Parkcare Homes Limited

Boughton Manor

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

We undertook the unannounced inspection on 22 November 2016. The service provides residential and nursing care for 27 people who are living with Dementia. On the day of our inspection 27 people were using the service. The service is provided across two floors.

The service had a registered manager in place at the time of our 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 and associated Regulations about how the service is run. People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed and acted on concerns when they were raised to them. Risks to people's safety were assessed and reviewed on a regular basis. These risks were managed in such a way as to both protect people and allow them to retain their independence wherever possible.

Staffing levels in the service were sufficient and the registered manager regularly reviewed staff levels to ensure that they remained safe depending on the needs of the service. People received their medicines safely from suitably trained staff. Staff had a full understanding of people's care needs and received regular training and support to give them the skills and knowledge to meet these needs.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition and dehydration. Specialist diets were provided if required. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care They were treated in a caring and respectful manner by staff who delivered support in a relaxed and considerate manner.

People, who used the service, or their representatives, were encouraged to be involved in decisions about their care and their environment, and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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.

People were safe as the provider had systems in place to ensure staff recognised and responded to allegations of abuse.

Risks to people's safety were assessed to allow them freedom but also keep them safe.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff able to respond to people's needs in a timely manner.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Is the service caring?

Good

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good

People who lived at the service, or those acting on their behalf, were encouraged to be involved in the planning of their care and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the service and the broader community.

People were supported to make complaints and concerns to the management team.

Is the service well-led?

Good

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Boughton Manor

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 unannounced inspection took place on the 22 November 2016. 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

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 the service does well and improvements they plan to make.

During the inspection we spoke with seven people who were living at the service and six people who were visiting their relations. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with four members of care staff, the activities co-ordinator, the maintenance person and the deputy manager. We also spoke with the registered manager.

We looked at the care records of four people who used the service, four staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Good

Is the service safe?

Our findings

People who lived at the service were protected from abuse and avoidable harm. The people we spoke with told us they felt safe. One person said they were, "Definitely safe." Another person who was able to understand our question but had limited verbal skills nodded their head and said, "Safe." In answer to the question. Relatives we spoke with all felt their relatives were safe, one relative told us they felt their relative was safe as there were always people around. Another relative said, "Yes they (their relation) are safe here because the staff make it safe". All the relatives we spoke with told us they would be able to discuss any concerns they may have with the registered manager or deputy manager and they were confident the management team would address any concerns.

Staff we spoke with showed a good knowledge of the type of abuse people who lived in the service could be exposed to. They were able to explain what they would do if they had any safeguarding concerns. One member of staff said, "I would go to the manager to help sort things, but if nothing was done I would whistle blow." The staff member pointed out the telephone numbers for the safeguarding teams which were displayed in the staff room. They said, "I wouldn't put up with it, I treat these people like they are my parents."

All staff had regular safeguarding training via the provider's on-going training programme and the staff we spoke with told us they had found it useful. The registered nurse we spoke with told us they were confident any safeguarding issues would be dealt with by the management team.

The deputy manager told us staff were required to sign to show they had read the information presented on the safeguarding notice board in the staff room. The registered manager and deputy manager were aware of their responsibilities in protecting people from possible abuse. They investigated any information of concern that they received, reported any issues to both us at the Care Quality Commission (CQC) and the local safeguarding teams and acted on outcomes in an appropriate way.

Some relatives we spoke with also told us that the behaviours of some people who lived at the service could at times be challenging but that staff managed things to keep people safe. One relative who visited the service each day said, "The staff are very tolerant as there can be challenges. The carers control things brilliantly and always anticipate if there might be a problem." Staff told us there was information in people's risk assessments that helped them understand and to manage individuals' moods and behaviours. The staff we spoke with also told us they were able to contribute to people's risk assessments if these needed changes. One staff member said, "The team leader or nurse writes the risk assessments but they listen to what we tell them about changes (in people)."

Risks to individuals were assessed when they were admitted to the service and reviewed regularly to ensure their safety. There were detailed risk assessments in people's care plans. These showed what help individuals needed with aspects of their day to day activities such as, mobility, nutrition or managing their medicines. We viewed one risk assessment that documented how a person with a long term health issue occasionally refused their medicine. The risk assessment gave staff clear guidance on how to manage this

with information on how the person would be affected if they did not take their medicines.

Where people were at risk of falls they had risk assessments detailing the preventative measures in place. One relative we spoke with told us their relative would not be able to use the buzzer and had an alarm mat in their room to alert staff to their movements, they told us their relative was also checked regularly. We viewed the person's risk assessment which contained this information and spoke to staff who showed a good knowledge of the risks to the person's safety. This showed the service had clear strategies in place to manage the risks to people's safety.

We saw staff using hoist equipment confidently and safely. One relative we spoke with said, "When they (staff) first needed to use the hoist and wheel chair my relative was very nervous but the staff explained gently what was going to happen." The relative felt this had helped calm their relation and gave them confidence in the staff. Staff confirmed they had received the appropriate training to use the equipment. They told us each person had their own sling and had been assessed to ensure the sling was the correct size for that person.

The emphasis at the service was to allow people as much independence as possible whilst keeping them safe. For example one person enjoyed going out for a cigarette and their risk assessment showed how this would be facilitated. There was detail on how the cigarettes should be stored and what types of creams may be used safely to reduce the risk of possible burns when smoking such as checking the person was not prescribed paraffin based creams.

People could be assured the environment they lived in was safe. The registered manager and regional manager undertook regular environmental audits. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

People and their relatives who we spoke with told us there were sufficient staff to meet their needs. One relative told us, "My relative does not have to wait for care." Another relative we spoke to confirmed that staff responded to the relation's needs quickly. A further relative told us the same staff had cared for their relation for the year they had used the service and they valued the stability this gave to the service.

Staff we spoke with told us they felt there were enough staff to meet the needs of people. One member of staff said, "I feel we are ok." Another staff member told us they felt the staff worked well as a team and supported one another. The registered nurse told us they had been well supported by the deputy, registered manager, and the senior care staff when they first joined the service. They told us they felt the levels of staff were sufficient because staff worked together to give a good level of care for people.

Staff told us if there were shortages of staff this would be through short notice sickness and the deputy manager always worked to cover the shortages by offering extra shifts or working the shift themselves. The deputy manager told us they had been required to use agency staff to cover registered nurses shifts in the recent past but they had been working with some success to employ their own nurses. The deputy manager told us if agency staff were required then they (the service) received a profile of the person's experience from the agency. They also showed us the induction package they used to support agency staff who worked at the service which had pertinent information on areas such as safeguarding, fire procedure and moving and handling.

People could be assured they were cared for by staff who had undergone the necessary pre-employment checks. We examined staff files and saw the provider had taken steps to protect people from staff who may

not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained and relatives told us their relations got their medicines when they needed them. One relative said, "The medicine is on time and staff stay with my relative to ensure the medicine has been taken, they don't leave them to it." Another relative told us, "Medicines are on time as far as I'm aware but my relative will refuse to take it. The staff then keep returning until my relative takes it."
Staff we spoke with told us they had received appropriate training to allow them to administer medicines. The deputy manager told us one member of staff took the lead in the overall management of medicines at the service and as a result there was good organisation and communication between staff about safe administration, ordering and rotation of stock.

We saw the management of medicines was undertaken safely, the storage of medicines was secure and appropriate. We observed a medicines round and saw the staff member followed safe practices, ensuring each person took their medicines. We saw medicines were stored correctly and records relating to administration and ordering were up to date. The PIR noted that medicines checks were conducted at each handover, to ensure safe administration of medications. Audits were completed monthly on the whole system of medicines management and the local pharmacy undertook a full audit annually and any discrepancies are followed up and actioned. We saw up to date records that these checks and audits had taken place with actions identified and followed up.

Good

Is the service effective?

Our findings

People who lived in the service received care that was appropriate to their needs. Relatives we spoke with told us the staff were well trained and they had confidence in the skills of the staff who cared for their relations. One relative whose relation was living with dementia told us, "I believe they are all dementia trained," and told us they were reassured by this as they had watched staff and could see they managed people's needs with expertise.

Staff we spoke with told us they had training which enabled them to effectively carry out their roles. They explained that they had regular updates in areas such as moving and handling, infection control, tissue viability and dementia care. One member of staff said, "Yes the training is good here." They told us it was a mix of face to face and online training. The PIR stated that a review of training achieved was undertaken monthly, with non-compliance robustly addressed by the deputy manager with individual staff. During our visit we viewed the training records and saw staff training was both up to date and reflected a training programme which would give staff the skills they required to undertake their roles.

Staff told us that on commencing employment they were required to undertake a period of induction training. The PIR noted the induction included weekly supervision and probationary reviews for a period of eight weeks for new staff. Staff confirmed to us they felt the induction was sufficient to meet their needs. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service and also gave them the opportunity to read the organisation's policies and procedures. We also found the induction process included a period of 'shadowing' more experienced staff until the less experienced staff felt ready to work independently.

People benefited from staff who were effectively supported by senior colleagues who ensured staff had received supervision on a regular basis. One member of staff said, "I have supervisions regularly they are helpful, we talk about (my) development or if there has been any issues." The member of staff also told us they received a regular yearly appraisal from the deputy or registered manager and they felt fully supported by the management team.

People were supported to consent to their care. Relatives we spoke with were happy with the way staff approached their relations when providing care. One relative told us, "Staff give (name) time to make their mind up." Staff told us they understood how to ensure they provided care with consent. One member of staff told us they would ask people if they wanted a particular aspect of care and wait for a response. They told us the response may not be verbal but they were able to tell from body language if the person was happy for them to continue. During our visit we saw staff asking for consent before providing care to people. Whilst a large number of people struggled to communicate verbally we saw staff waiting and allowing people to take the lead when they discussed care with them. For example one person did not want to sit during their lunch and staff provided them with a bowl so they could move around and eat.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's capacity to provide consent and make decisions in their care plans. These assessments were detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. For example one person who, often refused treatment for a long standing medical condition, had an assessment which noted their short term memory was poor but they were able to verbally communicate simple everyday needs and choices. They could remember simple instructions, but they were unable to process complex information or decisions based on the information. The assessment gave strategies for staff on how to support the person to help them manage their health condition. The focus of the assessments in people's files were on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA. One member of staff told us, "We should assess if people have capacity to make their own decisions and we should protect their rights."

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 DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of applications to the local authority awaiting assessments relating to DoLS in people's care plans. We saw completed authorisation and noted the conditions of the authorisation were being met.

People's nutritional needs were managed well by staff. Relatives we spoke with told us the food was good. One relative we spoke with said, "There are always choices." Another relative said, "There is plenty to eat and drink." One relative told us their relation required a soft diet and that staff showed a good understanding of the person's needs. Staff told us they had received training in assisting people when eating to reduce risks of choking, they told us if people had problems with eating and drinking the registered nurses were quick to refer them to the relevant health professions. We saw information in care plans showing advice from the speech and language therapy (SALT) team and dietitians had been acted upon and people's weights were monitored regularly. Staff we spoke with had a good knowledge of the different diets people required.

During our visit we observed lunch and saw people were supported during the meal. Those people who required assistance received it in a discrete way and the staff worked together to ensure people were served an appetising meal. Throughout the day we saw people were offered regular drinks and snacks and were given the right level of support to manage their drinks and snacks.

People had access to health care professionals and staff had sought appropriate advice to support people with their health care needs when required. Relatives we spoke with told us that staff worked well with health professionals to ensure their relations got the best and most appropriate care. One relative told us. "The GP is called if needed and they (staff) know my relative well." Another relative we spoke with told us staff were quick to let them know of any health concerns, they also told us the service managed their relations routine health needs, for example their relation had seen the visiting optician recently.

Staff we spoke with told us they felt the health needs of people were managed well by senior staff and if they raised a health concern the registered nurses responded quickly. The registered nurse we spoke with also told us the care staff were knowledgeable about different people's health needs and informed them early of

any concerns they had. The registered nurse was able to discuss their role in managing appropriate referrals to other health professionals and explained the different services that visited regularly such as the optician and the chiropodist. Staff also felt emergency situations were responded to in a timely way and on the day of our inspection we saw staff deal with such an event. We spoke with health professionals who supported staff on the day who told us staff were helpful, had followed instructions and undertook appropriate actions during the event.

Good

Is the service caring?

Our findings

People told us they were happy living at the service. One person we spoke with said "It's beautiful here." Relatives we spoke with without exception told us they were happy with the care staff provided for their loved ones. One relative said, "There is love and respect from everyone, they are so kind all of them (staff)" Another relative told us, "The care is 10 out 10 and I know they would do more if my relative would let them, they are so patient." A further relative we spoke with told us their relative had lived at the service for approximately 5 years they said, "We can't fault it, it's more like home and the staff are like family."

Staff we spoke with told us there was a culture of respect and kindness among their colleagues and as a result they enjoyed coming to work. One member of staff said, "I do feel people are treated with respect by staff and listened to." Another member of staff said, "We get to know people and how they like us to act with them, we have good relationships with resident's families." The member of staff went on to say they felt the staff team was open with families and this made them feel comfortable when visiting their relations.

We saw numerous episodes of good care during our visit. Staff responded to people's needs quickly giving appropriate assistance, such as helping people to the toilet and assisting with mobility. Observations and discussions with staff showed that staff clearly knew people's needs and preferences. For example we discussed one person who had some complex mental health needs and staff were able to explain what the person's needs were and how they responded to them to ensure the person felt calm and secure.

Staff knew how people interacted with each other and worked to avoid confrontation. We saw how they worked to support people build relationships with each other. Facilitating opportunities for people who were friendly with each other to sit together to chat.

People interacted with staff comfortably, with some people gently teasing staff and laughing with them. When staff spoke with people we saw they established eye contact and altered the way they addressed people to ensure they could respond to them. When one person appeared distressed a staff member went and sat with them taking their hand and talking quietly with them. We saw this had the effect of calming the person.

The PIR noted that people were encouraged to personalise their rooms as much as possible, with both personal memorabilia from their previous residence and with newer acquisitions which reflect their own taste and preference. During our visit we saw the different ways people had done this. Relatives told us they were happy with the way the service was decorated and told us the layout of the service meant their relatives lived in a pleasant environment.

People were supported to make choices in relation to their daily life in the service for example about what and where they ate, how they spent their time and what activities they did. One relative told us that their relative had, "The freedom to do what they want to do, there are no restrictions."

People and their relatives felt they were encouraged to express their views and felt their opinions were

valued and respected. We saw systems were in place to involve people and their relatives in the planning of their care package such as monthly reviews. Relatives told us they were encouraged to attend the reviews and felt the management team respected their contribution to the review process. One relative said, "My relative is unable to be involved in their care plan but I am fully involved, the staff know my relative well." Another relative told us the chef had spoken to them after a care plan review as it had been noted their relation enjoyed a particular type of desert. The relative told us it was now a regular choice on the menu.

People's religious and cultural needs were facilitated in the service. The activities co-ordinator told us one person had a special diet that was related to their cultural needs, they also told us members of a local place of worship came to the service on a regular basis to provide a religious service. We were told the majority of people joined the service and got a great deal of enjoyment from the event.

We spoke to the deputy manager about the use of advocacy services for people. An advocate is a trained professional who supports, enables and empowers people to speak up. The manager told us that they were currently supporting one person to access an independent mental capacity advocate (IMCA). There was information in the service to inform people how they could access advocates if needed.

People and their relatives told us that staff respected their privacy and dignity. One relative said, "They (their relative) have their privacy and the staff are very responsive." One relative we spoke with told us their relative was able to lock their room when they wished. People had access to private areas within the service which they could use if they wished. We observed people going to and from their bedrooms and sitting in different areas throughout the service. We also found members of staff were appreciative of the importance of maintaining people's privacy. All the staff we spoke with discussed keeping doors and curtains closed when giving personal care. One member staff said, "We make sure people don't have to wait (for personal care)." We saw that when staff assisted people with their personal needs the interactions were undertaken in a caring and patient way which promoted people's privacy. We also saw that staff spoke to people in a discreet manner about any issues of a personal nature and provided people with the time to respond.

The management team told us that people's relations and friends were always welcome and were actively encouraged to visit the service. This information was confirmed by a person's relative who told us they could visit their relation at any time and visits were not restricted in any way. They also told us they had always been made very welcome by the staff who they felt they were caring at all times.

Good

Is the service responsive?

Our findings

People's individual preferences were known by staff and they were encouraged to make independent decisions in relation to their daily routines. People were encouraged to be as involved as they wished in planning their care. The PIR noted care reviews were conducted on a monthly basis, with residents and relatives invited, so that the current care plans could be reviewed and adjusted, if required.

Where people were unable or did not wish to be involved their relatives were encouraged contribute to the care plans and the subsequent reviews. We spoke to a number of relatives who were happy with the way they and their relations were included in the care plan reviews. One relative we spoke with told us they felt listened to and their relative was treated as an individual. Another relative said, "They treat my relative as an individual, they treat everyone as individuals."

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. One member of staff who had recently been employed by the service told us, "If I need to look for something the care plans have the information in them." The member of staff went on to say that they had been impressed with the knowledge the care staff and senior care staff had of people's needs. Both this member of staff and other staff we spoke with told us there were good communication processes in place with effective handovers each day. The deputy manager also used the service's email to keep staff up to date with changes to people's care. Staff we spoke with told they had time to access their emails and they found this form of communication helpful.

People received care which was responsive to their individual needs. For example one person had a potentially unstable health condition and their ability to manage this was affected by some mental health issues. The person's care plan contained very clear information about the problems the person faced and how staff should support the person to manage their health condition. Another care plan we viewed showed a person was at risk of choking. The care plan gave information on how staff could prevent choking and also how to recognise and deal with any episodes of choking. We observed the person being supported during a meal time and staff were clearly using the information in the care plan to effectively support them and reduce the risks of choking.

People were supported to follow their interests and take part in social activities. Relatives we spoke with told us the activities co-ordinator tailored activities to meet the needs of their relations. One relative told us, "Our relation doesn't want to join in activities but the activity co-ordinator sits and talks to them and massages their hands." Another relative told us, "The activities co-ordinator sits and talks to (name)." A further relative we spoke with also told us their relation did not enjoy joining in group activities but that the staff read to them and took them out into the community.

Staff we spoke with told us that a large number of people in the service did not enjoy group activities. One member of staff said, "A lot of people just like a bit of conversation and staff do try to make sure they engage with people." Another member of staff said, "There is a lot of one to one stimulation." They went on to

discuss a person whose sight was not good and how the staff supported them to undertake different activities.

During our visit we saw a number of activities taking place in different areas of the service. One person was involved in a reminiscent activity and a small group of people were taking part in an art and craft activity. During the morning there was music playing in one of the communal areas. The music was of an era that a lot of people who listened were familiar with. A staff member encouraged people to sing along and generated conversation about the songs being played to the obvious enjoyment of the people sitting in that area. Throughout the day we saw a number of examples of staff stopping and spending a few minutes talking to individuals on a regular basis. We also saw that people moved freely around the service and there were a number of areas for people to stop and sit for a change of scenery. Staff also told us that some people liked to sit in one area for one part of the day but move to other areas at different times. We saw this was accommodated for people and could see the benefit for the individuals in terms of their mental stimulation.

We spoke with the activities co-ordinator and the deputy manager who told us each person had a personal file that documented their interests prior to living at the service. This information was used to give a personalised approach to the activities they took part in. We viewed some of these files and saw how this information was used. For example one person enjoyed watching television, but the information was made more personalised by adding the person's love of watching particular types of sport and old musicals. A further example was that based on the information in their personal files some people had been able to undertake trips back to visit their home towns to reminisce. The activities coordinator told us people got a lot of pleasure from these trips.

People and their relatives felt they were able to raise any issues or concerns to anyone at the service and they would be responded to in an appropriate way. One relative told us if they had concerns they would talk to the team leader from the care team, then the nurse in charge and then the manager. But they also told us they did not have any complaints. Without exception other relatives we spoke with told us they felt any complaints or concerns they had would be dealt with.

Staff we spoke with were aware of the provider's complaints procedure and were able to tell us how they would manage concerns or complaints. One staff member said, "I would try to help the person sort out the issue, but if I couldn't I would escalate it up to the managers, and I would record what I had done." We saw the service displayed the provider's complaints procedure in the entrance of the service and the registered manager had a complaint file however there had been no complaints about the service in the last few months. The deputy manager told us they and the staff worked to resolve any minor issues to people's satisfaction before they got to the stage of a complaint.

Good

Is the service well-led?

Our findings

There was a registered manager in post who spent most of their week at the service although they did have responsibilities for other locations run by the provider. To ensure the smooth running of the service the registered manager was supported by the deputy manager who worked 22 hours per week in a managerial role. People we spoke with knew who the registered manager and deputy manager were and we saw people responded positively to them when they were speaking with them. We found both the registered manager and deputy manager were clear about their responsibilities and they had notified us of significant events in the service.

Without exception people who used the service, their relatives and staff spoke with warmth about the registered manager and deputy manager and we heard a friendly but professional banter between people, their relatives and the management during our visit. Relatives described how well the registered manager knew people who used the service and made sure they received a high standard of care. One relative who lived some distance away from the service told us, "Every month I have a conversation with the deputy manager about how things are going. The communication is good here." Another relative told us, "They (the registered manager and deputy manager) have a can do attitude." The relative went on to say the management team gave them support in decision making by ensuring they had good information relating to whatever decisions were required. A further relative told us, "Since the present manager has been here it's been outstanding."

Staff told us they were supported by the management team. One member of staff said, "100% supported." Another member of staff told us they had worked as an agency worker at the service prior to commencing employment. They had been impressed with the organisation of the service and the support they had received as an agency worker. This had contributed to their decision to join the service as an employee. They told us they had been given a lot of guidance from the management team they said, "The different procedures are clear and easy to follow, the information is there." A third member of staff said, "It's a real team here."

Staff told us the management team were always willing to listen to ideas about how the service could be improved. One staff member said, "They will always try things (we suggest)." They went on to say, "You can see the improvements the manager and deputy manager have made since they've been here." During our visit the deputy manager showed us a new cupboard which had been installed to house the individual slings used with the hoist. They told us this had been suggested by staff and installed by the maintenance man in the way staff had suggested. The deputy manager also told us a member of staff had an idea to raise funds to build a chicken hutch to sit in the grounds. They felt it would be a point of interest for people, and the management team had supported the project.

There were regular general staff meetings alongside staff group meetings such as registered nurses or senior carer staff meetings. We viewed the minutes of these meetings and saw staff were able to raise issues or ideas and these were put into action. Staff also told us the meetings were valuable and informative. One member of staff told us, "We can raise things (at the meetings) it's a two way process they tell us things and

listen to us."

The Deputy manager also explained how they worked to develop their staff. Each nurse was a lead in a particular area covering things such as medicines, tissue viability, nutrition, Diabetes, and infection control. A senior carer was the lead for moving and handling and another senior carer was a lead in promoting the mandatory training staff are required to undertake. During the visit we saw how these roles were used to improve care for people. For example we saw staff had arranged training sessions with the tissue viability team and the diabetic team and members of staff told us about the recent moving and handling update they had undertaken. The deputy manager liaised with the leads in each area to ensure they had time to undertake the roles and cascade up to-date information to staff to assist them in delivering good quality care.

People lived in an open and inclusive service. Staff felt the service was well run, and that the provider, registered manager and nurses worked with staff as a team and were approachable. Staff told us they would speak up if they had any concerns and felt they would be listened to. One member of staff said, "I definitely think the manager would listen and sort out concerns." Staff we spoke with were aware of the provider's whistle blowing policy and we saw it was displayed in the staff room.

Staff were also given the opportunity to have a say about the service during regular supervision sessions with the registered manager, deputy manager or the nurses. The registered manager carried out regular observations of care practice. Information from the PIR showed this was supported by the regional director monthly visits to observe practice at the service, and ensure staff were following safe practice and working in line with the policies of the service.

People were supported to attend resident meetings and records showed that topics of conversation included the provision of meals and social activities. One person told us, "They listen to suggestions," They went on to say it had been suggested that some outdoor seating would be helpful and this had been provided. We found that where people had had suggestions such as requesting alternative meals these had been actioned.

Internal systems were in place to monitor the quality of the service provided. These included audits of the environment, care plans and medicines management. They were undertaken by the regional manager and registered manager on a monthly basis. This ensured any shortfalls could be identified and actions implemented to maintain the quality of the service. The deputy manager also worked shifts at night and to satisfy themselves that the staff in the service were meeting their objectives.

We also saw robust systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.