Sanctuary Care Limited

Lammas House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 21 January 2016 and it was unannounced.

Lammas House provides accommodation and personal care for up to 23 older people, some of whom, may have a physical disability or sensory impairment. On the day of our inspection there were 23 people living in the home.

The home has a registered manager. 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.

People told us they felt safe and would feel at ease to raise any concerns with staff or the registered manager if they needed to. Care staff knew how to protect people against the risk of abuse and had completed training in safeguarding people so they knew how to recognise abuse and poor practice.

People told us they received their medicines when they needed them and records confirmed this. However, there were some practices in regards to managing medicines that did not follow good practice guidelines to ensure medicine management was consistently safe. People were able to access health professionals such as a GP and district nurses to support their healthcare needs.

People were supported by sufficient numbers of staff who made time for them and did not rush them. People were positive about the staff and felt their care needs were being met. Staff received on-going training considered essential to help them achieve the skills and competences they needed to care for people safely.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). People who lacked capacity to make decisions were appropriately supported.

People were offered choices of nutritious food that met their needs and there were regular choices of drinks available during the day. Where people needed support or encouragement to eat, this was provided.

People were supported to engage in a range of social activities that they enjoyed. Work was on-going to ensure social activities were person centred in accordance with people's interests and wishes.

There was a warm, relaxed atmosphere in the home and people were looked after by staff who knew and understood them well. Staff treated people with kindness, showed respect and maintained people's dignity. People were supported to maintain relationships and friendships with those important to them and visitors confirmed they were welcomed into the home.

Each person had a detailed care plan that was personalised and people and their relatives felt the care and support provided met people's individual needs. Care plans were regularly reviewed and people felt involved in decisions relating to their care.

People knew how to raise any concerns or complaints and were confident to raise these with staff or the registered manager if they needed to.

There was clear leadership within the home and an open culture where staff and people's opinions about the care and services provided were encouraged and sought. Both the registered manager and the provider carried out regular checks on the quality of care and services provided to identify any areas that needing improvement. People and staff told us their views and opinions were listened to and acted upon. We saw that planned improvements were focussed on people's experiences and wishes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff understood the procedures to safeguard people from abuse and their responsibilities to report any concerns regarding potential abuse to their manager. Risks associated with people's care were identified and managed to keep people safe. There were enough staff to meet the needs of people and recruitment procedures helped ensure staff were suitable to work at the home. Medicine management was not consistently safe although people felt they received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported to maintain good health and had access to healthcare professionals to support their healthcare needs. The registered manager and staff had a good understanding of the Mental Capacity Act and how to support people in decision making. Staff had the knowledge to meet people's needs effectively including their nutritional needs. People enjoyed relaxed and social meals and were offered choices about what they wanted to eat.

Is the service caring?

Good

The service was caring.

Staff were caring and attentive to people. They offered reassurance when it was needed and did not rush people. People's privacy and dignity was respected and they were supported to maintain as much independence as they wished. Care records considered people's comfort and emotional needs to help ensure these were met. People were involved in day to day decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed to ensure the care they received met their needs and preferences. Staff understood people's likes and dislikes and how to support people in a way they preferred. People told us they were involved in decisions about how they were cared for and supported. People were supported to engage in activities provided by the home that promoted their mental and physical wellbeing. People were confident any complaints would be dealt with promptly.

Is the service well-led?

Good

The service was well-led.

People, visitors and staff spoke positively about the friendly and supportive atmosphere in the home. Staff understood their roles and were reminded of good practice through regular staff meetings. People spoke positively of the registered manager and provider. People were regularly asked their opinions about the home through quality satisfaction surveys and meetings. The provider was committed to ensuring continuous improvement of the home in order to support people's wellbeing and quality of life.

Lammas House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 21 January 2016 and was unannounced. The inspection was undertaken by two inspectors.

We reviewed the information received from the local authority commissioners and also 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 six people who lived at the home. We also spoke with three relatives, the registered manager and five care staff. We observed care and support being delivered in the communal areas including how people were supported at breakfast and lunch time.

We reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered. We checked two staff files to see whether staff were recruited safely. We also checked staff were 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. We looked at records in regards to complaints, deprivation of liberty safeguards, medication and safeguarding management.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. People told us, "It's very homely and safe here." and "I feel as safe as if I was wrapped in a cocoon here."

All the staff we spoke with knew and understood their responsibilities to keep people safe. They had completed training in safeguarding people and were aware of the different signs of abuse such as neglect and how to recognise this. One staff member told us, "If I feel someone is not right, I always go in and have a chat and see if there is a problem, there is all sorts of abuse isn't there." We asked a member of staff what they would do if they noted a person had bruises. The staff member knew about the importance of acting on this and advising more senior staff. They told us, "Skin, I have a thing about it. If assisting someone with a bath, if they have got capacity I would ask them about it. Look at the colour of the bruise, how big it is and we have a skin chart, we record it on in the care plan."

Staff knew to report any concerns or poor practice to their senior or manager and the procedures to follow to ensure action was taken. One staff member told us, "I would report it to my senior and make sure the manager knows." Another staff member told us, "I would look for the senior or go straight to the care manager and if she was off, go and look in the book in the office which states in the procedure which 'Sanctuary' boss to contact."

There was equipment to enable people to be moved around the home safely. This included individual walking aids as well as wheelchairs with footplates attached to help prevent the risk of people's feet being caught or trapped. Staff told us they were informed about risks associated with people's care at daily meetings held each morning with all staff groups, or at handover meetings held at the beginning of each shift. This was to make sure they took the appropriate action to manage these risks. For example, at one of the meetings staff were informed about a person who had fallen during the night. Staff were requested to monitor the person to make sure they were alright. Another person had experienced difficulty walking and staff were asked to ensure two of them assisted the person when mobilising. Staff were also advised of a medicine change for this person so they could monitor any side effects. This demonstrated there were effective processes in place to communicate risks to keep people safe.

There were comprehensive care plans and risk assessments to identify any potential risks to people in regards to their health and care. Detailed care plans informed staff how risks should be managed to keep people, staff and others safe. For example, people at risk of skin damage had risk assessments on their files so that staff knew how to manage this risk. Specialist mattresses were used to reduce the risk of skin damage. One person was identified as being at high risk of falls. Risk assessments and care plans detailed how to prevent further falls. We observed those people at risk of falls were supported by staff to move around the home. Sometimes this was just by walking alongside them when they were using their walking aids so that they felt reassured and safe. Records showed risks identified were regularly reviewed to note any changes in the person's health and to make sure risks to people could be minimised and safely managed.

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Any accident and incidents within the home were recorded but we noticed the number of these was minimal. The registered manager kept detailed records of accidents and reviewed these on a monthly basis to ensure any risks to people were managed. Action had been taken to refer people to health professionals where this was found necessary, such as when they had fallen or sustained an injury. There were processes in place to report any serious injuries to the relevant authorities so that any further investigations could be undertaken if necessary. There was guidance to staff on managing head injuries and we saw a policy for the prevention and management of falls which staff were expected to follow. A staff member we spoke with understood their responsibilities to record and report any falls in line with the falls policy. They told us, "We make sure all exits are clear for people to walk up and down. If someone falls we always record it …. and follow up with the falls charts."

The provider had taken measures to minimise the impact of unexpected events. An emergency folder contained all the information staff would need to keep people safe should the home need to be evacuated in an emergency. Each person had a risk assessment to determine their understanding of the evacuation process and a personal emergency evacuation plan (PEEP) which detailed their individual needs for support in an emergency. We found one of these plans had not been updated to show how a risk associated with a person's hearing was to be managed.

People told us there were sufficient numbers of staff to meet their needs. Comments included, "They always come quickly if I need them'. and "It's about right for the amount of staff." A visitor told us, "[Person's] well looked after, they pop in and out all the time to check on [person]." During our visit we saw there were enough staff to meet people's care and welfare needs and provide the supervision and support people needed to keep them safe at the home.

Records showed that staff were recruited safely, which minimised risks to people's safety and welfare. The provider carried out police checks and obtained references to ensure staff were safe to work with people who lived in the home. Staff we spoke with confirmed they were not allowed to start work until all the recruitment checks had been completed.

People told us they received their medicines when they expected them. All were happy with the way their medicines were administered and had not experienced any problems. People felt they had a quick response if they needed pain relief. People told us, "They give me my three tablets every morning at breakfast." "I take four medicines and they bring these when I need them. If I need extra medicine for my pain, I ask them and they bring it for me quickly." Medicine administration records showed people received their medication as prescribed.

We observed a staff member administering medicines so we could check that safe practices were being followed. We noted that sometimes medicines were given to people in a pot and left with them without the staff member observing the person swallowing them. Good practice medicine guidelines would expect staff to observe a person taking their medicines before signing records to confirm this. This is to ensure the person takes their medicines as prescribed to manage their health and meet their needs. We discussed this with the registered manager who agreed this was not acceptable practice and this would be addressed. The registered manager told us that all staff who administered medicines had received training but the staff member concerned rarely administered medicines.

We noted that action had been taken by staff to contact a health professional where one person was finding difficulty in swallowing their tablets and was at risk of choking. Arrangements had been made by the GP for the person's medicines to be provided in a liquid format so that the person could swallow them. The GP had also prescribed a thickening agent to help the person swallow fluids. We saw this was being used which

demonstrated staff were following the instructions of the health professional to prevent the person from choking.

Some people required medication to be administered on an "as required" basis. There were systems to monitor the amount of these medicines taken by people to make sure dosages were not exceeded and they were administered safely and consistently. Regular checks were undertaken to make sure medicines were stored in accordance with manufacturer's instructions and remained effective. However, we noticed the medicine trolley was not consistently locked when a staff member left the trolley to deliver medicines to people. This meant medicines were not always secure.

Staff completed training before they were able to administer medicines and regular audit checks of medicines were carried out to make sure they were being managed safely. We noted during our inspection there was an error in recording whether a medicine had been given. We brought this to the attention of the registered manager who dealt with the matter immediately by speaking to the staff concerned. The registered manager advised that staff involved in unsafe medicine practice or errors were subject to further observations and training to address their competence.

Good

Is the service effective?

Our findings

People felt that staff had the necessary skills and experience to support them safely and were happy with the care they received. One person who we asked about staff skills told us, "There isn't one you can put a cross against for anything, they all get double ticks."

We saw staff met people's needs effectively and in a way they preferred. New staff followed an induction programme and shadowed more experienced staff so they felt confident to work independently. One staff member told us they had shadowed another member of staff for two weeks before they worked independently and found this helped them to understand their role. All new staff commenced training towards achieving the Care Certificate which was introduced in April 2015. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff received ongoing training considered essential to help them achieve the skills and competences they needed to care for people safely. This included some training linked to people's needs such as dementia care. Staff we spoke with told us they felt training provided them with the skills and knowledge they required to meet people's needs effectively. One staff member told us, "All my mandatory training is up-to-date. I have got training on nutrition and using a thickening agent and getting it right as there are new products out. Sanctuary are hot on training schemes."

The registered manager told us they tested staff competence by asking them questions and also by observing their practice. They told us, "I ask questions constantly, the seniors monitor staff on shift, we discuss training at supervisions. [Staff member] is a moving and handling trainer and sometimes she has done this twice (with staff) if she sees them do something that is incorrect." We saw evidence of a question session on the day of our inspection. Staff were encouraged to put forward a question linked to people's care to a group of staff. Staff discussed the question and told us this helped their learning.

Staff told us they attended regular supervision meetings with their manager where their performance and training needs were discussed. Staff also had an annual appraisal of their work to ensure they were working to the standards required by the provider. The registered manager told us staff were subject to further training and support if a concern was noted in regards to their performance. Senior staff told us they attended specific training in 'management' to help them be more effective in their role.

We asked the registered manager about their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity (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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the registered manager and staff had a good understanding of the MCA and DoLS. During our visit we attended a meeting where staff were asked to confirm to the registered manager which people were subject to DoLS restrictions. Staff were able to provide this information to the registered manager and knew about how people needed to be supported. There was a clear and comprehensive record of DoLS applications and DoLS authorisations. There was evidence that staff tracked the progress of applications and checked the timescales for applying for further authorisations.

We saw that staff asked people if they consented to the care they were about to deliver so they could decide if they wanted support. A visitor told us this regularly happened. Care staff were aware they needed to obtain people's consent before giving care. People's care records contained an assessment of their mental capacity to make individual decisions. These were detailed and were regularly reviewed. Records included a 'best interests' check list to help staff understand where people needed support with decisions. There was evidence that families were involved in decision making where appropriate. Where people did not have family or a person to represent them in any decision making, there was information clearly displayed on a notice board about advocacy services that could be approached for support.

People made choices about what meals they wanted. On the day of our visit we saw people were asked what they would like to eat for breakfast and lunch. Most people were able to eat independently. Staff prompted some people to eat and also provided assistance to one person who we saw needed support. Staff were attentive to people's needs during the lunchtime period.
One person who requested a clothes protector was provided with one. People we spoke with told us they had specific likes and dislikes regarding their meals. We saw at breakfast and lunchtime the chef was very accommodating to people's wishes in regards to their meals.

We spoke with the chef on duty and it was clear they had a good understanding of individual people's dietary needs and preferences. The chef confirmed that the catering staff worked closely with the care staff to make sure people received sufficient to eat and drink. The chef told us they recorded information about how well people had eaten and regularly monitored this to ensure people's nutritional needs were met.

Mealtimes were a social event with people sharing tables and chatting amongst one another. People were very positive about the food provided. They told us, "The food is excellent, it's marvellous". "I am a fussy eater and the chef gets me what I want." and "I like toast in the morning, hot and cut in strips with the crust off. The chef always does this for me and brings it to me when I sit at the breakfast table."

Where people were at risk of not eating or drinking sufficient to maintain their health, an assessment of their nutritional needs was completed and actions implemented to address any risks. This included seeking professional advice and fortifying food (adding calories to food such as cream or butter). Where appropriate the amount of food and drink people consumed was monitored to make sure they were eating and/or drinking sufficient quantities. Staff spoken with understood risks associated with people's nutrition and how to support them. For example, they knew about one person who required close monitoring when they were eating and drinking as they were at risk of choking. At lunchtime, we saw the person's food had been cut into small pieces and their fluid intake was closely monitored in accordance with their care plan.

We noted that the records used to record what people had eaten and drank were not always being checked

to make sure the person had consumed enough. On two forms we looked at the person had not consumed the amount of fluids recommended. The forms were not signed to show they had been checked in accordance with the home's procedures. The registered manager told us she would look into why this had happened and would make sure the necessary improvements regarding monitoring were carried out.

People and visitors told us arrangements to see a healthcare professional were good and appointments were organised in a timely way when needed. Comments included, "I asked staff to arrange a chiropodist visit on the Wednesday and they were here on the Friday." and "They picked up on her infection quickly and got the doctor in to see her."

Staff told us that care plans provided them with guidance on how to meet people's healthcare needs. They told us when they identified changes in people's health these were reported to their senior or the registered manager so that prompt action could be taken to seek medical advice. The registered manager told us a GP visited the home on a weekly basis to attend to people's healthcare needs.

Good

Is the service caring?

Our findings

We asked people and visitors if the staff were caring and received positive responses. They told us, "They are really friendly, the girls are very kind." "They look after me well, they see to everything." and "We've got to know staff very well, they are all really nice."

There were small comfortable seating areas on each floor, but the size of the areas limited the amount of people that could sit together to form and maintain relationships with others. Most people remained in their rooms. Lunchtime however, was a social occasion with the majority of people using the large dining room on the ground floor. People talked amongst themselves and it was clear they had formed relationships and were relaxed in the company of others. For example, one person helped another to put their cardigan on. Another, showed a person a brochure with some clothing items which they thought they would be interested in purchasing.

During the day we observed that staff checked to see if people were alright and if they needed anything. There was clear evidence of caring relationships. When one person became anxious, because they wanted something from their room, a care staff member offered reassurance and went to collect the items they wanted which settled them and they became calm.

Staff we spoke with were knowledgeable of the people they were caring for and recognised the importance of maintaining people's independence. For example, staff told us about one person who liked to be independent and disliked decisions being made on their behalf. They told us, "Very independent lady, [person] knows exactly what they want. [Person] is a very set routine person." They told us about another person who liked to make their own bed and only accepted help if they really struggled to do it themselves. We saw one person initially was being supported to eat their breakfast by a staff member, but they were then given a spoon to see if they could manage to eat themselves, which they did. Staff did not rush people and encouraged people to take their time when walking with their walking aids. Staff addressed people by their preferred names.

We asked staff how they provided a caring environment for the people who lived at the home. Staff told us they talked to people to get to know about them and their needs. One staff member told us, "I talk to anybody. There is a new lady in today so I will go in and have a chat with her and what she likes and does not like." Care files contained care plans for people's "comfort" and "emotional" needs which demonstrated these had been identified as important elements of meeting people's needs.

We saw a thank you letter from a relative which commented on the caring nature of the staff. It stated, "I want to congratulate you and your wonderful team at Lammas House…... [staff member] and your other staff are most caring."

The registered manager told us how they ensured staff were caring in their approach towards people. They said, "The best way is to talk to the resident and see what they want. It is constant, they (staff) need to ask every day before they do something."

Staff we spoke with understood the importance of maintaining people's privacy and dignity and this was reinforced by the registered manager. They explained the provider's expectations of staff in maintaining people's dignity, privacy and independence. They said, "I have noticed staff knock the door (to people's rooms) and if helping with personal care they close the curtains, they do it perfectly correctly. If they want a discussion privately, they take people from communal areas to their room. They don't discuss people in communal areas."

People we spoke with confirmed staff were careful to ensure their privacy and dignity needs were met. One person gave the example of falling over in the bathroom when they were undressed and explained how staff preserved their dignity and helped them to stand so they did not feel embarrassed. Care plans also contained information to support people's specific wishes such as leaving doors open or closed to their room.

We noticed in the "sleeping and waking" care plans there were instructions for staff to ensure windows were closed and curtains drawn in evenings to that people remained warm and their privacy was maintained.

Families and friends were able to visit at any time. The registered manager told us there was open visiting but stated they normally told people what time meals were and invited relatives or visitors to stay for a meal if they were visiting at that time.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. Both people and their relatives were positive about how staff involved them in care planning. One relative told us, "We have felt very welcomed here and are very happy with the information given, we have been able to ask any questions we wanted."

Staff spoken with gave good examples of person centred care. One example given was in relation to a person who had advanced dementia and could become anxious. Staff told us how they used distraction techniques when this happened to prevent the person's anxiety from increasing.

Staff used information shared at handover meetings at the beginning of each shift to ensure any concerns relating to people's needs were monitored and followed up if necessary. For example, one person had not slept very well and had an unsettled night. The night staff told us they had reported this to the day staff so they could check the person was alright throughout the day. We saw staff were responsive to requests made of people during the day such as requests to help them move around the home. At mealtimes when people made specific requests regarding food and drinks, the chef was very accommodating to ensure their requests were met promptly.

People's needs were assessed prior to them arriving at the home to make sure they could be met. Information from the assessment was used to develop individual care plans. Care plans contained information about each person's needs, preferences and the support they required. Staff told us they had some time to read care plans so they could obtain the necessary knowledge to support people in the way they preferred. Sometimes the detailed information staff told us was not confirmed in the care records we looked at. However, we were provided with assurance through talking with staff that people received appropriate care. Care plan reviews were carried out to make sure information within them remained accurate. These were up-to-date and showed where people had been involved in their care. There were entries in the care plans where people had commented about their care demonstrating their views were being sought.

Where people had specific interests and hobbies we could not see these were necessarily supported through the activity programme being provided. However, there was a range of social activities and events organised by the home which people were given the option of attending. People were positive about the range of activities available. They gave examples of taking part in activities in such as skittles and bingo and craft activities such as card making. Some activities were personalised. One person told us how they helped to fold clothes and another told us how they helped to plan and take part in open days and themed days. For example, they told us about the work they had been doing in preparation for the Chinese New Year celebrations planned at the home.

Staff felt there was a good activities programme provided at the home. Staff encouraged people to engage in social activities as a group and told us bingo was provided twice a week which they enjoyed. One staff member told us, "[Staff member] is absolutely brilliant with them. I am quite surprised about how many come down for social activities; she is very good at getting residents to come down and participate. She puts

on bingo Tuesday and Friday which is well attended. Takes people out on shopping trips, weather permitting."

We spoke with the activities co-ordinator who had a clear commitment to continuous improvement of the activities on offer. They were keen to expand the activities provided to people and for ideas to be suggested to pursue. They told us activities were not restricted to just within the home and people were taken on outings when possible such as visits to a garden centre.

Information about how to raise a complaint was displayed around the home. People told us they were happy with the care they received but if they did have any complaints, they would feel happy to raise them with staff or the registered manager. Relatives knew how to complain and felt that they could raise a concern with staff or the registered manager and they would be listened to. There had been no formal complaints made since our last inspection. However, records were kept of any concerns people raised and the actions taken. Four concerns had been raised since May 2015 and related to health professionals, heating and meal preferences. Records confirmed actions taken had resolved these concerns.

Good

Is the service well-led?

Our findings

All people who lived at the home and their relatives were positive about the quality of the care and management of the home. One person who lived at the home had written a poem about the home to express their contentment living there. This included the words, "I came to live in my new home, from where I never want to roam. I found love and friends, people who care, which in this world is very rare." A person we spoke with said, "They are very good to me, I didn't know this place existed." We saw a thank you letter from a visitor which stated, "It has been a real pleasure to visit on a regular basis and see at first hand your excellent staff (not just the carers of course but everyone else who makes the place run, the administration, kitchen staff, handymen). They all make a real difference to the people who reside in the home."

People told us they had an opportunity to be involved in decisions related to the ongoing improvement of the home by attending regular 'resident' and relative's meetings which they found helpful. People told us their comments and views were taken seriously and acted upon. One person told us, "We have been asked for feedback regularly." Another told us, "I suggested we save our Christmas cards so we can make gift cards and this happened." Notes of the meetings undertaken confirmed that people were kept informed about improvements planned.

There was a registered manager in post. People who lived at the home told us they knew the registered manager well and said they could speak with them at any time and were listened to. One person told us, "The manager is always accessible and you can raise any issue." Another said, "I see her regularly and she listens to our opinions."

Good communication systems between the registered manager and staff supported the effective management of the home. Staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. There was a clear staffing structure and lines of reporting. This included an 'on-call' system where staff could access a manager or the provider in an emergency situation. Each day the registered manager held a short meeting with staff from across the home including catering, administration and care staff. These meetings allowed staff to be updated on what was happening in the home that day. There were also other staff meetings where a range of issues relating to the running of the home were discussed. Staff told us they were able to provide their opinions about any improvements planned and told us they felt their opinions were listened to. For example, one staff member told us they had suggested having more colourful bowls for people to use at mealtimes. They told us some people who lived there had specifically asked for them. The staff member told us the registered manager was "looking into this."

Staff told us they felt supported by the registered manager and enjoyed working at the home. One staff member said, "I am happy working here, the manager is fantastic. I do feel well supported, definitely yes." Another said, "It is a lovely little home." Staff felt that the quality of care people received was good because they knew people well. One staff member told us, "It is a very person centred care approach because of the number of residents here."

There was a system of internal audits and checks carried out at the home to ensure the quality of service

was maintained. This included an analysis of incidents and accidents by the registered manager to identify any trends and actions needed to keep people safe. The registered manager also regularly provided quality monitoring information to the provider so they could ensure improvements planned and agreed were being effectively implemented. The provider made regular visits to the home to check the quality of care and services was in accordance with their expectations. The registered manager told us they felt supported by the provider and were able to seek advice from the provider at any time. They told us, "The regional manager comes every month. They are one call away and they will help you out. He does a report and a service improvement plan in yellow, green, amber and red with a timescale to complete the job. He has to sign these off." The registered manager told us they had recently had a new kitchen fitted which had improved the health and safety of the home as well as food preparation.

We noted the provider had implemented quality initiatives to drive improvement and enhance the wellbeing of people that lived there. For example, there was a "Kindness Award" that could be presented to a staff member or a person living at the home. People or staff could be nominated for the award by anyone within the home or visitors placing postcards in a box with their nominations. Each month the manager opened the box and a decision was made on who should have the award. The registered manager told us one staff member was nominated for this award because they had attended the home on their day off to help a person prepare for Halloween party celebrations. The provider on a quarterly basis also looked at the staff who had won awards and selected a member of staff to receive a regional award. These staff were then were put forward for a national award. This offered staff a good incentive to work to the caring values of the organisation.

Processes were in place to seek the feedback of people who lived at the home on an ongoing basis. The provider carried out an annual survey which asked people how satisfied they were with the standard of care provided. We saw responses from surveys were positive with the home achieving 100% satisfaction in areas such as the environment, meals and communication. Social activities was an area indicated for further improvement and we found the activity organiser was working to ensure this. The annual survey was complemented by smaller surveys which were carried out periodically throughout the year. For example, the latest survey was specifically about the garden facilities. The registered manager told us about planned changes to the garden for the benefit of people who lived at the home. This demonstrated they had listened to people's views and acted upon them.

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who lived at the home so we could make sure they had been appropriately acted upon.