Ladymead Care Home Limited

Ladymead Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 1 November 2016 and was unannounced.

Ladymead Care Home provides nursing care and accommodation for up to 27 people. On the day of our inspection there were 18 older people at the home, some of whom were living with dementia. The home is spread over two floors with a passenger lift, communal lounge and conservatory, dining room and gardens.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People chose how to spend their day and they took part in activities in the home and the community. People told us they enjoyed the activities, which included bingo, interactive bowling and arts and crafts. However we found there was a lack of stimulation and interaction on a one to one basis for people and some people could be at risk of social isolation.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us "This is the safest place to be. I have lived in four different care homes and this is the best. Nobody is unkind and nobody shouts". Staff were knowledgeable and trained in safeguarding adults and knew what action they should take if they suspected abuse was taking place. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

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

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to eat and drink and they were given time to eat at their own pace. The home met people's nutritional needs and people reported that they had a good choice of food and drink. One person told us "It is salmon for lunch today, I love salmon".

People found staff to be kind, considerate and caring. Comments from people included "There is a core of long serving staff who are very good" and "Yes the staff are caring towards me and kind". Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy.

People's individual needs were assessed and care plans were developed to identify what care and support

they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of the needs of people. One member of staff told us "I haven't been here long but feel confident and had a good induction with lots of training. Everyone is supportive and nice".

There was a positive and open atmosphere at the home. People, staff and relatives found the registered manager approachable and professional. One person told us "The staff and manager work very hard they all seem happy and get on well together".

The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements. There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People were complimentary of staff and were supported by staff who received appropriate training and supervision.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People where possible, and their relatives were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Requires Improvement

The home was not consistently responsive.

There was a lack of stimulation and interaction on a one to one basis for people and some people could be at risk of social isolation.

The service was responsive to people's needs and wishes. Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was a calm and open atmosphere at the home. People, staff and relatives found the registered manager approachable and professional.

The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager and deputy manager were available to support staff, relatives and people using the service.

Ladymead Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 1 November 2016 and was unannounced. The inspection team consisted of one 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. The expert-by-experience for this inspection was an expert in care for older people and people living with dementia. The service was last inspected on 17 April 2014 and no concerns were identified.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback three health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the lounge, dining and communal areas and where invited in their individual rooms. We spoke to ten people, one relative, four care staff, activity co-ordinator, a cook, a registered nurse (RGN), the deputy manager and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menu and activity plans. We looked at six people's individual records, these included care plans, risk assessments and daily notes.

Good

Is the service safe?

Our findings

People told us they felt the home was safe. People's comments included "This is the safest place to be. I have lived in four different care homes and this is the best. Nobody is unkind and nobody shouts", "It will never be like your own home but they can't do enough for you. I can always close my door" and "I think my belongings are safe. I didn't bring much with me, you have to trust people but everyone here is honest"

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. One member of staff told us "Any concerns I have, I would tell the manager who would deal with it. This could be if I noticed bruises on a person or if they had a change in character". There was information displayed in the home so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Information on safeguarding and whistleblowing was also displayed for staff as a reminder of the process staff should take. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People felt there was enough staff to meet their needs. One person told "They look after me here, If I need anything someone is there to assist". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff and the provider had their own pool of bank staff to call on when needed. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. One member of staff told us "We are busy but I think there is enough staff on duty". The registered manager used a dependency assessment tool. This tool was reviewed regularly and enabled them to look at people's assessed care needs and adjust the number of staff on duty based on the needs and amount of people using the service.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Staff files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that nurses employed had registration with the nursing and midwifery council (NMC) and that these were up to date.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff

meetings. One member of staff told us "Any incident big or small we report and record. We also have body maps to complete so it is all documented".

Each person had an individual care plan. Care plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition and medicines. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out for all service users. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress was made available to support pressure area care or the application of barrier creams. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required regular checks, changes of position and barrier creams applied to prevent rashes and pressure ulcers. We observed staff carrying out these checks. Staff told us that they were aware of the individual risks associated with each person and where they could be found in the care plans.

The premises were currently being updated by the provider. The registered manager told us that the roof was currently being refurbished and the communal lounge had recently been painted and decorated with a replacement carpet. The environment allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and equipment. For example, air mattress settings had been checked. Records confirmed these checks had been completed. Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This explained the support each person would need in the event of an emergency. From the training records we noted that all staff had received training in first aid. The grounds were maintained with clear pathways for those who used mobility aids and wheelchairs to access areas such as the garden and patio.

Medicines were stored in an appropriate lockable medicine trolley within a secure medicine room. The medicine trolley was also chained to the wall for security. The registered nurses had access to the medicine trolley and where responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by a registered nurse who wore a red apron requesting people not to disturb them while they were administering medicines. The nurse knew people well and took care to ensure that the correct medicine was administered to the correct person. We observed the nurse with one person, they asked the person if they would like to take their medicine and what the medicine was for. The person agreed and they assisted them with some water to take their medicine. The nurse then completed the person's medication administration records (MAR) chart correctly. The nurse explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. The nurse undertook a daily audit of people's individual MAR charts. The audit examined areas such as whether all medicines had been administered and recorded, and if not administered had the reason for this had been recorded and addressed. The nurse explained that any concerns were raised with the registered manager. People we spoke with about medicines all told us that medicines were delivered on time in a professional manner by a nurse on duty. One person told us "I am pleased with the way they give out pills. It is always on time am and pm and the carer always waits until I swallow them ".

Good

Is the service effective?

Our findings

People and relatives considered staff were well trained and sufficiently skilled in their roles. One person told us "The nurses and the staff know what they are doing. They are trained and always there when you need them".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. A health professional told us "I met with a resident who was very happy with their support, and although lacks capacity to make decisions relating to their support, gave enough information to believe that they had a positive experience in the home and felt cared for. The resident was well dressed as is their preference and the bedroom was clean and personalised". Staff had a good understanding of the MCA and the importance of enabling people to make decisions. People and a relative confirmed that staff always asked for people's permission and consent before supporting them. One person told us "I think they are given guidelines they always ask before the do anything or at least tell you in a nice way".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty that these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority where required. We found that the registered manager understood when an application should be made and how to submit one.

People were cared for by staff that had the appropriate training and skills. People told us that they felt that staff had appropriate and relevant skills to meet their needs. One person told us "Well I think they are good and know what they are doing. They tell me the training they go to". New staff were supported to learn about the provider's policies and procedures, undertake essential training and work towards the Care Certificate. The Care Certificate is a set of standards that social care and health workers work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. In addition to this, staff that were new to working in the health and social care sector, were able to shadow existing staff to enable them to become familiar with the home and people's needs, as well as to have an awareness of the expectations of their role. One member of staff told us "I haven't been here long but feel confident and had a good induction with lots of training. Everyone is supportive and nice". Another member of staff said "We always have training to do and can put our names down for extra training". Records showed that staff had undertaken essential training. The training plan and training files we examined demonstrated that all staff attend mandatory training and regular updates. Training included moving and handling, first aid, infection control and health and safety. The registered manager recorded when training was due or overdue and took action to ensure the training was completed. Staff also received

training specific to the people they were supporting, examples of this included training in diabetes, oral hygiene and falls prevention. The registered manager had links with external organisations to provide additional learning and development for staff, such as a diploma in health and social care.

Staff received regular supervision and an annual appraisal. Supervision is a formal meeting where training needs, objectives and progress are discussed as well as considering any areas of practice or performance issues. These meetings could also be used as competency spot checks to assess staff member's practice. Staff told us that they found these meetings useful. One member of staff told us "Yes we have supervisions throughout the year and go through how we are getting on and what else we may want to do. I had one recently and asked for further training in dementia".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of food and drink was provided and people could have snacks at any time. One person told us "It is salmon for lunch today, I love salmon". The daily menu was written on a white board in the dining room. People also had their weight monitored monthly and more often if required. The registered nurse explained that weight loss was always investigated if any concerns were identified. There were records of people's likes and dislikes in place in people's care plans and also in the kitchen. This included information regarding special diets such as diabetic and soft or pureed diets. There were two choices on the menu for lunch. On the day of inspection people could have pork or salmon and various other options were available such as omelettes, salads and sandwiches. The cook told us that there was also always food available for people who did not fancy what was on the menu that day. They also told us "Staff are very good on communicating to us what people like and don't like and what they fancy".

We observed lunch being served in the dining room and in people's rooms. People enjoyed their meal and staff were patient and asked people if they would like their food cut up. For those who required a soft diet, these had been blended separately and were served individually to the person with assistance from staff if required. We observed one staff member assisting a person being cared for in their room. They were very patient and explained to the person what they were eating; they chatted to the person and offered them a drink, taking their time with the person. Staff we spoke with demonstrated a good understanding of the need for good nutrition and hydration for people. One member of staff told us "We ensure people have drinks available to them throughout the day. If we have any concerns about intake of food or drinks we will speak to the nurse on duty. We record down what people have had through the day". A visiting professional told us "Following an external study session the manager implemented a colour coding system for identifying those in need of support with food and fluids. They have further developed this by using a tool within the care plan".

People received support from specialised healthcare professionals when required, such as GP's, best interest assessors and social workers. One person told us "The doctor came to see me today, to check everything was ok. Said my memory was good". Another person told us "The GP comes every week, you only have to ask". Access was also provided to more specialist services, such as a chiropodists and falls prevention team if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. Nursing staff were provided with training and support to ensure they were kept up to date with best practice. The registered manager told us "We have good rapport with health professionals and the GP who visits regularly".

Good

Is the service caring?

Our findings

People and a relative told us they found staff kind, considerate and caring. Comments from people included "There is a core of long serving staff who are very good", "Yes the staff are caring towards me and kind" and "The home is very good. I have been in two others. It is nice and relaxed here with caring staff to look after me". A visiting professional told us "The staff were welcoming when visiting and the home had a friendly atmosphere. Positive interactions between staff and residents were seen".

Observations throughout the day showed staff had positive and caring interactions with people. The atmosphere was open and friendly and there were lots of laughter and smiles. Staff were also very knowledgeable about the needs of the people they were supporting and took time to listen to them. When someone was unsure what they wanted to do, a member of staff asked them if they wanted to listen to music in the lounge. The member of staff supported the person to the lounge and the person chose what music to listen to. They remained in the lounge smiling and singing along to the songs being played. Later in the day one person became confused as it was getting darker and they thought it was bedtime. A member of staff took time to explain and remind the person of the time and discussed what they would like for supper. The person appeared visibly relaxed and looked calmer. When people needed to be hoisted into a wheelchair the process was explained to them, so they were clear about the process and involved in the care taking place. Members of staff showed a caring and patient attitude towards people. There was a calm and friendly atmosphere at the service.

Ladymead Care Home had a calm and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. People's confidentiality was respected. Staff understood not to talk about people outside of the home or to discuss other people whilst providing care for others. Information on confidentiality was covered during staff induction and training.

People told us staff respected their privacy and treated them with dignity and respect. Staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. Staff told us how they respected people's privacy and dignity. One member of staff described how they used a towel to assist with covering the person while providing personal care. They also told us "When we are providing care in a person's room, we put a notice on the door that care is taking place". One relative told us "They close the door when they attend to my relative. I am his wife but I go out when they provide personal care and attend to his needs". Staff demonstrated their respect for people by their body language, tone of voice and warmth of personality .

Staff told us how they assisted people to remain independent as much as possible. We saw staff encourage people to mobilise and to eat and drink at their own pace. One member of staff told us "It's all the little things that can help someone with keeping some independece. One person likes to cut their food up but can sometime struggle. I will wait a while until I think they need some help and offer it to them". Care plans

detailed how staff could promote peoples independence in one care plan it detailed how staff could offer assistance to dress a person and encourage them to do as much as they can.

People were able to express their views and were involved in making decisions about their care and support where possible. They were able to say how they wanted to spend their day and what care and support they needed. Mechanisms were also in place to involve people in the running of the home. Resident meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. Where people made suggestions, the registered manager acted upon these. One person told us ""They ask for my opinion, I don't have to do what they say but I usually do if it is sensible".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. One visitor told us they were made to feel very welcome twice a day.

People were provided with information about how they could obtain independent advice about their care. The registered manager ensured that if required, people were supported by an Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs 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.

Requires Improvement

Is the service responsive?

Our findings

People told us they felt staff were responsive to their needs and staff were skilled in their role. One person told us "We get very good care at Ladymead". Another person said "Good staff work here, they know what they are doing". A visiting professional told us "The residents all appear happy and comfortable. Everyone I have met appear to enjoy their jobs". However, despite these positive comments we found an area of practice in need of improvement.

We spoke with the activities co-ordinator about their role and responsibilities. We were told they were new to the role and a variety of social and educational activities were on offer for people. Activities included quizzes, bingo, movie afternoons and trips our for some people. The local church and students from a local college came in regularly. The activities co-ordinator had recently introduced "The Daily Sparkle". The Daily Sparkle is a reminiscence newspaper, published 365 days a year, which offers an ever-changing range of nostalgia topics and activities, targeted at older people and those living with dementia. The Daily Sparkle aims to help care homes, hospitals and day centres deliver meaningful activities sessions while developing a whole home approach and encouraging residents to talk and share their memories. In the afternoon of the inspection we observed a few people enjoying a game of bingo and then later on having fun and laughter while playing bowling on an interactive games console in the lounge. People's comments included "I like doing the group activities, we decorated Halloween cookies yesterday", "I love speaking to the students when they come in. I played chess with the young man" and "Once a fortnight the Vicar comes in and I go to the lounge for communion". One person told us how they used to work on a poultry farm and asked if they could get some chickens for the garden. The registered manager told us they had recently bought a chicken coop and are currently organising getting the chickens and this had also been discussed with other people at the home, who were looking forward to the new arrivals.

The Social Care Institute for Excellence (SCIE) recommends older people should be encouraged to construct daily routines to help improve or maintain their mental well-being and reduce the risk of social isolation. There was an activities schedule as well as artwork on display that provided evidence of people's involvement in activities. We were also shown the activities folder which recorded activities that had taken place. However we found these focused more on group activities and for people who were more able. Some people who spent time in their rooms told us they felt more one to one activities would be welcomed. One person told us "They put everything into newsletters and posters but forget about people with eyesight problems, not on purpose. It is important to me because I want to stay here near my relative". Another person told us "I feel very safe but get lonely and bored sometimes and fall asleep". There was a lack of stimulation and meaningful activities for some people, those that required assistance and were less independent and those who spent time in their rooms. We discussed this with the registered manager and deputy manager who both agreed this was an area in need of improvement. The registered manager told us "I have planned to discuss the activities and what we can improve on for everyone in the home. We have some good activities and have the local college students visit weekly to interact with people". The Alzheimer's Society states that taking part in activities based on the interests and abilities of the person can significantly increase their well-being and quality of life. We recommend that the provider access guidance regarding improving activities for people who could be at risk of social isolation.

Care plans were personalised and reflected the individualised care and support staff provided to people. Personal profiles and histories were used effectively to create personalised care for example one person's care plan detailed they could become agitated and detailed how staff could divert and diffuse the situation. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Moving and handling assessments specified equipment to be used which included hoists and wheelchairs to safely move people around the home and how staff should encourage people to aid their mobility. We observed two members of staff in the lounge assist a person from their wheelchair to an armchair. Staff were patient and ensured the person was comfortable throughout the move and engaging in conversation. Care plans also contained a now and then document which was completed for all people and included their life history, important people in their lives and likes and dislikes. In one care plan it detailed the person's preferences with regard to breakfast choices and the drinks they liked. Meeting people's needs and understanding how they communicate is key for older people and people living with dementia. Communication needs were detailed in care plans and in one care plan it detailed that a person required time to express their needs and for staff to take their time while asking any questions and encourage when needed.

The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out for people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness, loss of sensation and cognitive impairment. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that a correct mattress is made available to support pressure area care.

There were systems and processes in place to consult with people, relatives and staff. Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of people's suggestions. A suggestion box was also available in the hallway for people and relatives to write down any suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally. One person told us "I can talk to the manager anytime, she is very friendly". Another person said "They asked me to fill in a form. I put something about the food down, they do their very best".

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were satisfied with the service provided at the home and the way it was managed. People's comments included "The manager is wonderful. I hear her laughing it's just great", "I can talk to the manager anytime, she is very friendly" and "The staff and manager work very hard they all seem happy and get on well together".

Comments from visiting professionals included "I was very, very impressed/ touched to say the least regarding the effort [registered manager's name] went to in her approach to care. I would say she had unique ethic in that sense", "In my dealings with the manager, I have always found her approachable and keen to ask for support/advice if she requires it. I felt that they and the RGN had a good understanding of their residents, when I have had reason to contact them" and "It's a very happy work place and the manager is very organised within the home and a very pleasant manager".

There was a calm and open atmosphere at the home. The registered manager and deputy manager were approachable and supportive and took an active role in the day to day running of the service. People appeared comfortable and relaxed talking with them. While we were walking around the home we saw, positive interactions and conversations were being held with people. The manager showed knowledge on the people who lived at the home. We also observed people and staff approaching the registered manager through the day asking questions or chatting to them. They took time to listen to people and provided support where needed.

Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing support for people. The registered manager made sure that staff were kept updated regarding people's care and support needs and about any other issues regarding the service. Team meetings were held in which staff could discuss practice, give their views about the service and suggest any improvements. Daily handover meetings between staff highlighted any changes in people's care and support needs, this ensured staff were aware of any changes in people's needs and had up to date information to support people. The registered manager had recently introduced a weekly memo for staff which included updates and reminders for staff to ensure they were kept up to date.

Staff told us that they felt the home was very well run and that the managers were supportive and had an open door policy. Comments included "I can talk to the manager or deputy manager if I need help or support, no problems there", "I think the manager is good and I can speak with her at any time and she will listen" and "We are a good team, all of us and support each other".

A range of quality assurance audits were completed by the registered manager and regional operations manager on a monthly basis to help ensure quality standards were maintained and legislation complied with. These included audits of medicines, care plans and health and safety. They identified trends, concerns and helped identify necessary improvements to the service. Action plans were then created were necessary. The registered manager discussed a recent action plan with us which included refurbishment of internal and external maintenance and redecoration of the home. They told us "The roof and the main lounge have been

refurbished and we are next looking at replacement of carpets in hallways and some people's rooms and redecoration". Feedback was sought by the provider via surveys which were sent to people at the service, relatives and staff. Survey results were positive and any issues identified were acted upon. The registered manager showed passion about their position and the way the service was managed.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.