

Mr Waqar Hussain

Lumb Valley Care Home

Inspection report

Burnley Road East
Lumb
Rossendale
Lancashire
BB4 9PQ
Tel: 01706225027

Date of inspection visit:
20 January 2016
21 January 2016

Date of publication:
02 March 2016

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 carried out an unannounced inspection of Lumb Valley care home on the 21 and 22 January 2016.

Lumb Valley care home is registered to provide accommodation, personal care and support for 22 people. Lumb Valley care home is located in the area of Lumb in Rossendale. The accommodation consists of single and twin-bedded rooms. Communal lounges and dining room are located on the ground floor. There is also a small car park for visitors and staff. At the time of the inspection there were 19 people accommodated at the home.

The service was last inspected in October 2013 and was found compliant in all areas inspected. At the time of this inspection there was a registered manager employed. 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.

The service had recently been awarded fifth place in the top 20 recommended care homes in North West England by the Care Home Awards 2015. The Top 20 Care Home Awards 2015 highlight the most recommended care homes in each region of the UK. The Awards are based on over 45,000 reviews received from residents, family and friends of residents during 2014.

Throughout this inspection we received positive feedback from people who used the service, visitors and community professionals. People expressed satisfaction with the service provided and spoke very highly of the staff that supported them. Comments included, "They are very caring here, staff get very passionate about the people they care for" and "I have nothing to complain about. I really like living here".

We noted the service had robust processes and procedures in place to maintain a safe environment for people accessing the service and for staff and visitors. The service had detailed and up to date health and safety checks which covered areas such as electrical safety, use of stairs, use of bathrooms, workplace safety, gas supply and appliances.

We noted audits on equipment and furnishings were done on a monthly basis. These audits included bedrooms, lounge, stairs, garden area, stair lift and hoists. We saw the service had a robust fire procedure and each person living at the service had a personal evacuation plan. We noted the service was compliant in a recent fire safety audit carried out by the local fire service. However, we noted that bedroom doors were not numbered. Therefore, this could have an impact on the identification of people by the emergency services should they be called to the service at any time.

People using the service told us they felt safe living at the home. Visitors were also confident that their relatives were in a safe place. We noted robust safeguarding procedures were in place and staff showed a good understanding around recognising the signs of abuse. Staff had also undertaken safeguarding training.

At the time of inspection we found the service had adequate staffing levels. Staff told us they had adequate time to undertake the caring role effectively. People told us their needs were met appropriately and staff had time to sit with them. We observed a good level of staff interaction to support this.

We found the service had a good recruitment system in place. However we noted the service needed to make provisions for dates of employment to be documented throughout the application form. We found the service required all new staff to undertake a thorough twelve week induction process.

The service had processes in place for the appropriate administration of medication. Staff were adequately trained in medication administration. Medication was stored safely and in line with current guidance.

We saw the service had created detailed individual risk assessments for all people using the service. These risk assessments included diet and nutrition, pressure relief and mobility.

We saw detailed care plans, which gave clear information about the people's needs, wishes, feelings and health conditions. These were reviewed monthly and more often when needed by the registered manager.

We saw evidence of detailed training programmes for staff. All carers had a Level 2 or above NVQ (National Vocational Qualification) or were working towards a NVQ level 3 Diploma in care. All people spoken with were very positive about staff knowledge and skills and felt their needs were being met appropriately.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provided legal safeguards for people who may be unable to make their own decisions. The manager also demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests. At the time of inspection we found that no person using the service was subject to a DoLS.

We noted that people's nutritional requirements were being met and choice was offered at every meal time. We saw the food was freshly prepared and served at a suitable temperature.

We saw appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements. One health care professional referred to the registered manager as, "Innovative" with health care referrals.

Over the two days of the inspection we noted positive staff interaction and engagement with people using the service. Staff addressed people in a respectful and caring manner. The service had a calm and warm atmosphere. We observed people enjoying each other's company, singing, laughing and conversing.

We had positive feedback from people using the service, relatives and staff about the registered manager. People told us they were happy to approach management with any concerns or questions.

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 told us they felt safe. They were supported by care staff that were considered to be of good character and had been recruited through a thorough and robust procedure.

The service had detailed environmental risk assessments and procedures which were reviewed effectively.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of procedures to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was good guidance in place for staff about how to support people in a safe manner.

Is the service effective?

Good ●

The service was effective.

Systems were in place to ensure staff were sufficiently trained.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

Staff received a detailed induction prior to commencing employment.

Supervision and appraisal was carried out effectively and in line with the service policy requirements.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

People told us they were treated well and their privacy and

dignity was respected by staff.

People's care and support was delivered to reflect their wishes and preferences.

People and their families were involved in the initial care planning process and were invited to annual care reviews.

Staff were knowledgeable about people's individual needs.

Is the service responsive?

Good ●

The service was responsive.

People told us they enjoyed living at the service.

Care records were detailed and clear. Care was tailored to meet people's individual needs and requirements.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

There was a good range of activities offered and people were encouraged to take part in activities of their choice

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager employed who was registered with the Care Quality Commission and was qualified to take on the role.

The registered manager effectively monitored the quality of the service by means of through audits, observation and gathering feedback from people who used the service, staff and visitors.

Staff told us they felt well supported in their caring role by the registered manager and felt able to approach her with any issues.

The registered manager was approachable and responsive.

Lumb Valley 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 was 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 20 and 21 January 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 19 people receiving care at the service.

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. We reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with five people who used the service and three relatives. We spoke with three care assistants, the registered manager and the service provider. We also spoke with one visiting health care professional.

We looked around the premises. We looked at a sample of records, including four care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

The people we spoke to told us they felt safe living at the service. People's comments included, "Oh I am very safe here. The staff make sure of that" and "I think I am safer here than at home as there are lots of people here to help me". One relative told us how "delighted" they were to have their relative at the service. They said, "I can assure you there is nothing wrong with here, my [relative] is treated like family. We can sleep at night knowing they are safe". We spoke with a health professional during the inspection who confirmed they had no concerns with the care and treatment of people using the service.

We looked at what processes the service had in place to maintain a safe environment and protect visitors, staff and residents from harm. We found that the service had very detailed health and safety checks and risk assessments which covered areas such as electrical safety, use of stairs, use of bathrooms, workplace safety, gas supply and appliances. We saw that each of these subject headings had a detailed breakdown of further areas to be considered, such as ensuring physical checks of the area and equipment were done. Suitable risk assessments were in place and reviewed and signed in line with procedural guidance. The registered manager told us that it was her responsibility to ensure these checks were either carried out by herself, a contractor or the employed maintenance person. We saw evidence that these checklists were appropriately completed and kept up to date.

We noted the service had been affected by the recent floods in the area. We looked at how the service had managed this situation and what contingencies were in place for such an event. We noted the service had detailed contingency plans in place and had followed them effectively. We spoke with people using the service and visitors about the event. One visitor said, "They kept us informed throughout the process and gained the consent of my [relative] and me before making any decision on sleeping arrangements". People who used the service told us they were happy with what had happened and that they were kept informed at all times. We saw evidence that an emergency meeting had been held for people living in the home and their families to discuss plans and gain people's view. Signed consent forms were also evident. These showed people's views had been sought and their consent had been considered.

We saw the service had fire risk procedures in place and detailed annual fire risk assessments were followed. These risk assessments covered areas such as monitoring the fire alarm and fire drills. Care staff we spoke to told us fire alarm tests and drills were frequent. We saw fire training was up to date. We also noted that each person had a personal fire assessment in their care file which offered detail on their mobility and responsiveness to a fire alarm. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. We noted that the service was compliant in a recent fire safety audit carried out by the local fire service. However, we observed that the bedroom doors were not numbered. Therefore, this could have an impact on the identification of people by the fire service should they be called in the event of an emergency situation. We spoke with the registered manager and director about this. The service provider acknowledged the concerns and told us he would look at this as a matter of priority.

The registered manager told us audits of equipment and furnishings were carried out on a monthly basis.

These audits covered areas such as bedrooms, lounge, stairs, the garden area, stair lift and hoists. The registered manager told us she would ensure these checks were carried out by the maintenance person, herself or external contractor. We noted these audits were up to date and completed in full.

We noted audits on accidents were done monthly. The registered manager told us it was her job to monitor any falls people had and ensure referrals to the falls team and doctor where made where appropriate. This information was also incorporated in the person's care file and individual risk assessments updated when appropriate.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with staff and the registered manager. Staff spoken with showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff told us they had received training and guidance on safeguarding and protecting adults. We saw evidence of up to date safeguarding adults training on the service's training matrix. The registered manager told us that all staff were required to complete a self-audit questionnaire on a yearly basis to test their understanding of safeguarding issues. This would highlight any training needs in the area. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Details of contacts to report safeguarding issues to were displayed at the entrance of the building.

We looked at staff rotas. These indicated processes were in place and aimed to maintain consistent staffing arrangements. We looked at rotas from three weeks prior to the inspection date and the week of the inspection. We noted adequate staffing levels and observed adequate staff presence throughout the building. Staff told us they never felt rushed in their roles. One staff member said, "If we need extra staff it is not an issue. The manager will also help us". People using the service indicated the staffing level was appropriate. One person told us, "Oh the girls are lovely, they sit with me and nothing is too much trouble". Another person told us how staff helped them to contact their family via the telephone. We observed one staff member assisting a person to contact family during the inspection.

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. The three recruitment files we looked at had appropriate information in line with current guidance. We saw required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However we noted the application form did not have a section for dates worked on the employment history section. We spoke with the registered manager and director about the impact of this. The service provider told us he would amend the application form to ensure this was detailed as a matter of priority. The service provider agreed to provide us with the evidence once this had been completed.

We looked at the way the service supported people with their medicines. People we spoke to told us they received their medication daily. We observed a lunch time medication round and noted this was done in line with procedural guidance.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Medicines were stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. There were systems in place to check aspects of medicine management practices on an on-going basis. Staff had access to a range of medicines policies and procedures and nationally recognised guidance which were available for reference. Staff responsible for administering medicines had completed medicine management training.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations. We looked at three care records. We found individual risks had been assessed and recorded in people's care files. The assessments included moving and handling, behaviours and pressure relief. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. We found all risk assessments to be detailed and up to date.

Is the service effective?

Our findings

People we spoke to told us they were happy with the care and support they received from the service. One person said, "I have nothing to complain about. I really like living here". Another person told us, "Staff really look after me". Visitors we spoke to were very complimentary about the service. One relative said, "I can assure you there is nothing wrong with here. They are all treated like family, even us". Another relative told us, "The staff interaction is the best we have seen".

We looked at the processes in place for staff training. Staff told us they felt they received a good amount of training and that the training courses were very detailed. One staff member said, "The manager is very good with training. If we need to have any training she will arrange it". All staff spoken with told us their training was up to date.

We saw an effective training matrix system was in place. The registered manager told us she would look at this on a weekly basis to ensure all the staff were up to date. We saw the training offered to all carers was relevant to the caring role and covered a wide range of topics including person centred care, malnutrition, safe moving and handling and dementia care. We saw the service supported staff as appropriate to attain recognised qualifications in health and social care. We noted staff held a NVQ level 2 in care. Some staff held NVQ level 3.

We looked at the services induction process for new staff. We found this induction process to be very detailed and thorough. We saw that the induction training was for 12 weeks and covered six standards ranging from 'understanding the principles of care', 'communicating effectively', 'understanding the organisation and the role of a worker' and 'how to develop as a worker'. New staff were also required to read the service policies and shadow an experienced member of staff. Staff told us this was a very thorough process and they felt it gave them the skills and knowledge to competently carry out their role as a carer. One staff member told us, "The induction was great. It gave me lots of knowledge and understanding". Visitors told us staff were always very professional. One person told us, "The staff really know what they are doing. They are very skilful".

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the 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 or

authorisations to deprive a person of their liberty were being met. We noted that no one was subject to a DOLS at the time of the inspection. However the registered manager and staff spoken to demonstrated a good understanding around the principles.

We noted staff received supervision and appraisal in line with current procedural guidelines. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Staff spoken with told us they received regular one to one sessions and on-going support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service.

We looked around the premises. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. One person said, "I have my own things in my room. I brought them from home". Another person told us, "I have lots of pictures of my family in my room, they are my memories. I like to look at them at night". We noted the bathroom on the first floor of the service was in need of refurbishment. This had been noted in the Provider Information Return documentation sent to the Commission prior to inspection. The completion date for the work to be done was July 2015 however this work had not been done in the specified time frame. We spoke with the director about this who assured us the work was to be done in the coming weeks. We saw evidence of ongoing discussion about the bathroom in the management meeting minutes and this highlighted the work was a priority. The director said he would inform us once the work was completed.

We observed the meals service at lunch time. We noted the dining tables were set with table cloths, drinks, napkins and condiments. People were offered the choice of sitting at the table or dining in the lounge. We noted the service employed two part time chefs. We saw meals being prepared from freshly bought produce. The people we spoke with told us the meals were very good and always hot when served. One person said, "The food it's always warm. We get a choice about what we would like. It's lovely". Relatives told us the food always looked appetising. One relative said, "I have eaten here a few times and the food is always very good". We looked at processes in place to offer a balanced meal choice. We noted the service had a meal planner which was influenced by the people using the service.

We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary.

Is the service caring?

Our findings

The people we spoke with made positive comments about the staff team and the care and support they received. One person said, "I wouldn't want to be anywhere else. The staff here are lovely, they really care for me". Visitors we spoke with told us they were more than happy with the standards of care. One relative said, "If it wasn't for the staff my [relative] wouldn't be here now. They have really helped to nurse my [relative] back to health and we cannot thank them enough". One visiting health professional told us, "They are very caring here, staff get very passionate about the people they care for".

We observed people being offered choices throughout our inspection. People told us staff always considered their choices. We saw that people were spoken to in a respectful manner and staff were friendly in their approach. One person told us, "Oh staff are very nice to me, they always have lots of time to help me. They show me how to work things". Visitors we spoke with were very positive about staff interaction. They told us that staff always had time for their relatives. During the inspection we observed positive and respectful interactions between staff and people using the service. Staff looked happy in their role and confirmed our observations by telling us they 'loved' working for the service.

The service had a 'key worker system' in place. This gave every person who used the service a named member of staff who had responsibility for overseeing aspects of their care and support. Staff spoken with gave positive examples about how they ensured they treated people with dignity and as an individual. Staff also told us they had received training in 'equality and diversity' and 'dementia care'. This ensured staff were aware of the presenting needs and requirements of a person with a diagnosis of dementia.

Over the two days of inspection we observed people spending time listening to music, watching television and spending time with their families. One person told us how they enjoyed to "Settle down" in front of the television to watch the sport. One person told us, "Staff always knock before coming into my room". Another person told us, "Sometimes the carers will come and sit beside me for a few minutes and look at old pictures with me. This is nice it brings back nice memories for me. I like that".

We saw the entrance of the building was used for sharing information about forthcoming activities and events. Advocacy information was also available should anyone choose to access the service. The registered manager told us there was nobody using the advocacy service. However, the befriending service had been used in the past.

Is the service responsive?

Our findings

People we spoke to indicated they liked living at the service. One person said, "This is my home now. I don't think I would want to live on my own again, I like it here now". Another person told us how they felt looked after and how they enjoyed sitting with other people and talking to them. Visitors we spoke with stated they were very happy with the care their relatives received. One person said, "I wouldn't want my [relative] to be anywhere else".

We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager told us there were processes in place to assess people's needs before they used the service. The assessment involved gathering information from the person and other sources, such as families and care professionals. We looked at three people's care records and noted that the pre-admission assessments were detailed with relevant information.

The registered manager told us that each person using the service had a care plan. We looked at three of these care plans and found adequate documentation to support the development of the care planning process and support the delivery of care. We saw that each of the plans had a very detailed summary of the person along with a photograph. The summary covered interests, hobbies, background, likes, dislikes and any significant events in the person's life. We noted care plans in response to identified needs and preferences. These covered subjects such as skin integrity, mobility, medication and consent to treatment forms. The purpose of the care plans was to provide detailed directions for staff to follow on meeting the needs of the person. People we spoke with and their relatives told us they had been part of the initial care planning process and annual reviews.

We saw evidence of detailed information recorded when the service had liaised effectively with other agencies such as district nurses and doctors. We spoke to one health care professional who told us how they felt the registered manager was "Very innovative" and would look further into detail before making a referral.

We noted procedures in place for the monitoring and review of care plans. The registered manager told us it was her responsibility to review care plans and she had robust procedures in place to ensure reviews were being done. Relatives we spoke with told us it was useful to be part of the review process as this kept them informed with any changes and updates on their relatives care.

The registered manager told us the service employed a full time activities coordinator. We noted a variety of activities were offered on a daily basis. These activities ranged from hair and nail treatments to coffee mornings and sing along. We also noted a variety of day trips organised by the service. People we spoke to told us they enjoyed trips out especially with their relatives. One relative told us, "I have been out with my [relative] on organised trips, they are great". Another visitor told us how staff had accommodated their [relatives] request to help out with domestic chores.

During the two day inspection we observed people leaving the service to spend time with their families. One

person told us "I often go out with my [relative] for lunch. It breaks my week up". Staff told us they would support people with contacting their friends and families. We observed one person on the phone to their relative during the inspection. One visitor told us, "My [relative] contacts me every day by phone, the staff help them with this". We noted a computer in the lounge area with an adapted key board for people to use should they wish to contact their family and friends via email or 'skype call'.

Visitors we spoke with told us that they were always made to feel very welcome and were offered refreshments by staff during their visit. We asked visitors about their involvement with hospital appointments and other aspect of their relatives care. One relative told us, "The registered manager always keeps me informed". Other relatives confirmed they were kept informed at all times and if they were unable to attend appointments a staff member would go in their absence.

We looked at how complaints and compliments were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display in the service. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible. Relatives we spoke to confirmed they were aware of the complaints procedure and how to access any information around making a complaint. We noted letters from families thanking staff for all their hard work, care and kindness'. One comment said, 'With the help and support from staff my [relative] improved dramatically. They were surrounded by excellent care given by staff that go beyond the call of duty'. Another card detailed, 'My [relative] was shown real love and we had piece of mind for the first time in ages'.

We noted residents and family meetings were held every two months. Relatives we spoke to told us these meetings were beneficial as they were used to share relevant information such as future plans for the service. The registered manager told us people using the service and their relatives were encouraged to raise any issues at the residents and relatives meetings, this was confirmed by the people we spoke to. People told us they felt confident that any issues raised would be dealt with appropriately. One person said, "Oh I can go to staff with any concerns, they will make it alright for me". Another person said, "If I am not happy with something I only need to tell a staff and it will get sorted". We saw positive examples of responses to complaints by people and their families. We spoke with staff about the processes in place for making and dealing with a complaint. Staff demonstrated a good understanding of the processes to follow should they receive a complaint or have one themselves. Staff told us issues are dealt with during the team meeting. The registered manager expressed a commitment to resolve any matters quickly.

Is the service well-led?

Our findings

People we spoke to during the inspection made very positive comments about the registered manager. People told us how they felt able to approach the registered manager at any time of the day and were confident she would listen. One person said, "She is very nice and approachable". We spoke with staff who told us they felt supported by the registered manager. Staff also said they could contact both the registered manager and the director out of their working hours if they had any issues". One staff member told us how they had contacted the service provider in the early hours of the morning when the building began to flood and he assisted immediately.

There was a registered manager in post at the time of the inspection. The registered manager had responsibility for the day to day operation of the service. She was supported in her role by the service provider. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care.

We saw a wide range of policies and procedures were in place at the service. These provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the service had effective audit systems in place and these were kept up to date. The registered manager told us the service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires. One questionnaire said, "The care and love provided to my [relative] gave me immense piece of mind". Another one stated how satisfied the family was with the care of their relative and how 'marvellous' the staff are.

We saw evidence that staff meetings were held every two months. These meetings were used to discuss any issues and feedback any complaints, compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate. One example was the requirement for more laundry bags. This was dealt with effectively.

Staff we spoke with told us they were happy in their roles as carers. One carer said, "I am really happy, I love all aspects of my job". Another staff member said, "I love working here". Staff were very complimentary about the management of the service and felt well supported. One member of staff said, "The registered manager is nice, I feel I can approach her with anything". We noted staff were well informed and had a good working knowledge of their role, responsibilities and duty of care to the people they supported and each other. Staff told us they had received the training they needed and how the registered manager encouraged them to complete their NVQ level 2 and NVQ level 3 in care.

The registered manager was very approachable and she considered the service was well led. People we

spoke to told us the registered manager was always visible around the service and felt they could go to her office at any part of the day. Staff told us they felt the registered manager always had time for them and they felt able to discuss anything with her. The registered manager told us she had signed up be a 'Dementia champion'. She also told us she was enrolling onto a Diploma in Dementia studies.

We noted the service had a 'statement of purpose'. This clearly outlined the underpinning principles of the service and the providers commitment to ensuring people received high quality care and support. The provider's philosophy was based on the belief that 'people with individual needs should live the life they choose'. We noted the services values included being 'honest, open and accountable' and to 'treat people with dignity and respect whilst giving people the power to make informed choices'.

We found the service had 'Investors In People' status. This was displayed in the entrance hall. Investors in People provides a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework. The Investors in People accreditation is known as the sign of a good employer and an outperforming place to work.

We noted the service had recently been awarded fifth place in the top 20 recommended care homes in North West England by the Care Home Awards 2015. The Top 20 Care Home Awards 2015 highlight the most recommended care homes in each region of the UK. The Awards are based on over 45,000 reviews received from residents, family and friends of residents during 2014.