Linden Care Homes Limited

Linden Lodge Residential Home

Inspection report

Browns Lane
Dordon
Tamworth
Staffordshire
B78 1TR

Tel: 01827899911

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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 inspected this service on 17 and 22 May 2017. The inspection was unannounced.

The service is one of three homes provided by the Linden Care Homes Limited and provides accommodation and personal care for up to 34 older people over three floors. Thirty-four people were living at the home on the day of our inspection.

The registered manager had been in post for two and a half years. 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.

At our previous inspection in August 2016, we identified improvements were required in keeping people safe, in delivering effective care and treatment, in promoting people's privacy and dignity, in responsiveness and in the management of the service. We gave the home an overall rating of requires improvement. The provider created an action plan, setting out the actions they planned to take to improve the quality of the service. At this inspection, we checked whether the actions they had taken were effective.

Since our previous inspection the provider had made improvements to the advice and guidance available to staff to enable them to support people with specific health conditions effectively.

The provider had improved the training and support available for staff to ensure there were enough suitably skilled and experienced staff on duty, with the confidence to meet people's care and support needs safely and effectively.

People were safe from the risks of harm, because the registered manager checked staff's suitability to deliver care and support during the recruitment process. Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise concerns under the provider's safeguarding and whistleblowing policies.

The registered manager had made improvements to the advice and guidance available to staff to ensure people's medicines were managed and administered safely and in line with best practice and in accordance with the Mental Capacity Act 2006.

The registered manager understood their responsibility to comply with the requirements of the Deprivation of Liberty Safeguards (DoLS). They had applied to the Supervisory Body for the authority to restrict people's rights, choices or liberty in their best interests. Staff's understanding of their obligations under the Act had improved through the changes the registered manager had made to people's care plan records.

People were offered meals that were suitable for their individual dietary needs and met their preferences.

The provider had made sure staff were given advice and guidance about how to support people to maintain a healthy and balanced diet.

Staff monitored people who were at risk of poor health and obtained advice and support from healthcare professionals to maintain and improve their health.

People were cared for by kind and thoughtful staff who knew their individual preferences for care and their likes and dislikes. The registered manager had taken action to enable staff to protect people's privacy and promote their dignity in shared bedrooms

People and relatives were involved in planning their care and care plans were regularly reviewed and updated when people's needs changed. People were satisfied with the care and support they received and told us they had not made any complaints.

People made their own decisions about their day-to-day care and how they spent their time. There were planned and spontaneous individual and group activities for people to take part in if they wished to do so.

The registered manager's quality audit checks included reviews of people's care plans and checking that the premises and equipment were suitable, safe and only used for their designated purposes.

People and relatives were encouraged to express their views and suggest improvements to the quality of the service through regular meetings and surveys. Further improvements were planned in the process for obtaining the views of people who were not able to express themselves verbally.

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 felt safe living at the home because there were always staff available to support them. Staff understood their responsibilities to protect people from the risk of abuse. Risks related to people's health needs were identified and guidance for staff to minimise the risks was now included in people's care plans. The registered manager checked staff's suitability for their role before they started working at the home. Improvements had been made in the guidance for staff to administer people's medicines safely.

Is the service effective?

Good

The service was effective. Improvements had been made in staff's training to enable them to care for people according to their individual needs and abilities. Improvements had been made in staff's understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager understood their responsibilities under the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were referred to healthcare professionals to maintain their health.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate towards people. Staff understood people's preferences, likes and dislikes. Staff promoted people's independence, by supporting them to make their own decisions. Improvements had been made, which enabled staff to respect people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People and their families were involved in planning how they were cared for and supported. Staff supported and encouraged people to maintain their interests, to socialise and to maintain relationships with the people that were important to them. Staff were responsive to people's individual needs because they understood them as individuals.

Is the service well-led?

Good

The service was well-led. Improvements had been made to the registered manager's checks and audits of the service. The registered manager had taken the actions they said they would take to improve their oversight of the quality of the service. The provider had supported the registered manager in providing guidance and support for staff to ensure people received the care and support they needed. People and relatives felt confident to share their views of the service with the registered manager. There were plans in progress to enhance the system for obtaining feedback about the service.

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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.

The inspection took place on 17 and 22 May 2017 and was unannounced. The inspection was undertaken by 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 service.

The provider had completed a provider information return (PIR) before our inspection. The PIR 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 the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

We spoke with five people who lived at the home and 10 relatives. We spoke with five care staff and three support staff. We spoke with the registered manager, the provider and a deputy manager for the provider, who had oversight of all the homes in the provider's group. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime on both days of our inspection visit.

Many of the people who lived at the home were not able to tell us in detail about how they were cared for

and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

At our previous inspection in August 2016, we had identified improvements were required in identifying and managing people's individual risks. Staff did not have all the information they needed to support people who lived with specific medical conditions or who were at risk of poor nutrition. Some staff told us there were not enough staff on one floor and they lacked confidence at supporting people who lived with dementia. Staff had demonstrated a lack of awareness of risks related to fire safety, infection prevention and control and risks related to medicines management. At this inspection we found the registered manager taken action to ensure staff had the information, training and support to minimise risks to people's safety.

Care plans and guidance for staff had been reviewed and updated. People's individual risks to their health and well-being had been identified and planned for, with clear guidance for staff. Staff told us, for example, care plans for people who lived with diabetes, included specialist advice for the signs staff should be alert to, that might indicate the person was at risk of unusual blood sugar levels. The guidance included the actions staff should take if they observed the signs. Staff we spoke with knew which people were supported by the community nurse and which people had medicines to manage their diabetes. Staff spoke confidently about the signs they looked for and the actions they would take if a person exhibited the signs. The provider's deputy manager had produced fact sheets for staff about a range of health conditions, such as asthma, Parkinson's disease and chronic obstructive lung conditions, to improve staff's knowledge and awareness.

Where risks to people's individual well-being were identified, their care plans included guidance for staff in how to support them safely. For example, for one person who had been identified as at risk of presenting behaviour that challenged when they became anxious, their care plan advised staff about how to approach them using specific body language, facial expression and tone of voice. The guidance advised staff to use simple statements to explain how they intended to support the person in advance, and to walk away, not argue with the person, if they declined support. We observed the person was well groomed, dressed in clean clothes and ate sociably with other people at lunch time, which demonstrated the guidance for staff was effective.

The provider's deputy manager had obtained advice and fact sheets from the NHS dietetic service, from the National Institute of Health and Care Excellence (NICE) and from the local clinical commissioning group to make sure staff understood how to support people at risk of poor nutrition. The guidance sheets were displayed in the kitchenettes, where staff could read them and understand the benefits of offering people nourishing snacks if they did not eat well at meal times.

At our previous inspection, some people told us there were not always enough skilled staff to respond to them when needed. At this inspection, everyone we spoke with told us there were enough staff. The registered manager used a recognised assessment tool which measured people's individual needs and abilities to ensure there were enough staff. Staff told us they were always two staff on each floor all day and they were supported by an activities coordinator, a dementia specialist and the registered manager, which ensured people's needs were met.

Records showed the allocation of staff always included at least one supervisor and a team leader during the day and a team leader at night to ensure the right mix of staff's skills. They had arranged staff's hours to include an hour overlap between the night and morning staff to ensure there were enough staff to support people to get up when they wanted. This staffing arrangement ensured there was time for a thorough handover between the two staff teams and important information about people's needs was shared effectively. People and relatives told us there were always staff around to support people when needed.

The registered manager continued to check staff's suitability for the role before employing them. Staff were recruited safely because the registered manager checked they were of good character before they started working at the home. The registered manager had obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

Staff told us they all had training in safeguarding and protecting people from the risks of harm or abuse. Staff were confident that provider's whistleblowing and safeguarding policies and procedures meant if they raised any concerns, they would be listened to. A member of staff told us, "There are no safeguarding concerns here. It's a lovely home." The registered manager understood their obligation to refer safeguarding concerns to the local safeguarding authority. They had not needed to make any referrals during the previous 12 months.

Everyone we spoke with told us they felt safe at the home. Relatives told us they were confident their relations were safe because the exits were secure and people had a call bell in their own room if they needed staff's support. A relative told us, "Our relative has had falls since they have been here but that is because they forget to use their walker, so the home have put a pressure mat in so that they know if our relative is getting out of bed, this is reassuring for us."

The registered manager had taken the action they said they would take to minimise risks we had identified related to the environment and premises. Number coded locks had been installed on the doors of the kitchenettes on the first and second floors. People who walked around the home independently were safe from the risks of scalding from the hot water urns in the kitchens and safe from drinking or eating inappropriate foodstuffs or substances.

The provider continued to make sure the premises were safe to use. They had maintained their arrangements with specialist suppliers for regular checks and servicing of the gas, electricity and water supplies and of essential equipment such as the lift and hoists.

During our previous inspection the stairwells had been used to store hoists that presented risks to people evacuating the building safely in an emergency. At this inspection, we saw hoists were only stored in marked areas of the stairwell, where they would not cause a trip hazard. People's care plans included their personal emergency evacuation plans and staff told us their fire safety training included practise in using the emergency evacuation mats. The provider had continued to regularly test the fire bell and fire-fighting equipment to minimise risks to people's safety in the event of an emergency.

Improvements had been made in staff's understanding of using rooms for their designated purpose only. For example, the sluice rooms were clean, tidy and organised and were fit for their purpose. During this inspection we found they were not used to store equipment or as a 'holding bay' for unsuitable or unsightly materials that were awaiting disposal.

People's medicines were managed and administered safely and in accordance with best practice. Medicines

were stored in a locked room, and at the recommended temperature to ensure they remained effective. Medicines were delivered from the pharmacy in colour coded 'blister packs', to ensure they were given at the right time of day. The pharmacy supplied individual medicines administration records (MAR), which included people's photographs, to minimise the risk of errors in administering them. Records showed staff signed the MARs when they administered people's medicines.

Staff who were trained in administering medicines knew which people were given medicines covertly, that is without their knowledge. For people who regularly declined to take medicines that were important to maintain their health, their GPs had agreed medicines should be administered covertly in their best interests. Since our previous inspection, the registered manager had taken the action they said they would take and had checked the suitability of crushing tablets or giving people medicines mixed into their food or drinks. A member of staff told us, "The registered manager obtained advice and guidance from the pharmacist", which ensured covert medicines were given safely and maintained their effectiveness. The provider's deputy manager had developed individual protocols to guide staff about why and when people's medicines should be given covertly and how make sure time-critical medicines were administered.

Good

Is the service effective?

Our findings

At our previous inspection in August 2016, we had identified improvements were required in staff training to give them the skills and confidence they needed to support people effectively. Improvements were needed in the registered manager's and staff's understanding of their obligations under the Mental Capacity Act 2005. At this inspection we found the require improvements had been made.

Staff had confidence in their skills and were effective, because they had attended an updated training programme. People and relatives told us their needs were met effectively because staff knew them well and understood their individual needs and abilities, which promoted people's independence. People told us, "I cannot shower but they certainly give you a good wash down" and "I gave myself six months to see if I liked it and I have settled in quite well." One relative said, "My relation has improved so much since they have been here and is more settled." Another relative told us, "The difference in [Name] in the 10 weeks they have been here is incredible as we didn't think that they would walk again. They are walking again and that is due to the care, support and encouragement the staff here have given."

Staff told us they all the training and support they needed to act with confidence and be effective. One member of staff told us, "Recently I had four day's training in dementia, fire safety, food hygiene and equality and diversity. We watched videos with questions and answers and discussions." Other staff said, "I have one-to-one observations of my practice" and "[Name of senior staff] shares their expertise and suggests reading material for my qualification study course, which includes dementia in depth."

Records showed staff had attended training in the Care Certificate and refresher training in subjects such as effective communication, nutrition and well-being and food hygiene. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life. The recently appointed trainer for the Care Certificate told us, "I have been working with, observing, supporting shifts with staff, testing, checking and make sure they look in care plans."

All the staff we spoke with told us they felt supported, because there were always experienced staff around to give them guidance and support. They told us, "We work as a team" and "We can ask to switch staff across floors before we tire." The trainer told us, "I tell staff, 'I am here to help you improve the care you deliver to people'."

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 an assessment shows a person lacks 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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities under the Act. They had applied for the authority

to deprive people of their liberty, only if they did not have the capacity to understand the risks associated with the restrictions to their liberty. At the time of our inspection, six DoLS applications had been agreed by the local supervisory board and 12 were in progress. The registered manager asked relatives to show them copies of the court documents that gave them the decision-making powers. This made sure decisions were made by a person who had the legal right to do so.

Improvements had been made in how best interest decisions were made for people who lacked the capacity to make decisions about their treatment and support. Decisions were made in their best interests, by a team of health professionals and the person's relatives. Staff understood they could only deliver care and support with people's consent and that healthcare professionals needed to be involved in making best interest decisions on their behalf. One member of staff told us, for example, "[Name] declines medicines regularly, so we might need to ask the GP about covert meds for them."

People's care plans explained their preferred times to get up, and go to bed, and whether they preferred baths or showers and staff knew about people's preferred routines. We saw staff asked people's consent to be supported and offered people choices, to aid their decision making.

Staff sought people's consent at lunchtime and respected their decisions. We heard staff ask, 'Shall I take your knitting for you, so you can eat?' and 'Are you hungry?' and 'Would you like to wake up to eat?'. One person declined to wake up and staff told us they would put their meal aside for later. Staff offered support that was appropriate to people's individual needs. One person had a plate guard, which assisted them to gather food onto their fork. Staff knew one person's preference to make their meal into a sandwich and fetched bread and butter so the person could maintain their long-established habit. When one person chose to eat with their fingers, we saw staff offered them a fork and then a spoon, both towards the person's right and left hands, but the person declined to use either. They continued to eat in their preferred way, which ensured their independence was maintained.

Most people ate independently, and there were enough staff to assist people who needed assistance. Staff sat beside those people and spoke encouragingly, and only offered the next mouthful once the person had swallowed their food. Staff told us they checked who ate well and whether people's appetites changed. Staff said, ";"If [Name] wanted more we could go and get it" and "We write down 'eaten well' or not. If we are monitoring their intake on food and fluid charts, we record what is eaten." Records showed that staff monitored people's weight and whether they ate well, and referred them to other health professionals, such as the speech and language therapists or dieticians if they had any concerns about a person's nutrition.

People and relatives told us the food was 'good', 'excellent' and 'lovely and they always had a choice. People said, "It couldn't get better" and "I have given the cook some suggestions to vary the meals and she has taken them on-board and tried them." People's dietary needs, allergies, likes, dislikes and preferences were included in their care plans. There were lists of people's dietary requirements and preferences in the staff room and kitchen to remind the staff and cooks of people's needs. The head of catering told us the menus were planned on a six week rolling programme in consultation with the provider, the registered manager by reviewing people's care plans. They had submitted copies of their menus to the local authority specialist dietary service, who confirmed that they provided a balanced diet that was appropriate and promoted good health.

People were supported to maintain good health and to access healthcare services when needed. People told us they staff would get a doctor if they needed one. People and relatives told us, "My relation got a temperature and the home called the GP straight away who diagnosed [condition] which was very reassuring for me" and "[Name] had a bad eye and the GP came straight out, so I am reassured that they are

looking after my relation." Records showed people were referred to healthcare professionals, such as chiropodists, dieticians and the mental health team when needed.

Good

Is the service caring?

Our findings

At our previous inspection in August 2016, we had identified improvements were required in staff's ability to promote people's dignity and self-respect, by supporting them to maintain their independence. At this inspection, we found staff demonstrated an improved understanding of people's need to maintain their independence and self-esteem. Staff had attended refresher training in subjects such as, person-centred care, dementia awareness, equality diversity and inclusion, dignity and respect. The staff trainer, who was the dementia champion, had been appointed to work with staff at the home continuously until all staff demonstrated an understanding of what it was like to live with dementia.

People and relatives told us they felt well cared for because the staff were 'kind', 'lovely' and 'caring'. People told us, "I get on alright with them all" and "I have close relations with most of them and treat one of them like a family member, which is lovely." Relatives told us, "They all seem to have the same good quality of caring. They are all good, nice bunch of girls" and "Staff are brilliant. I come in at different times and I have seen a carer laughing and rubbing someone's hand which was so gentle, relaxed and lovely to see." People and relatives told us staff made them feel like family. One person said, "Some of the carers have had babies lately and they bring them in which is lovely" and a relative told us, "Care staff are like grandkids to my relation. They are very friendly and show an interest in the people who live here."

A member of staff told us, "I like chatting with people about their past lives, it's fascinating. I read their life histories in their care plans. I use them to start a conversation." People's care plans included information about their past lives, relationships that were important to them and any issues that might cause them to be anxious. A relative told us, "If someone gets upset, staff go straight to them."

Some people were not able to express their feelings verbally, because of their complex needs, but staff understood how to make them smile and enjoy themselves. We saw staff tapping one person's hand in time to the music while the person mouthed the words silently. The dementia champion, who was also the staff trainer, told us, "It is staff's duty to read the care plan, including the life history section, to know people" and "I will stay here until I am confident all staff understand how they impact on people, because I want staff to be able to role model good dementia support."

We saw staff were kind and thoughtful towards people. Staff demonstrated empathy with people who were reliant on staff to maintain their individuality. For example, people were supported to wear their jewellery and make up, to have their handbags beside them and had knee blankets when they sat in the lounge. Staff told us they understood people's preferences often related to their religion or cultural traditions, for example, the use of hair oil or henna, and said they enjoyed supporting people to maintain their cultural habits and routines. Staff were appointed as keyworkers for individual people to make sure their views and needs were always recognised and represented.

Staff told us the dementia champion, undertook dementia care mapping sessions, which monitored the interaction between a particular person and individual members of staff to assess how best to maintain the person's sense of 'well-being'. Staff told us they were given feedback about what worked well for the

person, so they could improve the person's experience of care The dementia champion told us, "I need staff to experience (dementia) for themselves. They will learn by watching, doing and reading."

Improvements had been made in maintaining people's privacy and dignity since our previous inspection. The registered manager had taken action to ensure people who shared a bedroom, but who were not in a relationship with each other, were able to receive care in a way that respected their privacy and dignity. A folding screen had been placed in shared bedrooms and staff told us they used the screens when they gave people personal care. People and relatives told us they felt respected and said staff supported them to maintain their dignity. We saw staff offered people clothes protectors at lunchtime to minimise the risk of spilling food on their clothes and offered people tissues to wipe their face if needed afterwards.

Good

Is the service responsive?

Our findings

During our previous inspection in August 2016, we identified improvements were required in responding to people's needs in a timely and appropriate way. During this inspection, we found the required improvements had been made.

People told us staff were responsive to their needs and knew and respected their preferences for how they spent their time. Relatives told us they felt involved in their relation's care because they were invited to care plan review meetings and their opinions were listened to. Care plans were detailed and included personal details which were specific and relevant to the needs of the person. Records showed people's care plans were regularly reviewed and updated when people's needs changed. Relatives told us, "The staff have encouraged my relative to get up and go into the lounge, which has helped them be more aware of their surroundings and life" and "[Name] now has a rotunda to assist them into the toilet, which should help reduce falls." A rotunda is a rotatable platform for a person to stand on, if they are at risk of falling when they change direction while standing up.

People and relatives told us staff responded to their needs to socialise and make the most of their time by running regular interest clubs and organising celebratory events and trips out. People told us, "I do art and I enjoy a good sing-along" and "It was lovely at Easter. We had about 12 lambs in and we were feeding them from bottles." Relatives told us, "The staff are amazing. They are so lovely with the people who live here. If the weather is nice, one of the carers walks my relative up to their garden (in the same street) for a change of scenery" and "I came in the other afternoon and there was music playing and they had my relative up dancing, which was lovely."

People were supported to maintain their interests. The registered manager had employed an activities coordinator to make sure people had the opportunity to engage in activities and events they were interested in. people told us they enjoyed the art club and knitting club, which were weekly events. People were supported to maintain their interest in world events through newspapers and magazines. Relatives told us, "There are a range of activities that my relation takes part in, music bingo, knitting, art work and they were making bonnets at Easter." A member of staff showed us one person's 'life history' book, which included photos of the person and their family and photos of the person taking part in dancing, listening to a visiting singer, and wearing costumes and hats to celebrate seasonal and cultural events.

Staff understood that people liked to spend time reminiscing about their youth and talking about their families. We heard several spontaneous conversations between people and staff about 'the good old days', and about subjects such as fashion, hair and make-up during the 1950s. Staff knew people enjoyed singing songs from the 40s and 50s and had prepared songbooks to enable everyone to join in. We heard people singing in a group with staff during our inspection and heard saw they sang more enthusiastically and louder as the session progressed.

No-one we spoke with could remember making a complaint. People said, "I have never had any complaints or grumbles or any need to complain" and "If I have any concerns I go to the office." Relatives told us they

had no complaints about the service, but would go straight to the registered manager, because, "They have always been very helpful and reactive" and "The manager is brilliant and I know I can talk to her and express any concerns if needed."

Good

Is the service well-led?

Our findings

During our previous inspection in August 2016, we identified improvements were required in monitoring the quality of the service, to ensure improvements were made when quality standards were not maintained. During this inspection, we found the required improvements had been made.

The registered manager told us they had taken action immediately after our previous inspection and implemented changes to their quality assurance system and processes. For example, they had implemented and maintained a call bell monitoring system to check how long staff took to respond to people who spent time in their bedrooms. Records showed staff responded promptly. The registered manager analysed accidents and incidents to identify any actions they could take to minimise the risks of a reoccurrence. Records showed that recent accidents and incidents were due to individual circumstances, and no trends or patterns were identifiable.

The provider's deputy manager showed us improvements they had made in checking staff administered people's medicines safely. Records showed that a pharmacist's advice had been obtained, as well as authorisation from a GP, for each medicine that was administered covertly, that is, without the person's knowledge in their best interest. We saw that 'homely' medicines, such as simple linctus and pain relief tablets, were marked with the date of opening and were kept in only one locked cabinet, so they could be monitored effectively. Guidance had been added to the template for staff to record the checks they made of the temperatures that medicines were stored at. The guidance included the safe temperature range and the action staff should take if the temperatures were out of range.

The registered manger and staff completed a range of checks and audits of the home and equipment to minimise risks to people's health and safety. For example, records showed there were regular checks of the premises, the water supply and people's mattresses to ensure people lived in a clean and infection-free environment. On the day of our inspection all the rooms we looked at were clean, smelled fresh and were only being used for their designated purpose.

The registered manager's audit of care plans had resulted in an additional document in care plans to include a record of how and why best interest decisions were made. The additional document was shared with staff at training sessions and supervisions to make sure they understood the importance and benefit of recording why decisions were made in people's best interests.

Since our previous inspection, everyone's care plan had been reviewed and included guidance for staff to support people with specific medical conditions, such diabetes and asthma. For example, the dates of the last and next planned blood test was added to the records of people who lived with diabetes. The provider's deputy manager, who was a registered nurse, showed us the fact sheets and guidance they had prepared about common health conditions people lived with. Staff told us the guidance had improved their understanding and effectiveness in supporting people. Staff told us the guidance and discussions about nourishing snacks had been particularly useful as it was relevant to supporting several people's need to maintain a balanced diet.

Staff told us they felt supported by senior staff and management and said the training they had attended since our previous inspection gave them confidence in their practice. A skilled and experienced member of staff had been appointed to deliver training in the fundamental standards of care to all staff. The trainer, who was also the dementia champion had oversight of staff's interactions and engagement with people who lived at the home. They told us, "I was a supervisor at this home, so I know the all the staff and I can do more training with them if needed."

Staff had attended training in dementia awareness and were supported and guided in their practice by the dementia champion and the activities coordinator. Staff told us the life history work the activities co-ordinator had completed with people and their relatives enabled them to know people well and to understand how to maintain people's well-being. Staff understood the importance of maintaining a calm environment, particularly for people who lived with dementia. A member of staff told us, "We work as a team. We don't let people see our 'bad days', and can ask to switch staff across floors before we tire".

People and relatives told us they were happy with the quality of the service and that they knew and liked the registered manager. One person told us, "They always seem to be cleaning, my bedroom is always tidy. I get my laundry back next day and bed-clothes are changed on a regular basis." Relatives said, "I think it is excellent", "I would recommend it to anyone. If you asked me to rate it I would give it 5 out of 5" and "I would recommend this home to anyone, it was recommended to us and we would not want to move our relative from here". A recent survey showed relatives were satisfied with the quality of the food, cleanliness, laundry service and maintenance of the home. The registered manager showed us a picture format questionnaire they had had prepared and planned to share with people who lived at the home. They anticipated people who lived with dementia, or who were not able to express themselves verbally, would be able to share their opinions of the service by pointing to the happy and sad faces next to the pictures.

Relatives told us they were not always able to attend the relatives meetings that were organised, but said they felt well informed because they registered manager was always approachable. During our inspection visit, we saw the registered manager took the time to speak privately with several relatives. Relatives told us they felt welcome to visit at any time and the manager and staff were all knowledgeable about their individual relations' needs and abilities. A relative said, "The staff are marvellous, they are all lovely girls".

Staff told us they liked working at the home because they liked working with people and the registered manager was always willing to step in to support with hands on care when needed. The registered manager had worked for the provider for 27 years and had been registered with us as a manager for two and a half years. They understood the obligations of their registration and had notified us of important events at the service, and completed the PIR prior to our inspection, in line with the conditions of their registration. They told us they had maintained their system of daily checks of the home. They told us they checked, for example, that fire doors and hoists functioned safely, that the maintenance book was up to date, and they took time to sit in the lounge and have a cup of tea with people, so they knew who was up and whose needs or abilities had been out of the ordinary during the night. They told us, "The care supervisor does the walk-around at weekends and when I am on leave. Night staff tell us of any issues at hand-over."