Huntercombe (Granby One) Limited

Conifer 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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Conifer Lodge is registered to provide accommodation and nursing care for up to 15 people. At the time of our inspection there were 12 people living at the service. The service is a two storey premises located close to the town of Wisbech. The service is based in a rural location with large garden areas where people can spend time doing gardening, sports and other recreational activities.

This unannounced comprehensive inspection was undertaken by an inspection manager and one inspector and took place on 9 and 10 February 2017.

At the previous inspection in January 2015 the service was rated as 'Good'.

A registered manager was in post at the time of the inspection and had been registered since December 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been trained on how to keep people safe and they knew who they could report any incidents of harm to. Appropriate information was provided in different formats to enable people to report any potential incidents of harm. Accidents and incidents were identified and prompt action was taken to, as far as possible, prevent the potential for any recurrence.

Comprehensive and detailed risk assessments were in place and these helped staff support people in the safest practicable way.

A sufficient number of appropriately recruited and suitably skilled staff were in post to safely meet people's assessed needs. Medicines were managed and administered safely by staff whose competency had been assessed.

Staff supported people to eat a healthy balanced diet and sought the necessary health care interventions when required. Staff adhered to people's health action plans.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA] and to report on what we find. The provider was aware of what they were required to do should any person lack mental capacity. Appropriate authorisations were in place to lawfully deprive people of their liberty. Staff understood and implemented the MCA code of practice. People's rights and best interests were fully supported.

People were given the privacy they needed by staff who demonstrated compassion towards them. Staff provided people's care with dignity, sincerity and in consideration of the way each person wanted to be cared for.

People were provided with various ways they could be involved with their care such as with pictorial guidance, staff, relative or legal representative support. These various ways were used to identify, determine and plan the review of each person's care.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways that enabled people to live as full a life as possible. Staff used new and different ways to help people achieve their ambitions no matter how high each person's aspirations were. People lived busy social lives and they took part in a wide range of interests, education and pastimes which were innovative and met people's individual needs.

People's ideas, suggestions, comments and concerns were listened to and effectively acted upon. This was by staff who were able to suggest additional ideas that the people themselves might not have considered. As a result of this people felt empowered, listened to and valued. The health care professional and person-centred care support that people received helped them achieve exceptional results with their abilities and independent living skills.

The registered manager and staff enabled people to take a key role in the local community and they were actively involved in building further links. Engagement in activities and support networks outside the service was seen as a natural part of people's lives. On-going improvement is seen as essential. The service strived to be known as outstanding and innovative in providing person centred care based on best practice.

The registered manager was supported by a deputy manager, nursing staff, senior support workers and care support workers. Staff had the support mechanisms in place that they needed to fulfil their role effectively.

People, their relatives and staff were completely involved and enabled to make suggestions to improve how the service was run. Effective quality monitoring and assurance processes were in place in driving sustained improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were knowledgeable about how to keep people safe and who they could report any instance of harm to. Risks to people were safely managed.

People's needs were met by a sufficient number of staff who had been recruited in a safe way.

Medicines were administered as prescribed and managed safely.

Is the service effective?

Good

The service was effective.

People's rights were respected and they were only deprived of their liberty where this was lawful.

Trained and skilled staff cared for and supported people and met their nutritional needs.

People were supported with their health care needs and had access to health care professionals.

Is the service caring?

Good

The service was caring.

People received care and support in a sensitive, kind and compassionate manner.

People's care plans enabled staff to meet people's needs in a person centred way. People benefited from the support they received.

People could have visitors when they wanted and advocacy arrangements were in place if this was needed.

Is the service responsive?

Outstanding

The service was exceptionally responsive to people's needs.

People were empowered to contribute to the assessment, planning and review of their care.

People took an active part in a wide range of pastimes, hobbies and interests. Access to all aspects of the community was seen as a natural part of people's lives.

People achieved exceptional results due to the individual support they received.

Is the service well-led?

Good

The service was well-led.

The registered manager led by example and empowered staff to support people in an open and honest culture.

A range of effective quality assurance procedures and systems were in place. Improvements were seen as a day to day activity which people benefited from in the quality of their lives

Staff received the training, support they needed to ensure their skills were as up to date as possible.

Conifer 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 February 2017, was unannounced and was undertaken by an inspection manager and one inspector.

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 looked at this and other information we hold about the service, which included notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law.

Prior to the inspection we spoke with the local authorities who commission people's care, including social workers. We also received information from health care professionals who supported people. We used this information in planning the inspection.

We spoke with five people on the first day of our inspection and two relatives by telephone on the second day. We also spoke with the registered manager, two nursing staff, one senior support worker, two care support workers and a visiting social worker.

We observed how people were cared for.

We looked at three people's care records, medicines administration records and records in relation to the management of staff and the service. The records included staff supervision planning, training planning as well as maintenance records for utility supplies, equipment and food hygiene standards.

Good

Is the service safe?

Our findings

People told us why they felt safe and how their needs were met promptly. One person told us that whenever they needed support from staff that "they are there for me." Another person said, "I can go out when I want. Staff do come with me but this is my choice." We observed that where people required assistance, such as going out with staff or one to one support, that this was provided. One relative told us, "They [staff] make sure my [family member] is safe. They bring him home and stay as long as my [family member] agrees."

Staff had been trained in protecting people from harm and they were knowledgeable about who they could report any concerns to. One nurse said, "I would report any incidents of harm immediately. We do have occasions where something unpredictable happens but people's safety comes first. We record anything that is potentially harmful to the person such as a bruise as well as any person who acts in a way which would make me suspect something was not quite right." Pictorial information was available for people to report any incident of harm or any situation they did not feel comfortable with. A relative told us, "My [family member] always comes home looking well. I don't worry about their safety." They told us that this was because staff knew what ways worked to keep the person calm and anxiety free.

Risk assessments had been completed and covered those areas where people may be at risk such as moving and handling, choking, behaviours which could challenge others, nutrition and being out in a vehicle. People could take risks where this was safe such as being alone in the service. Risks were reviewed regularly and also as soon as any changes were implemented such as the format of people's medicines.

Sufficient guidance was provided so that staff would have the information they needed to support people in a safe way with all risks. Staff were able to tell us how each person needed to be supported safely and the interventions they needed to adhere to. This was with regard to ensuring people to be as anxiety free as possible in a calm environment. Where incidents had occurred we saw that effective strategies had been implemented to minimise the potential risk of harm. For example, by giving people their own space where they could be alone with minimal support or interventions as well as one to one support when this was needed.

Regular reviews of people's needs were undertaken. This helped to ensure that there were sufficient staff with the right skills to care for people in a safe way. We found that there were sufficient staff in post to meet people's assessed needs.

Records we viewed showed us that a robust process was in place to help make sure that staff were only recruited after all necessary checks had been completed. These checks included a clear Disclosure and Barring Service (DBS) check for any unacceptable police records, two recent employment references and recent photographic identity. This was as well as any gaps in employment having a valid explanation. One support worker said, "I didn't start work until my DBS came back clear." The registered manager told us, "Staff recruitment is a challenge in the area but I have a loyal team. Any new staff need to have the right attitude and skills."

We found that staff had been trained as well as being deemed competent in the safe administration of people's medicines. Records we viewed showed that staff recorded people's administration of medicines correctly and as prescribed. Medicines were managed safely, securely stored and disposed of. Appropriate protocols were in place for 'as and when' medicines as well as those medicines which could be needed in an emergency situation. We found that there were suitable arrangements in place for people to receive their medicines when they went to see relatives or whenever they were on holiday or out in the community. Regular checks were in place to make sure that the recording of people's medicines was accurate. People could be confident that they would be safely supported with their medicines.

One nurse told us, "I get checked by the [registered] manager as they are a nurse too, before I am allowed to administer medicines. My competency to do this safely is assessed every six months." A support worker said, "I don't administer medicines only the nurses do this." We found that people had their medicines with them when they went out including when attending healthcare appointments with staff. Our observations showed that staff prompted people to take their medicines as prescribed such as with or after their meals.

Good

Is the service effective?

Our findings

People's needs, including their capacity to make decisions, were assessed prior to using the service and these were regularly reviewed. Their preferences and the ability of people to make decisions which been determined were used as information that formed the basis upon which people's care plans were based. As a result of the training, coaching, mentoring and support staff had received, people were provided with care by staff who had developed the skills required to meet each person's needs well. The provider told us in their PIR that, "All [people] are allocated a named nurse, keyworker and associates. Upon admission this role is automatically allocated. However, letters are sent to [people] offering them the opportunity to change/request an alternative care team of their choice."

Staff were provided with a regular programme of support. One nurse told us, "I have an observed supervision as well as a meeting with the [registered] manager at least every six weeks. At the end of the year I don't have any surprise at my appraisal. I know what I have done well and where I needed to develop my skills." A support worker said, "My supervisions are very much two way. I get to say what is working well, any additional support or training that I need as well as what each person's achievements have been with my support."

Mechanisms were in place to support staff in their role and these were effective in driving improvement such as residents' and staff meetings and observations of the standard and quality of staff's work.
A planned programme of training for staff was in place. This helped staff keep their care and nursing skills up-to-date. One nurse told us, "I have clinical supervision from the [registered] manager. My nursing revalidation (this is a process registered nurses must complete to evidence their current nursing skills) is not due until the end of 2018 but I am building my evidence as I go along."

We saw that the induction for new staff included mandatory subjects such as first aid, positive behaviour support (PBS) (PBS is widely recognised as an effective way of supporting people who display, or are at risk of displaying, behaviour which could challenge others)) therapy, food hygiene and safeguarding. A support worker said, "My induction was over a few weeks. I have had all the support I need. I can always ask any of the [staff] team or nurses if I am not sure about something." Other subject specific training staff had undertaken included autism, epilepsy, diabetes and dementia care.

We observed how staff communicated with people effectively both verbally as well as using other ways the person communicated such as body, or sign language. A social worker said, "They [staff] have, over a period of time, built a trusting relationship in the person's own time, but recognising when it was time to give the person their own time. They have done this ever so well, even where some people with very complex mental health or autistic support needs." Relatives also commented favourably about how staff knew their family member's nuances. For example, one said, "Whatever [Family member] needs he is supported with his strengths. They [staff] always see the positive in what my [family member] can do." People could be confident that their care was provided by staff who had the necessary skills according to their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Appropriate applications had been sought and in most cases these had been authorised. This had been to lawfully deprive people of their liberty by making decisions on where people lived. Staff were observed to respect people's rights and ensured that these were safeguarded. We saw that people's care was in their best interests and that it was being provided in the least restrictive way. One nurse said, "The five key principles of the MCA are in an order to determine when people can and cannot make their own decisions." A support worker told us, "If they [people] can't always make a decision such as what to eat, we have picture cards as they like choosing from these." The registered manager told us, and records we viewed, confirmed that people only went out with staff's support where this was required. Some people requested this assistance such as being driven to go out somewhere. This meant that there were safeguards in place for people.

We observed, and records confirmed, that people were supported to eat and drink sufficient quantities. Arrangements were in place to help ensure people ate well and healthily. One person said that they had "lost weight" (which was what they wanted) and that they "could now do more things." We saw that staff supported the person with their breakfast cereal as well as offering them sweetener in their drink. A wide selection of nutritious food and drinks were provided.

People and staff could access hot and cold drinks and snacks at any time they wanted. This was because each of the kitchen areas had a ready supply of snacks which could be accessed and requested as appropriate. Another person told us that the food they had was "very nice, tasty and plenty of it". A relative said, "When my [family member] first went to Conifer Lodge they were a bit on the thin side. They are now very well and eat good things as well as having a take away treat." Where people were at risk of choking we saw that guidance provided had been adhered to by staff such as offering soft foods.

People's health needs were met with. A nurse told us, "Every person has a health plan which can and does change depending upon the person. For example where people were at risk of choking we consulted with our own speech and language therapist as well as the GP and they are prescribed medicines in a liquid format." A consultant had written to the registered manager saying, "Not only are [person's name] family deeply impressed but the professional documentation, preparation of the meeting with me and the quality of [healthcare] information provided is exemplary." And "As a result of the strategic information from [staff] and [person's] family I have been able to draw up a clinical care plan." We saw that this plan had been implemented to the health benefit of the person.

We observed how one person had been accompanied to an optician's appointment and staff were in progress of implementing the care instructions. The person said that they "felt better" knowing that their

health care was being looked after. People could be confident that their healthcare needs would be responded to and that the resulting health care was effective.

Good

Is the service caring?

Our findings

People told us, and we observed that throughout our inspection, that care was provided with dignity, sincerity and compassion. We saw that when people went out that they were not rushed. One support worker was heard asking a person "make sure you've got your coat and gloves as it is a bitterly cold day". We saw that when the person returned how grateful they had been for being dressed appropriately. Another support worker was seen bending down to speak with a person face to face and to seek assurance that the person was warm enough and that they were as happy as they could be. One relative told us, "When [family member] first went to Conifer Lodge the [registered] manager settled them in gradually and made sure they settled in. All the staff are wonderfully caring."

One relative told us, "My [family member] always tells me how well staff have cared for them and made them so much more independent." One person said that their support workers and nurses knew them "ever so well". Another relative had complimented the service by saying, "Thank you so much for all the work you have done with [family member]. You know much more about them than me. You have so cleverly put [information] together I know how painstaking that can be."

Staff considered each person's needs and acted according to their strengths. We observed and heard several situations where staff helped people to be cared for in private. One relative told us, "My [family member] likes to have his door open. He likes other people and staff to knock or wait to be invited in." This is what we found. The person said, "I like company but when I want it. I like to see and hear what's going on. It's my choice." One relative told us that the service was "just so friendly and family orientated". Another relative said, "Whenever we pick [family member] up, all the staff are ever so nice. They must always be like this or [family member] would not want to live there. He loves it."

As a result of people's detailed care plans and the amount of time staff had cared for and supported people, each person's preferences were well known and acted upon. For example, people were made to feel they mattered whilst remaining as independent as they wanted to be such as by doing the pastimes they wanted, when they wanted. One support worker was heard asking a person, "Would you like me to help you with that [cutting up lunch]?" Another regularly checked to make sure a person was not in any pain.

Appropriate measures were in place to help make sure people's personal information, including care records, were held to help maintain people's confidential matters. Support workers and nursing staff achieved this by respecting people's privacy using towels, closing curtains and doors and letting people do as much of their personal care as they wanted to. One person told us that the support workers "cared for me really nicely". We were given various examples by all staff as to how they respected people's privacy and dignity. For example, one nurse told us, "If people need treatment or medicines in private, then this is what happens." A support worker said, "We often have a conversation. I let the person have their privacy in the shower." Our observations throughout the day confirmed that people were well looked after.

Staff supported people to be involved in their care through regular private conversations and meetings. For one person this was demonstrated when they went out for a drive. This put the person at ease and meant

they were able to discuss the things they needed to. Reviews of the person's care were included in general conversation which would, otherwise, not have been forthcoming. We observed how staff encouraged people's independence. This was by letting people undertake their tasks of daily living at their own pace. One person told us that they "got the support" they needed. A relative told us, "We visit quite regularly but [registered manager] calls to make sure my [family member's] needs are being met." Information appropriate to each person's needs was provided, such as easy read documents, pictorial choices and people's verbal communication skills. This was to identify as much as possible what was important to each person.

We saw that people could go out to meet friends at a day centre as well as being visited by relatives at a convenient time to the person. To encourage more involvement in determining people's needs, a 'Friends and Family Fridays' had been introduced. This was a local initiative introduced within the service in the past 12 months. Its purpose was to encourage friends and family to maintain and promote relationships with their loved ones. It provided friends and family the opportunity to meet with the staff team including the management. This was every Friday on an informal basis outside of regular visits and review meetings.

Staff demonstrated the values of the provider such as "treating people as a person." A social worker told us, "Contact with family is promoted, and with one [person] they provide physical support to enable him to spend time with his family." This enabled people to have an informed choice about how they wished to live their lives and who they wanted to spend time with.

We found that formal advocacy for people with an authorised DoLS, where the only representative was paid staff, was available if required. Other informal arrangements were in place such as people with a lasting power of attorney and informal advocacy through national organisations. An advocate is a person who is able to speak on the person's behalf and make sure that the person's wishes and preferences are respected.

Outstanding ☆

Is the service responsive?

Our findings

People, and those acting on their behalf, played a lead role in the assessment and planning of each person's care. Each person had a member of staff who acted as their keyworker. Keyworkers met with people each month to discuss their plans of care, to ensure that these were up to date and reflected people's wishes and individual needs. Information and comments from reviews of people's care was obtained in a variety of ways. These included people being enabled to exercise their choices of activities and pastimes. Staff used their detailed knowledge of people to ensure that people were supported to make decisions and choices. For example, a conversation during a journey in a vehicle where people made personalised choices. This had been entirely down to the skills of staff in recognising what worked well for people and the benefits to their lives as a result of this. Another example was where people had developed a positive bond with chickens and people with staff's support were being enabled to be fully involved in raising and rearing these animals. As a result of this people felt empowered, listened to and valued.

Staff used innovative ways to help people achieve their ambitions and achieved exceptional results no matter how high each person's aspirations were. For example, one person had anxieties in any place outside the service and they had expressed a wish to open a bank account. For the person to hold a bank account, they had to have their signature witnessed by bank staff. After approaching several banks the registered manager had reached an agreement whereby the person could sign all the necessary documents in the service's car with a member of staff from the bank present. This enabled the person to have access to their finances in a totally independent way. This had been something social workers had not thought possible.

The service was flexible and responsive to the individual needs of everyone using the service, finding creative ways that enabled people to live a full a life as possible. A social worker told us, "It does appear that the service takes a person centred approach and are keen to provide the best service for each [person]. One relative said, "At Christmas my [family member] had been set on going to a show. At the last moment they had changed their minds and rather than staff just accepting this they offered an alternative [of] going to a café, which my [family member] told me they loved. They [staff] treated my [family member] with such sensitivity." Another relative said, "When support workers brought my [family member] home recently the [staff] stayed as my [family member] now likes this as it helps him to be calm and much happier. He now looks forward to going back to his home."

Health care professionals told us how flexible the service was. One health care professional had fed back to the registered manager that despite a person having complex mental and physical health issues the registered manager and skilled staff team had enabled the person to access the community. They had achieved this through much trial and error but eventually the person had benefitted from going out in a car. The person has also gained so much confidence at a local farm that it was now possible for him to interact with various animals. Staff told us, and provided evidence that showed how the person had gained immense satisfaction which was shown in the delight in their face. This was in a photograph we saw. One relative told us, "Whatever my [family member] needs he is supported with his abilities. They [staff] also respond to suggestions. They are very approachable and listen to my ideas."

A consultant who supported people with their mental health needs told us, "A big achievement for one individual was that he now is going in to the community and developing his social network. Prior to this he did not wish to leave his previous home much." The consultant had also fed back to the registered manager that as a result of staff's skills this person had gone from someone who would only say a few words to being able to have a five to ten minute conversation with and this had been a catalyst in enabling the person to be a full part of the community.

People lived busy social lives and they took part in a wide range of interests, education and pastimes. Examples of this included a person who had anxieties in public places but were comfortable in a vehicle with staff support. This had in the past prevented the person ever leaving the service. One relative had recently complimented the whole staff team by saying, "I feel I must write to tell you what a wonderful job you have made of looking after [family member]. He has changed from a miserable, sad, lonely person into a much more contented and happy man. This is solely due to the wonderful staff you have. Nothing is too much trouble to occupy [family member's] mind. I honestly can't speak highly enough of them."

The registered manager used people's DoLS as a way of enriching people's lives and building upon people's strengths. Everything they did for people was seen as achievable. For example, by giving people independence with a minimal amount of staff support; even if this took a considerable effort or amount of time.

One social worker told us that as a result of the success of the registered manager and staff team they had placed two further people in the service where previous placements had not worked out. They said, "The support provided for both [people] has helped reduce behaviours, anxiety and improved on their mental health."

People told us about all the wide range of educational programmes, pastimes, trips out, hobbies and interests that they had undertaken. We saw how people had been to London, eaten out and had been on a boat trip. Another group of people we saw had been awarded for their charity work. They had dressed up in very smart suits and had attended a ceremony commending them for their achievements with local churches and charities. One person said, "I love going to London, seeing army tanks, as well as going bowling, swimming and out to a restaurant."

People's ideas, suggestions, comments and concerns were listened to and effectively acted upon. For example, people had requested improvements to provide a unique cinema experience and options to spend time on their own. These requests had been actioned and at the time of our inspection there were plans for the conservatory to be made into a cinema room. and benefitting from this.

We saw that there was a formal process in place if people ever needed to complain, raise concerns, make suggestions and provide compliments. Other methods were used to identify opportunities to improve the service such as informal conversations, resident's meetings, discussions over a meal as well as during staff handovers. People could also access easy read records or picture cards as well as 'smiley faces' as a way of determining their satisfaction.

People and their relatives told us that they were satisfied with how their care needs were met. One person said, "I love it here. If I need anything changed I just go to the office and [registered manager] sorts things out." A relative said, "They [staff] have done a miraculous job. It [Conifer Lodge] is the only place my [family member] has ever been settled and happy. He will now go anywhere with staff which he has never done before." Records of complaints showed us that they had been resolved to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

All health care professionals, commissioners and social workers were unanimous in their praise for the registered manager and their leadership style. A commissioner of the service said, "I have found that [registered manager], has been very approachable. She has been easy to get in contact with and has provided swift responses. She was able to arrange for the staff team to have some training around a certain [person] which was felt to be helpful in supporting this person." Other feedback had been provided in the form of a bi monthly newsletter, which the registered manager had introduced, as well as compliments from health care professionals and social workers. This was as well as relatives and people. One health care professional's comment read, "Thank you for your leadership and the achievement of the quality of care and the exceptional improvement in the quality of life that has resulted from your skilled and motivated team of colleagues." Our observations confirmed that the registered manager had continued with improvements.

As part of the provider's recognition of achievements the registered manager had been nominated and won a 'hero of the year' award. This is a process which highlights the provider's services where staff have gone above and beyond what is expected of them. The citation from the chief executive officer read, "You have made great progress on quality, occupancy and recruitment at Conifer Lodge. Your leadership of the service is invaluable. Thank you so much."

People were enabled to play an active part in the way the service was run and how improvements were implemented. A health care professional had fed back to the registered manager about the quality of care people had received. They had stated, "You should be proud of the quality of care you provide to [person] and all other service users I have had the privilege to support in your home." Other comments included that staff were "awesome" in the quality of care provided. A social worker had told us, "[Name of registered manager] is a very good listener; we share ideas on what has worked well. They are always willing to try new strategies." A commissioner fed back to us by stating, "Having known [two people] for several years there is a noticeable improvement in their general behaviour and wellbeing."

The provider told us in their PIR that, "The [registered] manager promotes an 'open door' policy where staff, relatives and external professionals can visit to discuss any issues or concerns. In addition, the [registered] manager has implemented a local initiative - Friends and Family Fridays to positively reinforce an open and honest culture. We found that an open and honest culture had been fostered and grown where staff were empowered to make decisions and to be accountable for these. This was especially when the registered manager was on leave. The registered manager said, "I know that whenever I am away for whatever reason that things will run just as smoothly."

At this inspection we found that the provider and registered manager were prominently displaying their previous inspection rating. We also found that the registered manager had notified us about important events that, by law, they are required to. The registered manager was supported by a regional manager, deputy manager, nursing staff, senior support workers and care workers as well as a staff member responsible for activities and communications. Their role for communications was to make sure that staff had the latest information such as that for medicines administration, care practice and other information

which was pertinent to each person using the service.

A programme of effective quality assurance and audits was in place. These audits and checks had identified areas for improvement. For example, with the accuracy of medicines administration recording as well as the feedback that staff were provided with on subjects such as safeguarding. This was for incidents or near misses where there may have been potential for an incident as well as changes that had been made such as calming intervention strategies for people's behaviours.

The provider confirmed in their PIR that, "Monthly team meetings followed a standardised agenda with staff able to make contributions throughout, lessons learnt [from any incidents] were reviewed at local team meetings and reviewed corporately at the provider's regional governance meetings." Other sources of information were used such as staff and residents'/relatives' surveys. Where comments had been provided, such as "staff not always doing this consistently" we saw that action had been taken. This had been to make sure that all staff correctly completed information in people's care plans and other records. This showed us that opportunities for improvement were sought at every opportunity.

People's and staff's feedback was sought through a variety of means which were appropriate for the way people were supported. People could comment during formal reviews whereas for some people this would cause anxieties. Strategies to gain people's views had been effective such as changing the way information was gathered in a relaxed and informal setting.

Staff and the deputy manager had daily contact with the staff team. They provided cover at night time and weekends where at least one of them was on call duty. One support worker said, "I have the [registered] manager's mobile number and I have called them. I just need reassurance that the actions I had done were right. I was supported positively and encouraged." A relative told us, "I can and do speak with [name of registered manager] when I call in but sometimes I just like to have lunch with my [family member]. It is so relaxed."

Staff meetings and observations by the registered manager and deputy manager were used as an opportunity to praise staff as well as reminding them, if needed, of the standard of nursing and care that was expected. For example, a nurse told us, "I noticed that one support worker wasn't achieving the expected standards of care and they were given the opportunity to improve."

Staff were aware of the service's whistle blowing policy, how and when to use it. One nurse told us, "If I ever witnessed poor care or even care that does not meet our standards I would make sure that action was taken. This could be more training for the staff, removal from a particular person or in a serious case this could, if required, result in their suspension." The registered manager told us, and we saw, that they spent much time around the service. This was as well as their office being a hive of activity where people's presence was welcomed. One person said that they "saw the [registered manager]" every time they went in the office and that they were asked if everything was alright and if there was anything that staff could do. One support worker, "We are always being watched but only in a way to make sure that we have people and their interests at heart."