Mr & Mrs MF Joomun

Cherry Leas Care Home

Inspection report

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Essex
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 18 July 2017 and was unannounced. Cherry Leas is a care home providing care and accommodation for up to 16 older people who may also be living with dementia. At the time of our inspection there were 16 people who lived in the service.

The home had a registered manager in post. 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 and associated Regulations about how the service is run.

People appeared happy and relaxed with staff. There were sufficient staff to support them. When staff were recruited, their employment history was checked, references obtained and comprehensive induction completed. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. Appropriate training was provided to ensure staff were confident to meet people's support needs.

It was evident staff and the registered manager had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, nutrition, falls, and skin pressure areas. People consistently received the care they required, and staff members were clear on people's individual needs.

Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was carefully monitored and staff regularly liaised with healthcare professionals for advice and guidance.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Where people lacked the mental capacity to make specific decisions the service was guided by the principles of the Mental Capacity Act 2005 (MCA). Where appropriate 'best interests' meetings had been instigated and outcomes recorded.

People were provided with opportunities to take part in activities 'in-house' and to access the local and wider community. People were supported to take an active role in decision making regarding their own daily

routines and the general flow of their home.

Staff had a clear understanding of the vision and philosophy of the home and they spoke positively about their work and the management. The provider had established systems in place and the registered manager undertook regular quality assurance reviews to monitor the standard of the service and drive improvement.

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 trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, given out and disposed of in line with current regulations.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Mental capacity assessments were undertaken appropriately and people's freedom was not unlawfully restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy.

People were supported to access and to receive appropriate health care interventions.

Staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with their manager.

We have made a recommendation with regard to ensuring the environment is improved with regard to refurbishment of the premises.

Is the service caring?

Good

The service was caring.

People felt well cared for and were treated with dignity and

respect by kind and friendly staff. They were encouraged to make decisions about their care.

Staff knew people's care and support needs well and took an interest in people and their families to enable individual personalised care.

Care records were maintained safely and people's information was kept confidentially.

Is the service responsive?

Good

The service was responsive.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

People were supported to take part in a range of activities in the service and access the community. Activities were organised in line with peoples' preferences.

Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys.

There were systems in place to respond to comments and complaints.

Is the service well-led?

Good

The service was well-led.

People were able to comment on the service provided to influence service delivery.

Staff felt supported by the homes leadership and listened to, and understood what was expected of them.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a good standard of service delivery.

Cherry Leas 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.

The inspection took place on 18 July 2017. It was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at four people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with six people, three relatives, two visiting healthcare professionals, five staff and the manager. We observed the care which was delivered in communal areas to get a view of the care and support provided. The inspection team also spent time sitting and observing people in areas throughout the service and were able to see the interaction between people and staff. This helped us

understand the experience of people who did not wish to or could not talk with us.

Good

Is the service safe?

Our findings

People knew staff well and were relaxed in their company. One person told us, "You can get laid back and relaxed here." People's body language, facial expressions and conversations indicated they felt safe. There was a calm atmosphere at the service and people sought staff when they needed reassurance. Relatives told us that a number of staff had supported people at the service for a long time. They said they had got to know them well and trusted them to keep their relative safe. One person said, "The staff really couldn't do more for you, I normally sit in the lounge here until around 7pm, then I go up to my room at 7pm, and go to bed at 10pm. I'm really happy here, and feel totally safe with everything. The staff are very good, and very caring – it's a nice safe place." Another relative told us there were always enough staff available when they visited to ensure people's needs were attended to.

The service had a comprehensive safeguarding policy which set out the definitions of different types of abuse, staff's responsibilities, how to report any concerns and how to action whistleblowing. This is where staff are protected if they report the poor practice of another person employed at the service. Staff had had a good understanding of their responsibilities in keeping people safe from abuse. They told us they felt confident to raise any concerns with the registered manager and that these would be acted on. The safeguarding policy set out who to contact outside of the organisation should this be necessary.

Each person's care plan contained individual assessments in which risks to their safety in their daily lives were identified. This included the risk of falling, vulnerability when going out, in relation to managing their finances and any behaviours or anxieties. Risks had been documented so staff were aware of the potential impact of harm if control measures to minimise the risks were not followed. Assessments of risks took into consideration and balanced people's choices and independence. Risk assessments were regularly reviewed when people's needs changed, to ensure that they contained up to date guidance.

Regular environmental and health and safety checks took place to ensure that the environment was safe and that equipment was fit for use. These included making sure that fire equipment was in working order and that electrical and gas appliances at the service were safe. We saw a health and safety assessment had been undertaken in July 16 and another was due to be completed shortly by the manager.

Staff had received training in how to evacuate people safely in the event of a fire and took part in a programme of fire drills. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements that each person had to ensure that they were safely evacuated from the service in the event of a fire. The manager walked around the service on a daily basis and any concerns were reported to maintenance personnel to action.

A record was made of any accidents or incidents, detailing what had occurred and the action taken in response to the situation. The registered manager monitored all events to ensure that staff took immediate action to help keep people safe and to see if there were any patterns or trends that needed to be addressed. One person told us that they had injured themselves whilst using their walking aid. The person went onto tell us that the staff had sought medical advice immediately. A district nurse was visiting the person on a

daily basis to check on the wound and change any medical dressings. We viewed documentation that evidenced staff had recorded the incidents and actions taken.

There were enough staff with the right skills and experience to care for people safely and meet their needs. People had a range of needs and most people required minimum or the assistance of one staff member with prompting and physical support to undertake their personal care needs. There were usually three staff on duty during the week day and for the core part of the day at weekends. This enabled people to be supported when required, take part in activities, go out and attend health appointments and therapies. During the inspection staff had time to chat to people and to attend to their emotional as well as their physical needs. Any staff vacancies or absence were covered by other staff, who were known to people to ensure consistency, agency staff were not used.

Staff recruitment practices were robust which ensured people were protected from the risk of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people

People received their medicines at the right time, as directed by their GP. When one person had been unwell, their GP had advised not to give a specific medicine and this direction had been carried out by staff. Medicines were kept safe and secure at all times. Temperature checks were taken to make sure medicines were stored within the correct temperature range to ensure their continued efficacy and safety. Systems were in place for the ordering, obtaining and returning of people's medicines as directed by the medicines policy. This included guidance on what to do if a medicine was spoilt and could not be administered and when people spent time away from the service. Staff had received training in how to administer medicines and their competency in this area was regularly checked. Each person had a medicines profile which stated their personal preferences in relation to how they wished to receive their medicines, any allergies and the reason why a person was prescribed each medicine. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN) so they were safely administered according to people's individual needs. Medicines checks were carried out in line with the provider's policy to ensure there was a clear audit of all medicines entering and leaving the service.

Staff undertook training in infection control. Personal protective equipment was available such as gloves and aprons. Staff were responsible for keeping the service clean with assistance from the people who lived there. The service was generally clean on the day of the inspection. There was a separate laundry area and one person was supported to do their own washing. All these actions helped to minimise the spread of any infection should it occur.

Requires Improvement

Is the service effective?

Our findings

Cherry Leas Care Home is located in a nice residential road, just a few yards away from the seafront at Clacton. Externally the building is a smart looking building, however internally we noted some issues. We found that whilst the rooms were nicely personalised, most rooms looked rather tired and were in need of some redecoration, as did the corridors. Floors were all carpeted, with all different carpets, some which needing renewal. Most rooms had commodes on display, as only a few rooms had en-suite facilities.

Paint around doors, architraves and some door surrounds was generally chipped and scuffed, and also required some redecoration. We also noticed that in some rooms the buzzer call pull cord had been extended by tying a pair of tights to the end of the cord, which we advised the manager was not appropriate and he advised that the cords would be replaced. The first floor bathroom was unused and being used as a storage area, the bath panel was ill fitting, and the bath stacked with various items. A few hoists were left in the corridors with slings piled up on top of each other and there were wheelchair foot rests left leaning against a wall. One toilet was noted to need cleaning however the cleaner advised they were yet to clean that room and the person whose room it was tended to put things down the toilet, which was a constant on-going problem. Rooms, although looking a little tired, looked homely and were clean and were very nicely personalised, but needing a redecoration. Despite this four people spoken to each told us how very pleased they were with their rooms.

Additionally here was one single door into the garden which appeared well maintained and nice. However the door opened up onto a lot of rubbish and old furniture. The manager told us that these items were waiting to be taken to the tip which had been arranged for later in the week. This could have been removed earlier along with a large bucket of cigarette ends which could have been emptied. There were some garden chairs which required a clean before people used them and the lawn had been recently cut. There was a BBQ planned for the weekend, hence clearing the garden and progress in making it look better. All the people we heard from told us that that they were excited about the BBQ and were looking forward to sharing time with their relatives who were also invited.

The manager advised that they were aware of the need for updating the environment and whilst this was not noted as a problem by people using the service we therefore recommend the provider ensures that they progress and ensure some refurbishment is completed as an on-going part or their annual development plan.

All the people we spoke with told us they felt they received care from staff who were trained and knew what they were doing. Comments included, "They have got a tough job, they are well trained." and "I like the staff they make the place for me. They really are all nice people, easy to talk with and I know all their names. You know, if you don't feel so good, they recognise that and come and have a chat, and they call a doctor if we need one. It's very good service you know." The staff we spoke with told us that they felt supported in their roles and there was good teamwork. Comments included, "We know each other's very well" and "I love it here. All staff work well together." and, "We are a good team and we want to give the best care.

The manager explained that, they had a new formal plan in place for supervisions and appraisals as they had not happened as frequently as they would like. They added that they aimed to carry out four to six formal supervisions a year for each member of staff. Records showed the last supervisions took place in June 2017. Supervision records showed that topics for discussion included training, work issues, support needs and work satisfaction. We saw that all staff had yearly appraisals. One staff member told us, "Any problems I can always speak with the manager." Another staff member said, "I feel supported. I am able to go to the management." The manager said that they often had informal chats with staff, either to check that they were okay, or because the staff member wanted to talk about something.

Staff told us they got the training they needed to maintain skills and their own professional development. Staff had received training in key areas such as dementia awareness, safeguarding and moving and handling and this was regularly updated to make sure it was current. One member of staff told us, "I have the training I need. There are opportunities to do NVQ (National Vocational Qualification) and attend external training. "My understanding of dementia has improved" Another staff member told us, "Yes they are very good at training here. I've done all my training, the manager keeps the records. The manager told us that the majority of training took place internally and was delivered by the provider who had a relevant training qualification. Some was provided externally and was classroom based. This provided staff with an opportunity to discuss training as a group and share practice examples. New staff were provided with an induction to support them in understanding their role and the routines at the service. Induction included shadowing other staff although the manager told us that new employees only carried out full care duties once they were confident. Induction included regular review of workload and progress with the manager.

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 make 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. There was evidence in care plans that people's capacity was considered when decisions needed to be made. For those people that did not have capacity, mental capacity assessments and best interest decisions had been completed. These were decision specific and documented in their care plan. This covered every day choices and routines, such as activities, what to eat, what to wear, what time to get up in the morning and how they would like to spend their day. The manager monitored the dates for when a DoLS authorisation needed review or reauthorisation. The majority of people at the service were not subject to a DoLS and the manager explained that, although they had requested reauthorisation in a timely manner, they were still waiting for the local authority to carry out some reviews.

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The manager and staff were aware of the importance of consent and understood the MCA and DoLS procedures. Staff had received training in this topic to support their understanding. The people we spoke with told us staff asked for their consent before providing care and explained what they were doing, giving them time to process the information. One person told us, "They are very good. They tell me what they are going to do and ask if it is okay". Throughout our inspection we observed staff asking for consent before carrying out a task with people.

Care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms, which meant if a

person's heart or breathing stopped, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date and the correct form had been used. Details included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form.

At this inspection, records showed that people's weight was recorded every month, and more frequently where there were specific concerns. Assessments had been carried out using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People told us they received enough fluids and that they just had to ask for something if they were thirsty. We observed people being given refreshments mid-morning and afternoon.

All the people we spoke with told us the food at Cherry Leas was good and there was plenty of choice. They also told us they got enough to eat and drink and that food is hot enough. Comments included, "The food is lovely. We have a lovely chef, and there are always alternatives on if you don't like anything, and the desserts are especially good, sponge puddings today, and cheesecakes. There's always fruit on the tables which is nice, just like at home." And another person told us, "Lunch is very nice and there are always alternatives you can have, I don't like spicy food, but they know that and I always have something nice."

We spoke with the staff cook who confirmed food was freshly cooked and that people had an alternative. They told us, "I check with residents that they liked the food. I make high calorie foods for people at risk of losing weight. Although we have mealtimes, people can eat when they like". For example, One person came back late for lunch from a hospital appointment, and we observed the staff being very attentive to ensuring they had something to eat, and a nice bowl of soup and bread was provided. The service maintained a list of each person's preferences, allergies and special requirements, for example, vegetarian or soft food diet. Care records included notification to the kitchen regarding food likes, dislikes and dietary needs. This meant there was good communication between care and catering staff to support people's nutritional well-being.

We observed lunch and people seemed to enjoy their food and most ate it all. Some people were given small portions as requested. People were offered alternatives, and one person asked if they could have their meal later as they were not hungry now and did not like what they had chosen. They were offered an alternative which they really enjoyed. This demonstrated how staff understood people's needs in relation to food.

All the people we spoke with told us staff contacted the doctor for them if needed. Relatives confirmed that people were referred to other healthcare professionals, such as the chiropodist or dentist as required. Where there were concerns about people's weight, or problems with eating, a referral was made to a dietician or the Speech and Language Therapy team. Some people were at varying risk of pressure ulceration due to skin breakdown. Assessments had been carried out to identify which people were at risk of developing pressure ulcers and preventative pressure relieving measures were in place for those people who required them. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. Care plans evidenced access to the district nurse to assess people's skin condition and provide specialist support on what was needed in terms of care and pressure relieving equipment

Good

Is the service caring?

Our findings

All the people we spoke with told us staff were kind and caring. Comments included, "There are really nice staff here very friendly and attentive. You never see a problem, and I feel very safe. I have been to other homes, which have been bigger but you just don't get the attention and personal care that you do here. It's a nice home." And, "I wouldn't stay here if they weren't caring. Can't fault the staff." One relative told us, "Staff are always nice and pleasant", and, "I cannot emphasise enough how caring the staff here are."

The staff we spoke with felt that people were well cared for. One staff member told us, "It's very homely nice home. People are looked after and we provide them with what they want". Another staff member said, "We provide good care and communicate well. We try and understand how people might feel".

We spent time in the communal areas of the home. There was a friendly, positive atmosphere throughout our visit. We saw that people's requests for assistance were answered promptly and politely. Throughout the visit, the interactions we observed between staff and people who used the service were kind, caring and person centred. Staff displayed open body language, good eye contact and got down to people's level to communicate with them. People appeared relaxed and comfortable in the company of the staff on duty.

We observed one person who was a little upset and had short term memory loss and saw that staff reassured them regularly. There was good interaction and friendly relationships seen between people and staff. Staff clearly knew people well and showed genuine interest in people's lives. All the people we spoke with told us staff treated them with respect and dignity and that their privacy was maintained. Comments included, "They respect me perfectly well and keep me covered up when doing personal care" and "They are very good. They never just walk in to my room. They always knock". We observed staff maintained privacy by discreetly talking to people and carrying out personal care behind closed doors. People were encouraged to maintain independence and make decisions about day to day activities and routines. This was confirmed by the people we spoke with. People had been consulted about their wishes when they were approaching the end of their lives. Care records contained end of life care plans for each person, which meant information was available to inform staff of the person's wishes at this important time.

Good

Is the service responsive?

Our findings

We found people's care documentation had been designed and updated in a way that guided staff to support people with a person centred approach. Care was responsive and care planning had positively influenced how staff supported people as care records provided sufficient detail to guide staff. People told us they felt involved in their care and staff routinely liaised with them and family regarding possible changes in their support needs. One person told us, "They let me be as independent as possible here. The night staff help me choose my clothes for the next day and I like to be coordinated of course." Another person said, "The doctors told me that the staff at the home should be congratulated as he could see that my eye drops had been put in regularly 4 times a day. He said 'they've really done a good job with you, tell them I am congratulating them."

People's care plans clearly identified support needs and reflected individual preferences for all aspects of daily living. Care documentation contained a personal profile and life history sections. A staff member told us, "The care plans are helpful especially when a new resident joins us; you get an understanding of their background." Care plans had all recently been updated and contained a detailed assessment of people's individual needs and clearly identified how these should be met. There was guidance for staff on what would be a person's usual preferences in respect to people's preferred normal routines covering areas such as bathing and night time. Other sections in care plans included information on people's support needs in regard to areas such as mobility, nutrition, continence and communication. People's likes and dislikes identified where people were able to makes choices and retain control in aspects of their daily routines such as clothing and meals. Care plans were routinely reviewed by senior staff to ensure they were current and updated.

Staff had a good understanding of people's individual needs and said they had sufficient time to ensure care documentation was up-to-date. One staff member told us, "There is a fair bit of paperwork but it doesn't get in the way of caring." Daily care records provided clear informative descriptors of people's mood, behaviours and how they liked to spend their time. Staff said these were useful to review if they had been off duty for a few days.

People were provided with opportunities to take part in various 'in-house' activities and to access the local and wider community. On the day of our inspection a bingo session was held, this was popular and well attended and held in the lounge. People told us they liked to choose what they attended and felt no pressure to go along. One person said, "The staff remind me what's going on but I know what I like and will pick and choose." Consideration was given to people's music and television preferences. People were asked what they wanted to watch or listen to and came to a decision based on the most popular choice. We saw people relaxing in the lounge and dining room undertaking various past times such as reading or chatting in familiar groups. People commented positively on the home's garden and how accessible it was. One person said, "Lovely garden, very well looked after, we have a BBQ this weekend." People were seen to return to their room at a time that was decided by them. Three people we spoke with enjoyed staying in their room, either reading or watching their television. Another person was supported by staff to attend a medical appointment. The registered manager told us they would always encourage people to be involved with the

families and friends who were important to them. They said, "These strong links can be really important and can lift people's spirits." A relative told us, "I visit all the time, and that is so important."

The registered manager had systems in place to capture feedback from people and their relatives and other stakeholder such as health care professionals. Records demonstrated that regular 'resident meetings' were held. Although not well attended the registered manager said, "We will keep them going as our residents change and it can be a helpful way to receive feedback." The comments collected via a recent survey sent to people's relatives were positive and relatives we met were all satisfied with the level of communication they received from the provider.

A complaints policy was available to people within the home, this was displayed in a communal area. People's care plans identified how and when staff had covered the key information contained within the policy to ensure they were aware of it. A record of incoming complaints had been kept which evidenced the provider had responded appropriately and in line with their policy. One person said, "I know there is a formal way of doing stuff but I've never needed that, the staff listen to me and things get sorted out."

Good

Is the service well-led?

Our findings

At this inspection we found the provider had taken action to improve following a visit from the Local Authority whereby they had highlighted some concerns with the provider.

Both the provider and registered manager took an active role with the running of the service and had good knowledge of the staff and the people who lived there. A relative said, "It's a brilliant home. We work well with the manager. The staff are excellent and have got to know [relative] very well. When we first walked in here we felt it had a nice homely feel about the place and knew it was the right home for [relative]. When we come in we are welcomed as part of the family and we come in very regularly, as we only live round the corner. We always know what's going on, as they give me a call if something's not quite right. But, really, the manager is excellent, and can't do enough for [relative]. When we come in we sit here in the dining room and have a coffee together with the manager and other staff , they've always got time to say hello , they're brilliant, and I wouldn't say that if I didn't mean it because I'm a tough person to please, and I speak my mind. It's a lovely home." And another person said, "The manager is proactive and knowledgeable, the home runs well."

The registered manager had notified us of all significant events which had occurred in line with their legal obligations. A staff member commented, "The manager is very supportive, they will work alongside us if needed which is good." All staff spoke highly of the leadership within the service. One staff member said, "I can approach them about anything and they would make time for me." Staff demonstrated a clear understanding of their roles and the lines of accountability. One told us, "I would normally speak to a senior if I had a concern but I know I could always go to the manager." The registered manager was at the service five days a week. All staff were aware of the 'on call' system in place when a senior member of staff was required 'out of hours.' One staff member said, "You can always get to speak to a member of senior staff if you need one, some live close by
too."

Staff were clear on the vision and philosophy that underpinned the service. One staff member told us they saw their role as, "Supporting people to be comfortable, independent and happy in a homely environment." People commented throughout the inspection that there was a 'homely feel' to the service.

Meetings were held which the registered manager explained ensured they had oversight of all aspects of the service. All staff meetings were held to enable key points to be circulated. One staff member said, "Everyone can have their say and get involved." These meetings provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key messages. For example, the importance of, the double signing of people's MAR charts where transcribed medicines were prescribed. Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people.

To ensure effective oversight of the service a new folder was started which collated key operational and strategic information related to the running of the service. This included information such as external

quotations, staff meeting minutes and a range of monthly audits. Each month the provider and registered manager held a meeting which reviewed this information and fed into an action plan. The registered manager told us they felt well supported by the provider. The registered manager demonstrated enthusiasm for their role and engaged positively with the inspection process. The feedback we received from the Local Authority quality monitoring department also demonstrated the provider was willing to work collaboratively to ensure positive outcomes for people and had responded positively to the issues they raised.