

Anchor Trust

Dawson Lodge

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 

Overall summary

Dawson Lodge is registered to provide accommodation for persons who require personal care for up to 43 older people who may also be living with dementia. This service does not provide nursing care.

The home is located approximately six miles from Southampton city centre and is accessible by public transport. The home has 43 single flats (rooms) with en-suite facilities and a small kitchenette.

Accommodation at the home is provided over two floors, which can be accessed using stairs or passenger a lift.

There is a large garden area which provides a safe and secure private leisure area for people living at the home. On the day of our inspection 37 people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

This inspection took place on 16 and 18 November 2015 and was unannounced.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home; and if they had any concerns they were confident these would be quickly addressed by the staff or registered manager.

People were involved in their care planning and staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed every month to check they were up to date.

People had risk assessments in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and arrangements were in place to manage these safely. Staff knew each person well and had a good knowledge of the needs of people.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection 24 applications had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The manager understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

The food menus offered variety and choice. They provided people with a nutritious and well-balanced diet.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff encouraged people to make their own choices and promoted their independence.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

People spoke positively about the way the home was run. The registered manager and staff understood their respective roles and responsibilities. The registered manager was approachable and understanding to both the people in the home and staff who supported them.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe and were treated well by staff. Staff understood their responsibilities for keeping people safe and knew how to recognise abuse and keep people safe from harm.

Staff recruitment was robust and ensured only those people who were suitable to work with adults at risk were employed.

Medicines were safely stored, administered to people and handled appropriately.

Good



Is the service effective?

The service was effective. The registered manager, deputy manager and staff had a good understating of their duties under the Mental Capacity Act 2005.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People were provided with a choice of nutritious food that met their requirements.

Good



Is the service caring?

The service was caring. The registered manager and staff demonstrated caring, kind and compassionate attitudes towards people.

People's privacy was valued and staff ensured their dignity at all times.

People were included in making decisions about their care. Staff were knowledgeable about the support people required and how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive. People received individualised and personalised care.

Peoples care plans were reviewed and updated regularly to ensure continuity of their care and support.

Complaints were responded to in an open, honest and timely manner.

Good



Is the service well-led?

The service was well led. Staff were positive about the leadership of the home and felt supported by the registered manager and the provider.

The manager undertook regular audits to check the quality of the service provided to people and to continuously improve standards.

There were systems in place to review the quality of service in the home.

Good



Dawson Lodge

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 checked 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 was carried out by three inspectors.

Before our inspection we reviewed information we held about the service and provider and we asked the provider to complete 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 received a PIR form from the provider. We checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service.

As part of our inspection, we spoke with the registered manager, care manager, eight care staff, the chef, one catering assistant and 11 people living at Dawson Lodge. We also spoke with four relatives, a general practitioner (GP) and a community mental health nurse.

Some people were not able to verbally communicate their views with us or answer our direct questions. We 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 with us.

During the inspection we looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

We last inspected this service in March 2014 when we found one breach of legal requirements. This was because the provider did not have systems in place that ensured that people using the service were protected from the risks of unsafe or inappropriate care due to inaccurate records. The provider wrote to us with an action plan which stated they would have made the required improvements by June 2014.

Is the service safe?

Our findings

At our last inspection in March 2014 we found that the registered person did not have systems in place that ensured people using the service were protected from the risks of unsafe or inappropriate care due to inaccurate records. The provider wrote to us with an action plan which stated they would have made the required improvements by June 2014. At this inspection we found the required improvement had been made.

People told us they felt safe living in the home. One person said, "I feel completely safe as there is always someone here". Another person said, "I feel very safe here. I have a buzzer on my lap if I need to call anyone for help". A further person added, "I feel safe. People are so kind and will do all they can to help me. If they cannot do it straight away they explain why". A visiting GP told us, "Dawson Lodge is a very safe home. I have never had any concerns".

There were enough skilled staff deployed to support people and meet their needs. Staff were not rushed when providing personal care. The provider used a 'Dependency tool' and a 'Dependency tracker' to determine the staffing levels needed to meet the care and support needs of people. One person said, "There is always plenty of staff about all of the time. Staff are everywhere even the manager (registered manager) and the Chef". Another person said, "When I have needed help staff are there very quickly". One relative said, "There always is enough staff about. My relative has been here for over a year and I've never had any concerns". A GP said, "There is always plenty of staff. I really think the staff to residents ratio is very good".

Staff told us there was consistency of staff who all knew people well and understood their individual needs. People using the service confirmed staff were familiar to them and people spoke in a positive manner about their key workers. People told us they would speak to the registered manager and/or their keyworker if they had concerns about their personal safety or welfare. Staff had time to talk with people and to support them in participating in a range of activities including visiting people important to them.

Staff were fully aware of how to recognise and protect people from abuse. The home responded to safeguarding concerns and obtained advice from the local authority when appropriate. The provider reported safeguarding issues accordingly. Staff told us and records confirmed they

had received safeguarding training. One staff member said, "If I saw anyone being abused I would report it to the manager immediately". Staff were aware of the procedures in place to keep people safe that guided them on how and when to report concerns.

Risk assessments were in place for all people living at the home. Staff told us that where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, we saw that people who were cared for in bed had easy and direct access to an alarm call bell. People told us staff responded to call bells quickly.

There was a clear medication policy and procedure in place to support staff to manage people's medicines safely. Staff designated to administer medication had completed a safe handling of medicines course. This had included a practical assessment to ensure they were competent at this task. Medicine administration records (MAR's) included an up to date photograph of the person, together with a list of identified allergies. MAR's had been completed to indicate when medicines had been given or had been refused. We checked a sample of medicines and the stock quantities available showed that medicines had been appropriately given to people.

Records were kept for all medicines which were disposed of and collected by the dispensing pharmacist. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD's). The CD's in the service were stored securely and records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff. CD's were also checked and signed as being correct at every staff change over. This ensured that any discrepancies could be quickly identified and investigated by the registered manager.

We looked at the recruitment records of six members of staff. The recruitment process included applicants completing a written application form with a full employment history. Checks had been completed before

Is the service safe?

staff worked at the home and these were recorded. The checks included taking up written references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults who are at risk, to help employers make safer recruitment decisions. Face to face interviews had been held. The recruitment process aimed to make sure people were appropriately skilled and suitable to work with people.

Arrangements were in place to protect people if there was an emergency. There were Personal Emergency Evacuation Plans (PEEP) in place for people and these were kept at the reception desk at the main entrance to the building. The PEEP included important information about people such as their communication and mobility needs. This gave details of the safest way to support a person to evacuate the building in the event of an emergency, for example fire. These had been recently updated to remain relevant and accurate.

The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety. In addition, the home had a business continuity plan for emergency procedures. For example, flood or utility failure. It also directed staff to three nearby locations where people could be safely re-located should the building need to be evacuated. The provider had anticipated how to protect people's safety in an emergency situation.

There were various health and safety checks and risk assessments carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems.

Accidents and incidents were recorded, monitored and addressed appropriately.

Is the service effective?

Our findings

People and relatives spoke highly of the care and support provided by staff. Two people told us they felt staff provided them with the care and support they needed. One relative said, “They are very good at keeping me informed. I know they are looked after very well”. Another relative told us they felt staff understood people’s individual needs and said “They know people well”. A visiting GP told us, “A well run home with good care quality”. A Community Mental Health nurse told us, “The staff are very good at caring for people. They are good at recognising when they need to call us in”.

Staff were supported in their role and had been through the provider’s own corporate induction programme. This involved attending training sessions, and shadowing other staff. An induction programme which embraced the 15 standards that are set out in the Care Certificate had recently been implemented. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One member of staff who had recently joined the home told us, “I am working through the Care Certificate training and I have a mentor. I ask lots of questions, but they don’t mind. All the staff are friendly and supportive”.

The registered manager provided us with a copy of the training matrix. Staff training was up to date and relevant to meet the needs of the people who lived in the home. For example, 95% of staff had received training in safeguarding, 100 % had received training in dementia awareness, moving and handling and The Mental Capacity Act (2005). Training also included dignity and respect, infection control and basic food hygiene.

Staff confirmed they received regular supervision meetings with the registered manager or care manager to monitor their performance, identify their learning and development needs, discuss best practice and people’s needs. Records of staff supervision meetings confirmed this. The registered manager told us that annual appraisals would take place during the month of December 2015 and January 2016 and staff would be advised in good time in order that they could properly prepare for them.

People’s needs were discussed and recorded during staff shift handover meetings. Staff told us there was very good communication among the staff team about each person’s needs, so they were up to date with people’s progress and knew how to provide people with the care and support they needed. One member of staff told us, “Everyone works together. The registered manager has a very ‘hands on approach’ and leads by example”.

People’s health care needs were met and monitored. Records showed people regularly received health checks. They had access to a range of health professionals including GPs, psychiatrists, opticians, speech and language therapists, community nurses, chiropractors and dentists to make sure they received effective healthcare and treatment. People spoke of attending health appointments. They told us they saw a doctor when they were unwell or concerned about their health or well-being.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the time of our inspection nobody living at the home was subject to a DoLS although applications for 24 people had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People’s views and decisions were respected. Some people were unable to express their views or make decisions about their care and treatment. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people’s capacity to make decisions. Staff were knowledgeable about these requirements and records showed people’s capacity had been properly assessed and documented.

Is the service effective?

Staff were able to illustrate the principles of the MCA and described the times when a best interest decision may be appropriate. For example, one member of staff said, “We have people who live here who would be unsafe and a danger to themselves if they left the building on their own. We look at best interest decisions and think of their safety and try to ensure they can leave but in a safe way. That means one of the staff would accompany them to ensure their safety”.

People told us and their care plans showed they were involved in decisions about their care and treatment. Relatives told us they were able to express their views about their family members care and were invited to care reviews. Staff were knowledgeable about the importance of obtaining people’s consent regarding their care and treatment and in other areas of their lives.

Nutritional screening assessments had been carried out, with any support needed noted in people’s care plan. On admission to the home the chef spoke with people to ask about their dietary preferences, likes and dislikes and these were recorded in peoples care plans and in the kitchen in a folder entitled ‘Dietary Summary Sheet’. This folder contained specific information about each person’s dietary requirements. For example, we saw information about people with Dysphagia. Dysphagia is the medical term for people who have swallowing difficulties. Some people with dysphagia have problems swallowing certain foods or

liquids and the consistency of food and liquids food must be prepared in a way to make them safer to swallow. The summaries also contained information about certain foods such as grapefruit that should not be eaten when people are taking specific types of medication. Records we looked at showed the summary sheets were reviewed each week or as necessary. 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.

The menu for the day was displayed in the home and people confirmed they made their choices from the menu. There were two alternatives to the main meal which was usually the lunchtime meal and included a choice for vegetarians. Alternative menus were available such as cold meats, poached fish or salads and specialist dietary requirements were catered for. The meals looked plentiful and appetising.

People were enjoying the social occasion of the mealtime experience. There was laughing and talking between people, some of whom were being supported and encouraged by staff to eat their meals. One visiting relative said, “The food here is very good. I often eat with my relative. It’s absolutely delicious”. The chef told us, “We’re not just stuck in the kitchen. We interact with people so we need to know about them. It’s one of the things I really like about this job. We have access to their care plans so that we can find out all about them”.

Is the service caring?

Our findings

The atmosphere of the home was relaxed. People were complimentary about the staff and told us they treated them well and provided them with the care and support they needed. During our visit we saw positive interaction between staff and people. Staff spoke with people in a friendly and sensitive way. One person told us, “The staff are very caring”. A relative told us, “Staff are very good, they are polite. They respect people’s decisions. I can approach the staff anytime”. Another relative told us, “I couldn’t give my Dad the care he needed at home so he came here to live. The home are very mindful of my needs as well as his and are very sensitive. I’m so relieved. I’m back to being the daughter I should be”. People told us they were happy with the care they received and were involved in decisions about their care. Staff took time to listen to people, involve people in conversation and respected the decisions they made.

Letters and cards we viewed from relatives in relation to the care and support people had received at Dawson Lodge included the following comments, “Thank you for all the support you have given us as a family and more importantly the patience and care you have shown Dad”. “I am always greeted cheerily and warmly by everyone. I have had difficult visits but suddenly someone is there to put an arm around me, offer support, bring me a glass of water” and “Just wanted to say a big thank you for the love and care you have given Dad, especially in the last few weeks of his life”.

There were positive relationships between staff and people. Some people had lived in the home for several years and staff knew them very well. Staff told us they had got to know each person’s needs by spending time with them, observation, reading people’s care plans and talking with management staff and people’s relatives. One member of staff told us about the importance of building a rapport with people using the service. They were all able to tell us about the person, their dietary needs, care needs, what they liked or disliked, past history, social needs and what activities they liked to take part in. Each person had a key worker who supported them in their day to day lives. One person told us the name of their key worker who they said regularly talked with them. Care and support plans confirmed what we had been told.

People’s privacy was promoted and respected. A number of people we spoke with told us they liked to spend time in their rooms but could choose to sit in the communal areas if they wished. People’s bedroom doors were pulled shut unless the person expressed a preference to have the door open. Staff knocked bedroom doors and waited for permission before entering. People told us staff always did this and that they respected their privacy one person saying, “Staff always knock the door first and call out first”. Staff promoted people’s dignity and showed them respect. One person told us, “The staff respect me. They let me make my own decisions”. We spoke with people as to their preferred titles and they told us staff always used these chosen forms of address. Staff were consistently friendly and jolly with people with lots of smiling and laughing seen from people and staff when they were talking to each other.

People’s flats were personalised with items of furniture and family pictures. Flats had individual pictures on each door to help people find their own room. Flats had shelves outside the door with ornaments that meant something to the person. For example, outside of one flat there was a meerkat ornament and outside another there was an ornament of an old galleon. This helped people living with dementia to identify their own flats more easily.

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices. One person told us, “It’s all very good, they (staff) always ask what they can do to help me”. Another person said, “The staff always have time for a chat and a laugh”. Staff provided care to people in a kind, attentive and compassionate way. For example, staff talked people through the care and support they were to offer them before and during the process, offering good explanations and reassurances to people.

Staff understood people’s right to privacy and we saw they treated them with dignity. Staff told us the subjects of respect, confidentiality and dignity had been included in their induction and had been regularly discussed by the staff team. Records of staff meetings confirmed this. Staff had a good understanding of the importance of confidentiality. The service had a confidentiality policy, which staff had signed they had read. Staff knew not to speak about people other than to staff and others involved in the person’s care and treatment. People’s records were stored securely.

Is the service caring?

Staff understood people's individual communication needs, which were identified within the person's care plan. One member of staff explained how they engaged with a person who had a hearing impairment. This included speaking slowly to the person and maintaining eye contact. For people who were visually impaired the home provided a large print TV channel guide. One person we spoke to said, "I can't read small print and don't want to rely on other people. Being able to look for myself is really good".

People were supported to maintain the relationship they wanted to have with friends, family and others important to

them. People told us about the regular contact they had with family and friends. Relatives of people confirmed they had regular contact with people and spoke in a positive manner about the support staff provided in promoting this contact. They told us they were kept informed about people's progress and staff understood people's needs. A relative told us they had regular contact with a person's key worker. One relative told us, "I know who my relative's key worker is. They keep me in the loop and always have time to chat". Another relative said, "It's important to me to have a point of contact and this works well".

Is the service responsive?

Our findings

People told us they were involved in their care plans. Relatives informed us they were also involved in supporting people with aspects of their care. One relative told us, “Staff check things with me all the time. They welcome my involvement, I talk to the carers all the time, they listen and sort things out”. Another relative said, “We have meetings about my relatives care. They really do know people very well”.

The six care plans we looked at contained detailed information about each person’s health, support and care needs and what was important to them. There was also comprehensive written guidance about how to provide people with the care they needed. Staff told us people’s needs were assessed and monitored on a day to day basis, discussed with the person and with the staff team. A relative told us they were kept informed about their family member and were contacted when the person’s needs had changed and about significant issues to do with their life.

People told us they knew about their care plan. Records showed people’s care plans including their personal goals were reviewed regularly and when people’s needs changed. For example when their behaviour challenged the service. Records showed reviews of people’s needs took place regularly with their key workers and family members. Care staff told us they had regular one-to-one meetings with their key person to discuss their needs. People we spoke with confirmed this. A relative told us, “We have regular meetings about my relatives care. I am always invited and fully involved”.

People’s individual assessments and care plans were reviewed with their participation or their representatives’ involvement. The plans were individualised had been updated to reflect these changes to ensure continuity of their care and support. One relative told us, “The home reviews the care plans regularly and we are always invited and updated on how our Mum is doing”. Another relative told us how their family member’s general wellbeing had improved since they had moved to Dawson Lodge because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs”. One person said, “The staff know what I like and what I don’t like. In fact they know me better than I do”.

People’s individual choices and decisions were recorded in their care plan. Staff were knowledgeable about people’s preferences and the type of activities they enjoyed. Various activities were available to people throughout the day and included, arts and crafts, board games and chair exercise. During our inspection people enjoyed a variety of activities such as word games, singing and engaging with staff in one to one conversation or doing puzzles and board games. The activities co-ordinator told us, “People go out every Thursday either to the Ageas bowl or into the village to shop or have lunch. I like to take them on the bus sometimes so they can use their bus pass. It’s a little reminder of some degree of normality in their lives. I think that is important”.

The service had a complaints policy and procedure for responding to and managing complaints. People and their relatives told us they felt confident in raising any concerns or complaints if they were unhappy with anything. The complaints procedure was advertised throughout the home on notice boards and available in the service user guide. It invited people to raise concerns or complaints with the home manager, head of care or the director of operations. The home had received 12 complaints since January 2015. All complaints had been thoroughly investigated and resolved to the satisfaction of the complainant by the registered manager and responses sent in a timely manner. The registered manager told us, “We aim to put matters right immediately where we can”. The 12 complaints we reviewed confirmed what the registered manager had told us.

The provider received feedback from people living at Dawson Lodge using the “Your Care Rating” website which is supported by The National Care Forum. The available data refers to the period September – October 2014 and includes responses from 18 people. Of these 100% of people rated the quality of care provided, the food, the cleanliness of the home and activities as good. The home also held residents meetings and relatives meetings every three months. Residents meetings were well attended and the agenda included for example, catering, housekeeping, activities and staffing levels. Relatives meetings included recruitment, home maintenance, catering, laundry, and activities.

There was a notice on the board in the lounge entitled ‘What You Said – What We Did’. This notice displayed details of issues raised by people living at the home and actions

Is the service responsive?

taken to address those issues. For example, people living at the home had voiced an opinion that they did not like agency staff being used to cover shifts. Action taken in response to this concern meant the home was now fully

staffed and agency staff were no longer being used. This demonstrated people living at the home were being listened to, their opinions mattered and appropriate actions taken.

Is the service well-led?

Our findings

People, relatives and healthcare professionals spoke very highly of the service, the staff and the manager. They told us that they thought the home was extremely well run and completely met their needs. One health care professional told us, "I have always found staff to be welcoming, helpful and supportive. They are all very dedicated, caring and respectful and always treat people with dignity and respect". One relative said, "My dad is very happy in here, the staff are really very good and I leave feeling happy with their care. The manager is excellent and really easy to approach to discuss issues and make suggestions to". One member of staff said, "I have worked in other places but this is by far the best one. The manager has high standards and we do too". Another member of staff said, "The staff team are friendly and helpful. We get help and encouragement from management. We are here because we want to help care for people and make it happy for them".

Staff were positive about the leadership and management of the home. They told us they were encouraged to share their views about the home and how it could be improved. They said they were supported in their roles through regular supervision and staff meetings as well as more informally on a day to day basis. One staff member told us, "We have team meetings but if I need any advice I can just ask the registered manager at any time".

The registered manager was knowledgeable about the people in the service and they spent time in all areas of the service daily and monitored staff and the delivery of care closely. Staff told us they felt part of a big team. One member of staff said, "We all work together as a team". The staff we spoke with described how the registered manager

and senior management constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Healthcare professionals confirmed this. Staff told us that there was an open culture at the service and they would not hesitate to raise any concerns if they were witness to poor practice taking place.

The service had a whistle blowing policy in place which staff confirmed they knew about. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff spoken with said they were confident that the registered manager would deal with any concerns they had and told us they felt able to raise any issues at their team meetings.

Staff told us that team meetings took place regularly and they were encouraged to share their views. Suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. People had the opportunity to give feedback and discuss a range of areas to do with the service including, maintenance, the menu and the process of care plan reviews. At these meeting people were actively encouraged to look at what the home could do better. We found that their views and ideas were listened to and acted upon.

Policies and procedures were up to date and related to all areas of the service. Staff knew about the policies and had read them. Confirmation of up to date insurance cover for the service was displayed.