Linthorpe Private Nursing Home

Linthorpe Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and the visits took place on 25 May, 6 and 17 June 2016. The staff and registered provider did not know that we would be visiting.

Linthorpe Nursing Home is registered to provide personal and nursing care for up to 28 older people. The home has bedrooms across the two floors. There are two lounges, a dining room, and a small room where people could sit and read. Linthorpe Nursing Home also had the benefit of an enclosed landscaped garden. At the time of our inspection there were 28 people living at the home.

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

People told us they were happy and felt safe. We heard how people felt the home was extremely well-run and that the registered manager was extremely effective.

We found that a range of stimulating and engaging activities were provided at the home. There were enough staff to support people to undertake activities in the community. People were supported to go out independently. The registered provider and registered manager had recently installed a chicken coop in the garden and this was a great focal point for people.

People's care plans were tailored for them as individuals and created with them and their family involvement. People were cared for by staff that knew them really well and understood how to support them. We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful. We saw that they were aware of how to respect people's privacy and dignity. Staff also sensitively supported people to deal with their personal care needs.

Staff were supported and had the benefit of a programme of training that enabled them to ensure they could provide the best possible care and support. Staff were all clear that they worked as a team and for the benefit of the people living at Linthorpe Nursing Home. Their comments and feedback fed into the continuous improvement of the service.

The registered manager understood the complaints process and detailed how they would investigate any concerns. They also told us about situations such as people's treatment in hospital where they had raised complaints on individual's behalf.

The registered manager and staff had a clear understanding of safeguarding. The registered manager acted as a champion for people and would raise complaints and safeguarding matters when this was needed. One

person and their family told us how grateful they were that the registered manager had taken up their corner and ensured action was taken to improve their experience of care. The registered manager also spoke with the safeguarding team at all stages and regularly checked that they were taking appropriate action to deal with any concerns. Also when necessary they took additional action to ensure staff who were not fit to work with people were barred from working in the health and social care field.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. The registered provider and registered manager had closely considered people's needs and ensured there were sufficient numbers of staff. For the 28 people using the service there was routinely a nurse, a senior carer and five to six care staff on duty during the day and then a nurse and three care staff overnight.

Where people had difficulty making decisions we saw that staff worked with them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations.

We reviewed the systems for the management of medicines and found that people received their medicines safely. Medicines were closely managed and this ensured people received their medication exactly as prescribed.

People told us they were offered plenty to eat and we observed staff to assist individuals to have sufficient healthy food and drinks to ensure that their nutritional needs were met. The cook also provided a range of fortified meals for people who needed extra calories to ensure they maintained their weight. People were supported to manage their weight and nutritional needs.

People were supported to maintain good health. The staff had formed good links with the speech and language therapists, community nurses and the falls team.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The staff team was stable and a number of the staff had worked at the home for over ten years.

The service had a strong leadership presence with a registered manager who had a clear vision about the direction of the service. They were committed and passionate about the people they supported and were constantly looking for ways to improve. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

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 were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's risks were monitored and managed appropriately with the least restrictive option always considered

People lived in a clean and well maintained home with environmental risks managed appropriately.

People's medicines were managed safely and audited regularly

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored effectively, working with healthcare professionals in the community.

Is the service caring?

Good

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People felt listened to and their views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

Is the service well-led?

Good

The service was well-led.

People benefitted from a service which had a strong management team. The registered manager was always looking for ways to improve.

The values of the registered provider and registered manager were consistently demonstrated by the staff in their interactions with people and with each other.

People's views were sought and acted upon. Relatives' views were sought. Feedback from them showed they found the service to be exceptionally well-run and staff to be extremely caring.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

Linthorpe Nursing 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 registered 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.

An adult social care inspector completed this unannounced inspection of Linthorpe Nursing Home on 25 May, 6 and 17 June 2016.

We received and reviewed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also reviewed all the information we held about the home. This information included the statutory notifications that the provider had sent to the Care Quality Commission and reports from local authority contract monitoring visits and the fire Authority.

During the visit we spoke with nine people who used the service and a relative. We also spoke with the registered manager, two nurses, a senior carer, five care staff, the administrator, the cook, assistant cook, two domestic staff and the laundry assistant.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We looked around the service and went into some people's bedrooms, all of the bathrooms and the communal areas. We observed how staff engaged with people during activities.

We looked at five people's care records, recruitment records and the staff training records, as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they were very pleased to be living at the home and that the level of care had exceeded their expectations. Relatives told us that they found staff effectively cared for the people who used the service and were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe.

People said "The staff are superb and I can't fault one of them." And, "They [staff] make me feel at ease and have given me the confidence to do more for myself." And, "We have it really good here. It's not like a care home but one big family."

Relatives said, "We find that the staff are very attentive and really we feel treated like family." And, "They are great and nothing is too much for them to do."
People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care. Charts were used to document change of position and food and hydration were clearly and accurately maintained. The records reflected the care that we observed being given. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

Staff were able to clearly outline the steps they would take if they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Staff said, "I would report any inappropriate behaviour towards any one of our people. They are like family to us."

We found information about people's needs had been used to determine the number of staff needed to be on duty. Through our observations, review of the rotas and discussions with people and staff members, we found that there were enough staff with the right experience and training to meet the needs of the people who used the service.

The registered provider and registered manager had closely considered people's needs and for the 28 people using the service there was a nurse, a senior carer and five to six care staff on duty during the day up until 3.30 pm. When the registered manager who is a nurse was not on duty two nurses and five care staff provided cover. A nurse and three care staff were on duty overnight. The registered manager found that staff worked as a team and if there was ever a shortage staff provided the cover. This meant that the service did not need to use agency staff. Also additional support staff were on duty during the day such as activity coordinators, an administrator, catering, domestic and laundry staff. The domestic staff were also trained to provide care and acted as another resource if this was needed.

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show prospective staff had attended interview and the registered manager had obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

Accidents and incidents were managed appropriately. The registered manager discussed how they analysed incidents to determine trends. They outlined how they had used this to assist them to look at staff deployment, which had led to reduction in accidents. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken.

All areas we observed were very clean and had a pleasant odour. The infection control nurse had recently completed their review of the service compliance with infection control requirements and scored the home at 100% for compliance with the standards.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEPs) for all of the people living at the service. The purpose of PEEPs is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and the portable appliance testing (PAT) were scheduled to be tested. The registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the home and storing them. The registered manager had introduced a system whereby each person's medication was kept in a folder. Staff told us that this system had made it easier to ensure the medication was administered safely as the medication records were more secure and all of the information was in one place.

We looked through the medication administration records (MAR's) and found the medicines were recorded correctly and evidence showed these had been administered in line with the prescription. A MAR is a document showing the medicines a person has been prescribed and when they have been administered.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. The registered manager ensured that over-ordering never occurred and that returns were completed on a timely basis. They worked closely with the GPs and pharmacist to make sure there was always sufficient medication available and no one ever ran short. Information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines.

We found that medication was stored at the correct temperature and regular checks were completed to make sure the fridges were working properly.

Good

Is the service effective?

Our findings

At this inspection the people and relatives we spoke with told us they thought the staff were good and had the ability to provide a service, which met their needs. All of the people we spoke with told us they believed that the home delivered an excellent service.

People said, "The staff treat us like VIPs, and if we need anything they seem to be here straight away." And "There are always enough staff." And, "I am so much happier now I moved here and can't thank the staff enough for what they have done for me."

Relatives said, "The staff have made this a home for my relative and she is really at ease now."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

We found that the staff had a good understanding of the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the home adhered to the code of practice. We saw staff received regular refresher training around the use of this legislation.

The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others. However, the registered manager was in the process of improving the templates so staff found them easier to complete.

At the time of the inspection, we found that where appropriate people were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. Staff had a good understanding of DoLS and why they needed to seek these authorisations. We found that they had recognised that people may have disabilities but were able to retain the capacity to make decisions about their care. The registered manager also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered manager and staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

We spoke with people who were not subject to DoLS authorisations and found these people were fully aware of their need to live in this type of service and that they needed the support from staff to complete everyday tasks. We found that their agreement was sought in respect of being accompanied when going out and the use of locks. This is in line with the requirements of the MCA code of practice.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding, amongst others. They also discussed the workbooks they completed and the additional condition specific training the registered manager provided. Staff felt these sessions were extremely beneficial. Staff told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that they would facilitate this additional training.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training.

No new staff had recently commenced work at the home but the registered manager had obtained access to the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They intended to use this format when new starters commenced work.

Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. The registered manager ensured that staff received supervision at least every two months and also routinely completed competency checks.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care needs. We saw that the assessment forms were completed for people and these provided a comprehensive range of information about individual's needs.

People were seen by GPs when concerns arose and attended regular healthcare appointments. We found that the staff had formed a close working relationship with the attending GPs, community nurses and hospital consultants, which had led to them being able to raise any slight concerns and seek advice in a timely manner. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People told us that staff went out of their way to match people with similar interests at meal times and this made

sure they enjoyed amicable conversation over the meal. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times.

We saw that Malnutrition universal screening tool (MUST) tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed. We found that all of the people had gained weight whilst at the home and the majority were within a healthy range.

The cook told us that the registered provider gave them a very ample budget. They explained that the registered provider expected food to be of a high quality. The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and home-cooked. Staff told us that there was a very wide range of options at each meal-time and the cook confirmed that each tea-time they would cook whatever people wanted. They told us this was people's home so they should have something to eat that they wanted.

People told us the food was delicious and plentiful. People said "I get spoilt here as the food is always beautiful and I can have as much as want." And, "If I'm not keen on the menu choices the cook just makes something else.

Good

Is the service caring?

Our findings

The people we spoke with said they were happy with the care provided at the home. They told us that staff respected them and were considerate. People told us all of the staff were kind. Relatives told us they thought the care received was very good.

People said "They are all very kind. They treat me well and my feelings are important to the staff." And. "I can't think of anything they could do to make the home any better."

Relatives said, "Staff in here are excellent and we always get a warm welcome. We come here often and always find the staff are kind and caring to everyone."

Every member of staff that we observed used a caring and compassionate approach when working with the people who used the service. Staff described with a great passion their desire to deliver high quality support for people, and were extremely empathetic. We found the staff were warm and friendly. All of the staff talked about the ethos of the home being to place the people who used the service at the centre of the service.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible and those people who were able went out each day. One person went out every day and in order to support this activity the manager gave them monies for their food so they were not missing any meals.

The staff explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. One care staff member said, "We want to make sure people get the best quality care possible." We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join and we saw that one person routinely went out and about as and when they pleased. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

People we spoke with felt that they were important and that their views were considered and taken on board. One person said "Our opinions are important to the staff and they are always checking that we are happy." People attended meetings and were asked for feedback.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person

such as photographs.

Good

Is the service responsive?

Our findings

We saw that people were engaged in a variety of activities. From our discussion with the activity coordinator we found that the activities were tailored to each person.

People said, "There is always things going on and we have just got some chickens. I love the chickens and watch them out of my window." And. "Staff are always coming up with good ideas for things to do and I find I'm never bored." And "I can't say enough how fantastic this home is and how the staff want the best for us."

We found people were engaged in meaningful activities. All the people we spoke with were very enthused by the activities that were on offer such as outings, entertainers, activities in the garden and the care of the chicken coop. People told us that if the activity coordinator was not in the staff would do activities with them.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. The staff discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs. The registered manager discussed the actions they had taken to support people deal with the difficulties they faced such as memory problems and how they believed in an ethos of treating people like family so they would try all conceivable measures before reaching a conclusion that a person's needs could not be met.

People confirmed that the staff had made living at the home an acceptable proposition and this had reduced the distress they experienced because they could no longer live in their own home.

We found the care records were well-written. They clearly detailed each person's needs and were very informative. As people's needs changed their assessments were updated, as were the support plans and risk assessments. During the inspection we spoke with staff who were extremely knowledgeable about the support that people received. They could readily outline what care plans were in place and the goals of each plan. The people we spoke with told us they found that the staff made sure the home worked to meet their individual needs and to reach their goals. For example one person who had recently moved to the home experienced difficulties associated with a feeling of constantly needing the toilet and staff had explored this with them and found it to be a medical condition. The person told us this was the first time in many years someone had taken notice of their concern and took action to reduce the problem.

We found that care plans were up to date and written with each person in mind. Thus they reflected each individual's needs and wishes.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. The registered manager showed us the complaints policy which was in the office on all floors. We looked at the complaint procedure and saw it informed people how and who to make a complaint to

and gave people timescales for action.

We spoke with relatives and people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager. They told us although they had not needed to make a formal complaint but were confident that if they did have any concerns these would be thoroughly investigated and addressed straight away.

We saw that no complaints had been made in the last year. The registered manager was able to discuss how they would thoroughly investigate issues. They had a solid understanding of how to work with people to resolve complaints.

Good

Is the service well-led?

Our findings

The people and relatives we spoke with were extremely complimentary about the home and how it was run. People told us that they felt that their needs were paramount and this was the constant focus of the home. They told us that home did not feel like a care home but their home. People told us they had actively recommended the home to others because they found the care to be exceptionally good and they were treated with the utmost respect.

People said, "It is exceptional here and the staff are so lovely. In all the years I have lived here I have never once heard staff raise their voices to people. If I was in their [staff] place I don't think I'd have as much patience." And, "There are absolutely no faults here. The staff treat you like their own family." And, "I can't commend them enough." And "The staff are excellent."

Relatives said, "I can't fault it."

The home had the benefit of strong, focused leadership. The registered manager was supported by an effective staff team. The registered manager said that they had an excellent relationship with the registered provider and staff in the home. The registered manager and staff told us they were all comfortable about being able to challenge each other's practice as needed. A member of staff spoke positively of the registered manager they said "She is always looking for ways we could do even better". During the inspection the registered manager continuously demonstrated her in-depth knowledge of each person living there and her staff team. Any question we asked was met with detailed information.

Staff told us the registered manager truly valued them as well as the people using the service. Staff also told us that the registered manager was approachable had supported them to have a work and home life balance. All the staff found that they were respected and this made them eager to come to work and deliver a high standard of care.

The registered manager said they were extremely well supported by the registered provider and area manager. They told us that the registered provider gave them the autonomy to operate the home and never had problems providing additional staffing or buying items they needed.

The registered manager explained that their core value was that "People came first." We found that the discussion of these values formed part of each supervision session, training and staff meetings, so that they were embedded in everything that the staff did. The staff we spoke with were clear about the values and that people were what mattered.

The registered manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were sent out to people and their relatives annually, and resident and relative meetings were held. As well as formal methods of feedback the registered manager encouraged informal feedback. They had an open door policy and during the inspection people and staff were constantly in and out of her office to ask them questions or just for a chat. They said

that their team worked really well together and staff we spoke said that they felt part of a family.

Staff had policies within the home that helped them understand why certain processes and protocols were in place. These policies included safe handling of medication, safeguarding, recruitment and obtaining consent. This access to information enabled staff to feel more confident at challenging practices and also helped to set out the expectations people should have of the home.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. The service had a monthly monitoring visit from the area manager who reported their findings to the registered provider.

The registered manager audited all of the processes and records relating to the care and support of people within the home. This included health and safety, infection control, mealtime experience, medicine management and people's care plans. Action plans had been developed from the audits and the results had been used to drive improvements. For example an audit of an aspect of medication had led to the introduction of separate folders for each person's medication. The registered manager had then evaluated the introduction of this new way of working and found it reduced the scope for errors.

The staff we spoke with had a pride in the home that they worked in. Staff said, "I love working here." All the staff members we spoke with described that they felt part of a big team.