West Midlands Residential Care Homes Limited

Avenue House - Wolverhampton

Inspection report

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West Midlands
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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this inspection on 25 and 30 August 2017 and it was unannounced.

Avenue House is registered to provide care and accommodation for up to 21 older people who may or may not be living with a diagnosis of dementia. On the day of the inspection there were 15 people living at the home.

We carried out an unannounced comprehensive inspection of this service on 28 and 29 November 2016. At that inspection, we rated the service as 'good' overall. After that inspection we were notified of an incident in the home which resulted in a serious injury to a person living at the home. Information shared with CQC about the incident indicated potential concerns about the management of risk of falls and staffing levels. We also received some concerns in relation to poor care, lack of choice and staff working long hours. As a result we undertook an unannounced comprehensive inspection.

There was 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 that they felt safe in the home. They were supported by staff who were aware of the risks to them on a daily basis, how to support them appropriately and keep them safe from harm. Staff had received training in how to safeguard people from abuse and were aware of their responsibilities to report any concerns they may have.

Medicine audits had not identified some errors that had been noted on inspection and systems were not in place to ensure that some medicines had been stored safely. There were no protocols in place for 'as and when required' medicines which could mean these medicines could be administered inconsistently.

We received mixed responses with regard to the staffing levels at the home. Not everyone felt there were enough staff to meet people's needs in a timely manner and the poor allocation of staff at lunch impacted on people's lunchtime experience. Staffing levels were based on people's dependency levels and staff worked to cover vacant shifts whilst staff recruitment was ongoing.

People were supported by staff who benefitted from an induction and training that provided them with the skills and knowledge to support people safely and effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's human rights were respected by staff because staff applied the principles of the Mental Capacity

Act 2005 and the Deprivation of Liberty Safeguards in their work practice.

People were offered choices at mealtimes and where assistance with eating their meals was required, this was done respectfully.

Staff were aware of people's healthcare needs and requirements. People were supported to access a variety of healthcare services such as the GP, optician, dentist and dietician, in order to maintain good health.

People described the staff who supported them as 'kind' and 'caring'. People were supported to make their own decisions on a daily basis by staff who respected their wishes. People were treated with dignity and respect.

People and staff were complimentary about the registered manager and considered the service to be well led. Staff felt supported and able to approach the registered manager with any concerns they may have, confident they would be listened to and any issues acted upon. There were a number of audits in place to assess the quality of the service, but not all issues highlighted on inspection had been identified by the home's own audits. Requirements at the last inspection to introduce protocols for 'as required medicines had not been completed.

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.

Systems in place could not guarantee that medicines were stored safely and there were no protocols in place for 'as and when required' medicines. Poor staff allocation systems meant that people were not always supported in a timely manner, particularly around meal times. People felt safe and were supported by safely recruited staff who were aware of the risks to them on a daily basis.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained to ensure they had the skills and knowledge to support people appropriately and effectively. People were supported to have a balanced diet and were offered choices at mealtimes. People were supported to access healthcare services and were supported in line with the principles of the Mental Capacity Act 2005 (MCA)

Is the service caring?

Good

The service was caring.

People described staff as kind and caring and were comfortable in the company of the staff who supported them. People were supported to make their own decisions on a daily basis and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care and were supported by staff who knew them well. Efforts were being made to increase the number of activities available to people on a daily basis. People had no complaints and were confident that if they raised concerns they would be dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were complimentary about the staff and registered manager and considered the service to be well led. Audits in place had failed to identify some concerns highlighted during the inspection and actions required at the last inspection with regard to medication protocols had not been completed. Staff felt listened to, supported and well trained.

Avenue House - Wolverhampton

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 prompted in part by some anonymous concerns that came to our attention and also the notification of an incident following which a person using the service sustained a serious injury. This inspection examined those risks.

This inspection took place on 25 and 30 August 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the home. We also spoke with colleagues from the local authority who fund a number of people's placements at the home and had recently visited the service in response to some anonymous concerns.

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.

We spoke with nine people living at the home and two relatives. We also spoke with the registered manager, the deputy, the business manager, three members of care staff, and a representative from a local college.

We looked at the care records and risk assessments of five people living at the home, staff training records, four medication records, staff rotas, medication audits, quality audits and minutes of meetings.

Requires Improvement

Is the service safe?

Our findings

Prior to the inspection, we were told of some concerns that had been raised regarding staffing levels in the home and the management of risks of falls. We saw that three staff had recently left the service and the registered manager was actively recruiting into these positions. The vacancies were covered by existing staff with the assistance of agency staff. The registered manager had access to staff from their sister home which was adjacent to Avenue House and both homes supported each other when it came to staffing levels. We received a mixed response when we discussed staffing levels. Some people felt there were enough staff, others felt there could be more. One relative told us, "We've always found the staff lovely. But there are not enough (staff) to take people out and watch over them." The registered manager informed us that extra staff were allocated to the rota to take people out to attend appointments or access the community, ensuring the correct amount of staff remained on duty in the home.

Following recent concerns raised, the service had been visited by representatives from the local authority. We saw that in response to that visit, additional call bells had been purchased in one of the lounges to enable people to call for staff. People spoken with were aware of the call bells that were in place. The smaller lounge had one call bell and the larger lounge now had four. In the smaller lounge we saw one person who had permanent hold of the bell. They proudly told us they were 'in charge' of pressing the bell. We observed that a member of staff was permanently in the larger lounge and staff did not leave the lounge unless they had cover. In the smaller lounge, staff were constantly in and out. People told us that if they needed a member of staff, they were regularly walking past or popping in and they could grab their attention. Another person told us, "I've got a call bell to press, yes they do come, they don't waste any time." In the larger lounge we saw a number of people with call bells placed within reach, so that they had access to them. We did not observe the bells being used during the day as staff moved constantly between the lounges.

We observed that the staff available to support people were very busy and this had an impact on people's lunchtime experience which was drawn out and lacked organization. We saw that despite staff doing their best, people became frustrated and the experience was not an enjoyable one for everyone. We saw that people were supported to the dining room 30 minutes before their lunch was served. One person said, "How long are we supposed to wait? We've no drinks. I wish I hadn't come [to the dining room]." Despite some people voicing their irritation, staff remained calm, courteous and pleasant. In the main lounge we noted that people received their meals at different times.

One member of staff said, "If we have three excellent staff on shift it's fantastic, amazing." Other members of staff told us they felt there were enough staff on duty to meet people's needs and keep them safe from harm. The registered manager told us that staffing levels were based on the dependency levels of the people living in the home and we saw evidence of this. They told us, "I like to be on the floor, we [registered manager and deputy] both do some shifts, it's the only way we can see what's happening. Our main concern is that residents are looked after." We saw for people who were at risk of falls, where appropriate, referrals were made to the falls prevention team and guidance provided was incorporated in people's care records. We observed staff supporting people appropriately in line with their moving and handling risk assessments.

Where accidents and incidents took place, they were recorded and reported on appropriately and a root cause analysis took place to identify any learning from the incident. We saw there was an effective system in place alerting the registered manager to any accidents or incidents that had taken place. The registered manager told us, "As soon as I come in I will look at the board and see what's been going on. We will follow up and check that things are as they should be." We saw evidence of this.

We looked at the MAR charts for four people and found that in two instances, the amount of medicines in stock did not tally with the amount of medicine that had been recorded as administered. At our last inspection, it was noted that for medicines that were to be administered 'as required' it was not always documented under what circumstances staff should administer these medicines. This was raised with the registered manager who committed to add more detail to records to clarify these arrangements. At this inspection, we found that this had not been done. Staff were able to describe to us the circumstances in which these medicines should be administered but nothing was written down, which meant there was no guarantee that all staff would administer the medicines in the same circumstances. We raised this with the registered manager. On the second day of the inspection we saw that the protocols had been written and put in place. We saw that fridge and room temperatures were inconsistently recorded. Medicine audits in place were effective in highlighting the gaps in recordings, but did not look at temperatures, stock levels or medicine profiles. Medicine profiles seen were incomplete and some held information that was out of date. For one person who had their medicine administered covertly, there was no guidance in place for staff to follow to ensure this was done safely. We raised this with the registered manager who advised it would be looked into immediately.

One person told us, "No problem with medication" and another said "Oh yes, if I'm not well they will ask if I need any painkillers." We observed a member of staff supporting a person to take their medicines. It was done with kindness, patience and care. The member of staff held the person's hand, spoke softly to them and offered a drink before offering them their medicines.

People told us they felt safe in the home. One person said, "Yes [felt safe]. People are nice, they're polite, yes." A relative told us, "I'm comfortable with [person] living here. They [staff] do everything they need, and they can call them if they need anything."Staff were aware of their responsibilities to report and act on any safeguarding concerns they may have. We saw information was on display with regard to reporting safeguarding concerns. A member of staff told us, "If I had any concerns I would report them to the manager." Where safeguarding concerns had been raised, we saw they were reported and acted on appropriately.

People were supported by staff who were aware of the risks to them. The registered manager told us that when people first came into the home, they were put on half hourly observations to help build up a picture of them and re-assess the risks already identified. For example, they told us how one person had arrived at the home and information provided at pre-assessment by the previous provider was lacking in detail. They quickly identified some risks to the person which they had not been alerted to and sought medical advice and intervention in order to manage the risks. Care plans and risks assessments were re-evaluated and put in place in order to keep the person safe and protect others living at the home. We saw evidence of this and the outcome of the interventions meant that the risks to the person were being managed effectively and were having a positive impact on the person's quality of life. Staff were aware of the risks to people and how to support them safely. For example, a member of staff told us, "[Person]; we have to assist them as soon as they get up and have to observe them and reassure and tell them 'I'm here to help, I'm here in case you have an accident' and then they will accept help."

Prior to commencing in post staff told us the appropriate checks were made, including references and DBS

[Disclosure and Barring Service]. The DBS would show if a prospective member of staff had a criminal record or had been barred from working with adults. This would decrease the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

People spoke positively about the support and care they received. We received the following comments, "Staff are good at their job, yes they are helpful", "It's absolutely marvellous here. The way they look after me, and not just me" and "I think they're good at everything. If I suggest something, they do their best. They co-operate a great deal. It's nothing difficult that I ask them to do, but we automatically get so much." A relative commented, "They're [staff] very well trained." We observed that people got on well with staff and were comfortable in their company. Staff knew people well and demonstrated a confidence when supporting people with their care needs.

Staff told us that prior to commencing in post they benefitted from an induction that prepared them for their role. We saw that a comprehensive induction was in place which included shadowing other colleagues and completion of the Care Certificate [an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care]. We noted that staff were offered guidance and support throughout this process. This included staff being provided with copies of case studies relating to different areas of learning. A member of staff told us, "I felt I had everything I needed to know, it's my first care job but I felt supported by the manager and my colleagues."

People were supported by staff who felt well trained in their role and were supported to develop their skills. One member of staff told us, "There's lots of training going on and you can ask for training if you want." We saw that additional training had been sourced in areas such as diabetes, pressure care and catheter care. The registered manager told us, "We are trying to respond to different people's needs." There was a training matrix in place which enabled the registered manager to manage staff training needs and highlight when training was required. Staff told us they felt supported in their role and were provided with the opportunity to discuss any concerns or their training needs through regular supervision meetings. They told us the registered manager was approachable, helpful and receptive. We saw that the registered manager regularly conducted out of hours unannounced spot checks on staff to ensure people were being supported safely and effectively.

Staff told us communication between shifts was good, and we noted that the comprehensive handover sheet provided them with the information they needed. This included the well-being status of each person at that time, indicating if they had had their fluid intake, or pressure care issues.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

People told us that staff obtained their consent prior to supporting them and we witnessed this on many occasions throughout the inspection. For example, one person was due to see the doctor who was visiting. The member of staff asked them, "Can I take you somewhere private so we can talk to the doctor" and the person happily accepted this offer. A relative said, 'Yes, [person] makes decisions about what they are doing and where they are going to go."

We saw that both staff and the registered manager had a good understanding of the working principles of the MCA. A number of DoLS applications had been made and staff were aware of this and the impact such decisions had on people's lives. One member of staff described how they supported a person who lacked capacity to make some decisions. They said, "When supporting them, I explain what I am doing the whole way through and don't do anything without their consent."

We received a variety of comments regarding the food on offer, such as, "Food? It's very good. I ask for it and they bring it to me", "Food is alright. They don't come round and ask you they tell you what's on and occasionally there are two choices but sometimes one as that's all they've got but it is home cooked", "Thursday we had salmon and I enjoyed it", "Food - it's not bad at all. We don't know till we get lunch what it is that we're having. I just have what they give. I like the mashed potato" and, "We do get a Sunday lunch on Sunday." Prior to lunch being served we observed a member of staff telling people the two choices of the day and asking for their preference. One person told us, "We don't mind where we eat, we can eat in here or in the dining room" and we observed people were supported to make those choices. Staff were aware of people's dietary needs and preferences and for those people who required it, support was offered at lunchtime. We saw that people enjoyed their food. One person didn't want what was on the menu and was offered an alternative. When their soup arrived it was presented with cut bread around the bowl making it look more appetizing.

On the day of the inspection, the weather was warm but there was no access to jugs of drinks that people could help themselves to. One person told us, "If I need a drink, I have it. At night I take a pint of water with me to my room." Other people voiced their frustration about the lack of access to drinks and one person told us they were thirsty. They asked the staff for a cold drink and it was provided. We saw that drinks were provided at breakfast and then at 11am and 3pm, but there were no drinks available on the tables at lunchtime. One person called out, "Excuse me, can you get me some lemonade? I'm as dry as anything." We looked at people's food and fluid charts and they evidenced that people were having sufficient fluids during the day, but the lack of drinks available on display meant people had to continually ask for a drink or wait until the trolley came round. We discussed this with the registered manager who advised us that drinks would normally be provided at lunchtime and told us they would look into this immediately.

People told us they were supported to maintain good health and have access to a variety of healthcare services. One person told us, "I've been in bed for a few days (unwell), but I'm feeling on top of the world today" and another said, "The optician did recently come to do a check on everybody I had these glasses here - they are quite good." On the day of the inspection we saw that the GP arrived to see a number of people. People were taken into the dining room to enable them to see the GP in private. The member of staff supporting the person spoke to them with kindness and was reassuring and told the person "Don't worry, you will be fine." We spoke with the GP who commented positively on the service provided. We saw that professional healthcare visits were documented accordingly, providing staff with the information required to ensure people's healthcare needs were met. We saw that people's weight and hydration was monitored where necessary and for those people who were at risk of developing a pressure sore, charts recorded the frequency of turns and the person's skin integrity.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring and we observed this. We observed a number of instances where staff offered reassurance and comfort to people who required it. One person told us, "I am really happy, I don't think I shall move from here, the staff are so lovely and caring" and another person said, "I was a bit tired one night and they brought me a cup of tea." We saw that people interacted well with staff and enjoyed a laugh and a joke with some of them. For example, a member of staff said to a person, "Sit here quick, before the others get here and take all the best seats." People greeted each other and staff with a smile and were happy to see each other. We observed a member of staff ask a person, "Would you like to come for some lunch? Come on, take my arm" and they sang together as they walked into the dining room.

People told us they were treated with dignity and respect and we observed this. Staff complimented people on their appearance or their particular skills or abilities. For example, we heard a member of staff talk to a room of people about a person sitting there. They said, "[Person] has a gorgeous white dress which she made herself" and other people joined in and complimented the person when they entered the room.

Staff were able to describe how they maintained people's dignity whilst supporting them with their personal care, for example, by covering a person with a towel and ensuring doors and curtains were closed. One member of staff said, "I think if it's me in that situation, how would I want to be washed?" At lunchtime we observed that people were provided with a tabard to wear to protect their clothes; people accepted this, but not everyone was asked whether they wanted to wear one.

One person told us, "The staff are polite and respectful, oh yes" and a relative told us, "I get on with the staff. They show [person] respect. They ask them questions about their background." We observed that people were supported to make their own decisions and choices throughout the day. People told us they chose when they got up or went to bed, whether they had a bath or shower, and what they wanted to wear. One person told us, "I make my own decisions and if I was upset or worried about anything, I think I would talk to them [staff]", and another said, "Bath or shower, most of us have one in the morning, most of the time I have a bath when I get up." We observed a member of staff ask a person, "Would you like a drink? What chair would you like to sit on? By the window?" The registered manager told us, "Some (people) can let us know more than others; it's all about their actions." They went on to provide us with a number of examples of how they communicated with people who were unable to share their views verbally.

A person told us, "I usually still dress myself but they [staff] help me sometimes. My hearing is okay and we have a bit of a chat." We saw that people were encouraged to retain their independence where possible. For example at meal times we saw people were offered different types of cutlery to help which would assist them to support themselves when eating. The registered manager told us, "We always try and promote independence. We don't actively encourage staff to do personal care if people can do it for themselves. Everyone is encouraged to do as much as they can for themselves."

Although there was no one currently using advocacy services, the registered manager was aware of how to access these services on behalf of people. An advocate can be used when people have difficulty making

decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

We saw that people were involved in the planning and review of their care. The registered manager told us, "When we assess people we speak to families to gather information; the hospital or social worker can only tell you so much." The pre-assessment process included gathering information such as, people's preferred times to rise and go to bed, what name they prefer to be called by and what they liked to eat and drink, but it did not ask the question whether people would prefer to have a male or female carer. We spoke with a member of staff regarding this. They told us "[Person] would prefer a female carer and so would [person], so I always take that on board anyway and would look at how I'd feel about it." However, one person told us "A man bathed me - it was a shock. He was very polite. I would prefer a lady." We discussed this with the registered manager. She confirmed that the male carer was an agency worker and told us it had never been an issue previously, but they would adapt their pre-assessment process to ensure the question was asked prior to people being admitted to the home.

Staff spoken with were knowledgeable about the people they supported. They were aware of what was important to them and their interests. For example, a member of staff told us "[Person] has always got the radio on. They used to sing. [Person] is into heavy rock." We observed staff talk to people about their lives, interests and family members. We observed lots of witty banter between staff and people living at the home in what appeared to be a happy environment.

We received a mixed response to questions regarding activities. Some people were happy with the activities taking place and others disagreed. For example, two people told us, "We sit here all day long with nothing to do." And, "I'm quite isolated. There's nothing wrong with this place – it's just that I've never been away from home before." Other people said, "We have books and local newspapers - we're not lacking in things but at the moment it's about thinking about something special to do. I used to do puzzles, and I still do sewing" and, "I do more here than (previous home). I find it stimulating. I'm actually happy. I make it happy." A relative commented, "[Person] has only been here six weeks and we haven't seen any event all summer, though a choir did come and sang to them." A member of staff said, "It's a good home, people have choices, we do activities, things are planned" and went on to describe an outing that had been arranged for a person living at the home.

We observed people in the small lounge enjoying each other's company and watching television together. In the larger lounge, music was playing and we were told a ball activity was planned for the morning. We observed one member of staff who had recently been employed to carry out some activities with people, sitting with them and chatting and we observed people enjoyed this person's company.

We discussed activities with the registered manager. We saw that they had identified there were a lack of activities taking place and had appointed an activity co-ordinator but unfortunately due to personal reasons they had had to decline the offer. Efforts were being made to recruit to the post. We saw a number of plans in place to occupy people's days; there was a fete planned for September and people told us they were looking forward to this. Monthly film shows, visitors from the local church, a pet visiting service, boards games and items of interest to fill a 'rummage box' for people to look at and occupy themselves with. The

registered manager told us they were waiting to purchase an appropriate box to put the items in. By the end of the inspection a box had been located and placed in the lounge. We saw the dining room was decorated with items of interest including a television which displayed soothing pictures to create a calming atmosphere.

We saw efforts were made to obtain feedback from people. The last meeting for people and their relatives took place in April 2017 where people were consulted about the implementation of CCTV in the home. Questionnaires were left on display in the entrance to the home and people were asked their opinion of the service. We saw that the feedback received had been positive and where one person had suggested purchasing some films for people to watch, this had been acted on. The registered manager told us, "We put up notices [about meetings] but people very rarely attend."

People told us they had no complaints regarding the service. One person told us, "I think if there are any changes they [management] make sure that everyone is happy and if they're not they find out why not. I can't think off hand of an example." The registered manager told us she spoke to people individual to see if they had any complaints or concerns; "By doing that you get people's true feelings instead of being led by other people in a group."

We saw that there was a system in place to log and record any complaints received. No complaints had been received but there were a number of compliments and thank you cards that had been received.

Requires Improvement

Is the service well-led?

Our findings

There were a variety of audits in place to check the quality and effectiveness of the service provided, including unannounced spot checks on staff practice. However, some of the audits had failed to identify some errors that were picked up on inspection, for example the medication and care plan audits. We saw care plan reviews took place regularly but noted on one person's file the information held regarding their ability to use a call bell was conflicting. We shared with the registered manager who advised this was a mistake and would be rectified immediately. At our last inspection, we had raised concerns regarding the lack of 'as required' protocols in place and were told by the registered manager that these would be completed. At this inspection, we found this work had not been done.

People were cared for by staff who felt supported by their colleagues, the registered manager and the provider. One member of staff told us, "If need be I could go [provider's name], he was here yesterday and is very approachable." They were confident that if they did raise concerns they would be dealt with appropriately. We saw that where accidents and incidents took place they were acted on and reported immediately. The registered manager told us, "Staff will escalate everything. You've got to know what's happening in your care home." This understanding between management and care staff meant that people could be confident where accidents or incidents took place, staff were encouraged to report on them and appropriate actions would be taken.

People were complimentary about the service and the care they received. One person told us, "They [care staff] do look after me, I would recommend it" another person said, "It's at least acceptable [the care] it's quite pleasant, it's excellent" and "The staff are fine, first class." A member of staff told us, "I absolutely love my job. I wouldn't be here if I didn't. I've seen a lot of changes over the years, but I feel [registered manager's name] is very good. If there is a problem, she will sort it there and then." The registered manager told us, "The staff are a very good bunch, very supportive."

There was a culture of caring for people and the staff group itself. Staff supported one another and we received many positive comments regarding the caring and supportive nature of the registered manager. One member of staff told us how their shifts had been changed to accommodate their childcare needs. We saw that the service supported a person during their college placement. Their support worker told us, "You don't get employers who are so supportive, [registered manager] breaks down information to [student's name] level and makes it easier for them to understand. She is very caring. It's a very caring service."

Both the registered manager and the deputy knew people well. The registered manager described her team and told us, "We are quite good, with have a little support network here and if we don't know anything we can speak to [name of LA representative]." One member of staff told us, "There is good team work, someone will always help you. This is my first care job, but I feel supported by the manager and my colleagues."

Staff were aware of their roles and responsibilities and there was a clear management structure in place. There was evidence of staff working together as a team, supporting one another. One member of staff commented, "The girls [staff] are really good and will let each other know if they need to leave the lounge;

we work as a team." We saw that although the registered manager was responsible for two homes, she was supported by a deputy and staff confirmed that if the registered manager wasn't available, then the deputy would be.

Staff were complimentary about the registered manager and the support she provided. One member of staff told us, "They [management] are supportive and approachable. If I was ever stuck I would go straight to the manager and she would explain things to me." Another member of staff described how the registered manager had supported them to develop their skills. They told us, "[registered manager's name] did a lot of training with me and watched my practice."
Staff told us they had the opportunity to discuss their learning or raise any concerns they may have through supervisions and staff meetings. One member of staff told us, "I have raised a concern in the past and it was sorted straight away." We saw staff meetings took place regularly and at the last staff meeting, suggestions had been put forward and taken up with respect to arranging more activities in the home that were of interest to people. This meant that staff were confident that they would be listened to and able to make suggestions to improve the quality of the service provided.

We discussed the introduction of the CCTV in communal areas in the home. We saw that people had been consulted regarding this prior to it being introduced. The registered manager told us, "We told people we wanted to introduce it for their safety. It has been useful, and has been used twice now in disciplinary processes. The lounges are so close together you can see staff are going into each lounge and the CCTV confirms this."

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service as is also required by law.

The registered manager told us, "We can't rest on our laurels. I do believe we provide a caring home environment and people are looked after." We saw that plans were in place to improve the environment for all people living in the home.