agreed to put these plans in place immediately.

During the inspection we saw people were supported by an appropriate number of staff to meet their needs. However the feedback from the relatives we spoke with was mixed. One relative said, "It does occasionally seem short staffed. I think if the staff go out with someone it can leave others

Is the service safe?

short, but then I have seen the managers step in and help out." Another relative said, "There does seem to be a shortage of staff at times. [Family member] told me they were supposed to go out one day but because a member of staff had phoned in sick they couldn't." However another relative said they felt there were always staff when needed. The deputy manager told us a formal assessment of people's dependency levels was not carried out, however due to having a settled number of people who used the service; they told us they were able to ensure there were enough staff available to keep them safe.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. They said that if there was sickness absence, cover was usually obtained and one member of staff said, "90% of the time we get replacements." We noted during the inspection that representatives of the provider were present and offered support to staff or sat and talked with people who used the service. The deputy manager told us the provider attended the home on a daily basis, in addition to the assigned staff numbers, and spent time with the people who lived there.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the manager had ensured that appropriate checks on each staff member's suitability for the role had been carried out. Records also showed that before all staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider in making safer recruitment decisions.

People were supported by staff who understood the risks associated with medicines. A person who used the service told us that staff looked after their medicines for them and always made sure they were given their medicines regularly. They also said, "Staff give us our tablets and we have them every day. They're on top of it." A relative said, "Medicines are handled by the staff. They support [my family member] with it. If [my family member] refuses to take it, the staff step back, wait a while and try again later. It works well." Another relative said, "The medicines are always given on time. A strict routine is needed and the staff stick to it well."

People's care records contained information about the medicines they received such as their possible side effects. This enabled staff to be aware if a person had an adverse reaction to medicine they had taken. Medicines were stored safely in locked cupboards within a locked room and in line with appropriate guidance. Refrigerator and room temperature checks had been recorded and were within acceptable limits. The temperature checks ensure that medicines are stored at a safe temperature so as not to reduce their effectiveness. When other medicines such as liquids had been opened, the date of opening had been recorded. This ensured that people did not receive medicines that were not fit for consumption. Processes were also in place to ensure the timely ordering and supply of medicines.

We observed a person receive their medicine. The staff member did this in a safe way. They talked with the person about their medicine and stayed with them until they had taken it. We looked at the medicines administration record (MAR) for all the people using the service. We saw there were photographs of each person to aid identification and information about their allergies and the way they liked to take their medicine.

People's MAR's did not contain protocols to provide additional information for staff for when to give people medicines which were prescribed to be given only when necessary. However, there was information in people's care records which described when the medicines had been administered and the reasons for giving them were recorded. The deputy manager told us they would ensure that people's MAR contained the same information as people's care records to ensure the person administering the medicines had the most up to date information available.

There was evidence of weekly medicines audits being completed. Staff administering medicines told us they had completed medicines management training and their competency was regularly checked. Medicines policies for each aspect of medicines administration and management were in place and had been reviewed within the current year.

Good

Is the service effective?

Our findings

When people received support from staff they responded in a positive way. Although some people were unable to tell us if they were happy with the way the staff supported them, we saw people were smiling, calm and relaxed, which would indicate that people were supported effectively. A relative said, "This is the best home that [my family member] has been in. The staff know what they are doing. I would definitely recommend it." A health care professional spoken with after the inspection told us the staff knew the people who used the service well and implemented their care plans effectively.

Staff received an induction prior to commencing their role. The deputy manager told us that three new staff were currently completing a new nationally recognised qualification called the 'Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support**.** The deputy manager also told us that although all staff had completed an induction prior to commencing work, they would also be offered the opportunity to complete the Care Certificate. They said, "It is a good way for all staff to re-think and re-visit what they do to ensure that they are meeting the most up to date standards."

People were supported by staff who received assessment of the quality of their work to ensure that the support they provided for people was consistent and effective. A relative we spoke with said, "I am confident that the staff have the skills to support and care for [my family member]."

Staff told us they were encouraged to gain externally recognised professional qualifications in order to develop their skills. One staff member said they had recently gained their Level 2 diploma in adult social care and another had completed Level 3. All of the staff we spoke with felt well trained and supported by the management. They told us they had undertaken a range of training including first aid, adult safeguarding, managing behaviours that may challenge and infection control. Records showed that staff had completed training in a number of areas although there were a small number of examples where refresher training was needed. The deputy manager told us they had started to use an external training company to carry out training in a wide variety of areas and to ensure that all staff training was completed and up to date.

Staff had the skills and experience to communicate effectively with people. We saw them use a mixture of verbal and non-verbal methods of communication which people responded positively to. We observed one member of staff manage a challenging situation where a person who used the service raised their voice and spoke to them in an aggressive manner. The staff member communicated with this person in a calm and effective way that immediately dealt with the situation in a positive way.

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

We saw examples of the appropriate MCA documentation being used to determine people's ability to make decisions. Where it had been identified by the registered manager that they did not have the ability to make and understand decisions relating to their care, MCA documentation was in place to show the proper processes had been followed. Examples of these decisions included; people's ability to manage their own medicines and finances. However we did find examples where assessments may have been required but had not been completed. The deputy manager told us they would review this to ensure that the appropriate legal process had been followed for all people when decisions were made for them.

We observed staff ask people for their consent and give them choices. A person told us staff encouraged them to make healthy food choices but did not force them to if they did not want to. They said, "I can make my own decisions." The relatives we spoke with all felt involved when decisions were made. People's care records also showed, where able, they had signed to say they agreed to the care and support they wanted.

Good

Is the service effective?

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked to see whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager could explain the processes they or the registered manager followed when they applied for authorisation for DoLS to be implemented to protect the people within the service. Records showed that applications to the authorising body had been made for people that required them.

Records showed that all staff had received MCA and DoLS training. The staff we spoke with could explain how they used the MCA in their role, knew who had DoLS in place and how they would support people in line with them.

People were supported and encouraged to follow a healthy diet and lifestyle. One person we spoke with told us they wanted to lose weight. They told us staff had provided them with information about following a healthy diet and helped them access a slimming club and motivational group to help them this. This person's care records showed a care plan had been put in place that gave staff the guidance they needed to support this person effectively. The records also included the person's wish to shop for ingredients for their meals.

People were encouraged to become involved with planning the menus for their meals. A person said, "I help staff with the supermarket shop and like to do that." Although there wasn't a choice of main meals at lunchtime, people told us they could have alternatives if they did not want the meal on the menu. They said they enjoyed the food and they always had things to eat which they liked.

We saw the food stocks in the kitchen were quite low but the staff told us they did a regular shop twice a week and they were due to do one the following day. People did not currently have specific nutritional needs in relation to their culture or religion; however the deputy manager told us they would ensure plans were in place to support people with this if they wanted it. Records showed staff had completed food safety training which enabled them to prepare food safely.

People's care records showed the types of food and drink people liked. People who used the service or their relatives acting on their behalf, had given their consent to be regularly weighed. Where people had been identified as a high risk due to being over or underweight, plans were in place to support people effectively with this. Where a person had specific requirements regarding how their meals and their weight was managed by the staff, care plans were in place to ensure staff had the knowledge needed to do so.

People's day to day health needs were met by staff and external professionals. People told us staff made appointments for them when they needed to see their GP or other community services.

One person told us they needed to go to the dentist but they became anxious about it and sometimes changed their mind. They said staff encouraged them and made their appointments for them.

A person using the service told us they had had an epileptic seizure. Staff had cared for them and sought advice from health services. As a result they attended hospital and had their medication reviewed.

There was evidence in people's care plans of access to specialist services. Each care record contained details of people's family doctor, dentist, optician and chiropodist along with specialist services which they required. There was a Health Action Plan, used to record people's day to day health needs, for each person and a 'Hospital Traffic Light Assessment' to provide information for hospital staff if the person needed an emergency admission to hospital.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and caring. A person using the service said they had a good relationship with staff. They said, "I like living at the home. We all get on. The staff are like good friends." A relative said, "[My family member] tells me they like the staff and from what we have seen they [staff] like [my family member] too."

We observed staff interacting with people and it was clear people were supported by staff who understood their likes and dislikes. We observed staff talk to people about the things that interested them and spent time sitting and talking with them showing they had a genuine interest in what they had to say.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. A person told us they had recently became angry and upset and the staff offered them the support and reassurance they needed to reduce their worries quickly.

People's care records showed their religious and cultural needs had been discussed with them or their relatives if appropriate, and included information about the support they needed if they wished to incorporate their beliefs into their life. Although the deputy manager told us people did not currently have specific religious or cultural needs, people's records were reviewed regularly to ensure that if people changed their mind then staff would be able to support them. The records we looked at supported this.

People's care records contained a diagram identifying people's 'Circle of support' which included relatives they maintained contact with, staff at the home and other professionals such as community specialist nurses. A person who used the service said they were able to keep in contact with the day services they had attended previously. This ensured that people were aware of the different support available to them if they needed it.

There were processes in place that ensured people were provided with information about their care which enabled them to contribute to the decisions made. People attended regular meetings with staff to discuss their care; people's care records also contained many examples where their care and support needs had been discussed with them. Innovative methods were used to provide people with information about external appointments they may attend. Pictures of doctors' and dentists' surgeries were included in people's care records along with some written text which explained what people could expect when they arrived at these appointments. A staff member told us this enabled people to make an informed choice of whether they wanted to attend and helped to alleviate any worries they may have had.

Information was not easily available for people if they wished to access an independent advocate to support them in making major decisions. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The deputy manager told us they would ensure people were provided with this information if they needed, but acknowledged that people should be able to access this service independently.

People told us staff were careful to ensure they were given privacy when they wanted it and staff always knocked on their door before entering. One person said when they went to their room and wanted to be left alone, staff respected this.

The staff we spoke with could describe the actions they took to preserve people's privacy and dignity during personal care. This included closing curtains and doors, explaining exactly what they were going to do and checking with the person to ensure they were happy. A staff member told us they encouraged people to be as independent as possible during personal care to minimise any potential for embarrassment.

People were treated with dignity and respect. A person who used the service said, "I always respect everybody and they [staff] respect me." A relative said, "The staff are very courteous and respectful. They always maintain [my family member's] dignity." We observed staff speak with and support people in a respectful way. People were encouraged by staff to lead as independent a life as possible and to engage with others in the home and the local community.

There were no restrictions on family and friends visiting the home and people were encouraged to see others outside of the home as often they wanted to. One relative said, "I can visit when I want to."

Good

Is the service responsive?

Our findings

People were involved with decisions about the planning of their care and were able to contribute to the decisions made. The records we looked at reflected this, showing people, and where appropriate their relatives, had been consulted. A relative we spoke with said, "They always keep us updated of any changes or how [my family member] is progressing." A health care professional involved with decisions told us they thought staff were responsive to people's needs and responded effectively when they suggested any changes to people's care.

People's care records contained detailed information about how they would like their care and support needs to be met. They were written from the perspective of the person, described the most appropriate ways for staff to engage with them and the strategies staff should use if a person responded negatively to situations they may experience.

The deputy manager told us the care plan records reflected people's current needs however records showed they were not always regularly reviewed. Some care plans had not been updated since August 2015. However we did see evidence of people and where appropriate their relatives being involved in reviews. Records also contained a document titled, 'What's working for me' and these had been completed with action plans in place to address any changes to people's care and support needs.

Some of the people who used the service had difficulties in communicating verbally and were living with a mental health condition. Communication care plans were in place which gave a clear description of the best way for staff to communicate with people, and how to interpret and respond to non-verbal responses the person used. They also identified the factors which might trigger anxiety or behaviour which may challenge and gave guidance for staff for the best way to respond.

A member of staff explained how they responded to people's needs and how they communicated effectively with them. They said, "You get to know their preferences even though they can't talk. They have their own ways of showing you what they want." People's care records contained some easy read information and pictures to make them more accessible to people with learning disabilities.

Relatives told us they were happy with the level of activities that were provided for their family members. One relative said, "They always seem to be out and about."

People were supported to follow their hobbies and interests and to do the things that were important to them. One person we spoke with said, "I get to do so many things here, I am always out." Records showed when people had completed an activity a photograph was taken and added to their care records. The deputy manager told us it gave people a sense of achievement when they have completed an activity that was important to them and the photographs were provided as a reminder for them.

The deputy manager told us they had responded to a person's wish to carry out some volunteer work by identifying a local charity shop that may be able to support them. They told us they were planning to discuss this with them to see if they would like to speak with the manager of the shop to see if they were able to commence working at there.

People were supported and encouraged to join in with the activities, discussions and meal times at the home to avoid becoming socially isolated within the home. However when people did not wish to join in, staff respected their wishes. One relative spoke positively about the way the staff continually tried to involve their family member with activities within the home even though they were reluctant to do so. They also said, "We are pleased they keep trying and haven't given up."

People were encouraged to raise any concerns or complaints they had with the staff or the management team. A person using the service said if they had a concern or a complaint they,

"Would go straight to the manager." They also told us they were confident the manager would listen to their concerns and do something about it. A relative we spoke with said, "There was a minor issue that we raised a while ago and it was dealt with straight away."

Staff told us that if a person wanted to make a complaint they would listen to them and try and resolve the issue. They would notify the deputy manager and ask them to address the issues if they had been unable to do this themselves.

Reference to a complaints procedure had been posted on the wall near the entrance to the home. However the actual

Good

Is the service responsive?

process for making a complaint was no longer part of this display. The deputy manager told us the procedure had possibly been removed by a person who used the service but it had not yet been replaced. They told us they would do so.

We looked at the service's record of complaints and saw they had been dealt with in a timely manner.

Good

Is the service well-led?

Our findings

People, relatives and staff were actively involved with the development of the service and contributed to decisions to improve the quality of the service provided. Regular meetings were held with people who used the service to establish their views on the quality of the service and how it could be improved. A relative we spoke with told us they were in regular contact with the management and the staff and felt their opinions were valued. They also said, "If we've ever raised anything with the manager about how things could be improved for [my family member] it has been sorted."

The deputy manager told us they and the registered manager had an 'open door' policy and welcomed people, staff and relatives to discuss any concerns they had directly with them. People who used the service, their relatives and staff spoke highly of the deputy and registered managers.

One person who used the service said, "[The deputy manager] is great, really friendly, always helps me when I need it. The manager is nice too." A relative said, "The managers do a good job. They don't put any pressure on [my family member]. They know what to do." A staff member told us the manager or their deputy was always available and they felt able to discuss any issues or concerns with them.

There was a warm and friendly atmosphere within the home where the provider, management, staff and people who used the service interacted with each other openly. A relative said, "Everyone always seems so happy there." People appeared relaxed in the company of the staff and when they wanted to talk with the deputy manager or a representative of the provider they were able to do so.

Staff understood the values and aims of the service and could explain how they incorporated these into their work when supporting people. Staff told us the priority at the service was to provide a safe and homely environment where people were given choices and were able to live as independently as possible. One member of staff said, "This is a lovely home; everybody is treated as an individual." Another staff member said, "The aim is to provide a good quality of life for people. It is their home and we want them to be happy and comfortable."

People were encouraged to access the local community and other local services. People visited day centres, their local shops, pubs, cafés and supermarkets. This gave them continued access to the people that lived in their community. The deputy manager told us they had recently arranged a Macmillan Coffee morning to raise money for cancer awareness. People were encouraged to invite friends, family and others from the local community.

People and staff were supported by a deputy manager who interacted with them in a positive and calm way. We observed the deputy manager speak with people throughout the inspection and people responded positively to them. The deputy manager understood their role and responsibilities and how they contributed to the development of the service.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place.

There were systems in place to ensure risks to the service, people and staff were identified in a timely manner and acted upon. The deputy manager told us that weekly meetings were held with the team leaders to discuss, amongst other things; recent admissions, accidents and incidents, complaints and activities. They told us these meetings enabled them and the registered manager to plan the week ahead and to put a plan of action in place to address any risks to people or the service as a whole.

The deputy manager told us they also held regular staff meetings where they discussed risks with all of staff. They told us they regularly monitored the local and national press for examples of poor and good care at other adult social care services and discussed these with the staff. They told us this they did this to ensure that staff were able to see the positive and negative impact their actions could have on the people they supported.

The provider of the service carried out regular audits of the service and any actions identified were then provided to the registered manager to address them. Records showed that audits were carried out in a number of different areas such as infection control, nutrition, care and support and staffing.