

## Appleby Rest Homes Limited

# Appleby Lodge

### Inspection report

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Callington  
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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

This was an unannounced inspection on 9 September 2015 and 11 September 2015.

We last inspected Appleby Lodge in May 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

Appleby Lodge provides accommodation for up to 18 older people who require personal care.

There were 18 people living at the home at the time of our inspection, one of whom was in hospital. The home is on one floor. There are shared bathrooms, shower facilities and toilets as well as a lounge and dining area.

The service had a registered manager in post. 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 were well supported by staff who were kind and caring. Where able people told us they enjoyed living in the home. Comments included; "I'm very, very pleased. Its very nice." "it's a very, very good place" and "I don't think it would be possible to make it any better." People and staff were relaxed throughout

# Summary of findings

our inspection and people were often seen laughing and joking. One relative commented, "There is a good atmosphere in the home." People's friends and families were welcomed by staff.

People or, where appropriate, those who mattered to them told us they felt safe. All staff had undertaken training on safeguarding vulnerable adults from abuse. They displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. Safe recruitment procedures were in place. Staff underwent the necessary checks which determined they were suitable to work with vulnerable people, before they started their employment. There were enough staff to meet people's needs and people also confirmed this. The staffing structure was flexible in meeting the needs of people.

People received an individualised approach to their care and told us, "They've been so good all the time, nothing's too much trouble. We're lucky to have such lovely staff." People's care plans held information regarding illnesses or conditions people were living with, so staff could support them effectively. People's risks were managed well and monitored within risk assessments. Staff responded quickly to people's change in needs and care plans were updated accordingly. However people, and those who mattered to them, were not consistently involved in reviewing their care plans. This meant that people were not completely in control of the care they received. The registered manager told us they would discuss with people and those who mattered to them, how they would like to be involved. People told us their privacy and dignity was maintained.

Some care plans included people's personal histories to help staff get to know people and the registered manager told us they were completing these in everyone's files. There were a variety of social activities available and some staff were attending training on how to provide tailored activities for people. The registered manager was trying to find new ways to give people the option to go out into the local community, as previous attempts had been unsuccessful.

People told us the meals were nice and people were offered choices, "it's a wonderful place to be in, the staff are excellent and the food is beautiful." People's nutrition was monitored and people's care files held information on 'signs of nutritional risk'.

People and those who mattered to them knew how to raise concerns and make complaints. The service had not received any complaints but people told us concerns raised had been dealt with promptly and satisfactorily.

People's personal confidential information was not always stored securely. This meant that it was easy for someone to access people's confidential information. People's medicines were administered safely but spare medicines were not always in a locked cupboard. This meant that people's medicines were accessible to other people. The registered manager told us after the inspection that a lock had been installed on the cupboard used to store medicines and files containing confidential information were now also stored securely.

People were supported to maintain good health through seeing healthcare professionals, such as GPs and district nurses, regularly. External health and social care professionals were complimentary about the staff and the care home commenting, "I think the staff are very kind and caring."

Staff described the management as supportive and approachable. Staff talked positively about their jobs and colleagues, comments included: "I enjoy it. I receive a compliment about my work and I feel useful" and "we're a good team." Staff had received training to enable them to provide effective care and support to people. Senior staff regularly observed staff practice to improve quality and the registered manager told us they had not previously held formal one to one meetings with staff to discuss their work but intended to start immediately.

The registered manager was knowledgeable about people; they took a hands-on approach to the management of the care home and had an "open door" policy that everyone was aware of. There were quality assurance systems in place to monitor and improve the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe.

Staff had a good understanding of how to recognise and report any signs of abuse.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People's medicines were managed safely.

Risk assessments were in place to reduce the likelihood of people coming to harm.

Good



### Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff that were trained and received a comprehensive induction.

People were supported to maintain a healthy balanced diet.

Staff were supported by the registered manager. Practice was regularly observed by senior staff and the registered manager was planning to start one to one meetings immediately with staff to discuss their work.

Good



### Is the service caring?

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

Staff supported people to the extent they needed but also encouraged people's independence.

Good



### Is the service responsive?

The service was responsive.

Care plans were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People's individuality was recognised by staff when providing care and support.

People knew how to complain and any concerns had been dealt with satisfactorily.

Good



### Is the service well-led?

The service was well-led.

People knew who the registered manager was and told us they could talk to them at any time.

Good



# Summary of findings

Staff were motivated and inspired to develop and provide quality care.

The registered manager had quality audits in place to continually monitor and improve the service.

# Appleby Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the home unannounced on 9 September 2015 and 11 September 2015. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the home. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We reviewed previous inspection reports and notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law

During our inspection, we spoke with five people living at the care home, two relatives, four members of care staff, the chef and the registered manager. We also spoke to two community nurses and the hairdresser. We observed care and support in the lounge and dining room, spoke with people in private and looked at five care plans and associated care documentation.

We looked at records relating to medicines, policies and procedures, staffing rotas, the accident book, five staff recruitment and training files and quality assurance and monitoring paperwork

# Is the service safe?

## Our findings

People told us they felt safe living at Appleby Lodge, comments included, "That's why I came here. I only have to ring a bell and there's someone here day or night", and "You can call people in the night if you need to."

People were protected from abuse by staff who had undertaken safeguarding training. Staff knew how to report abuse. They told us "I couldn't ignore it, I'm confident the registered manager would do something about it." The local council safeguarding procedures and relevant contact details were displayed in the entrance and in the office and staff knew they could also contact CQC with any concerns.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. Staff received a comprehensive induction programme Staff received a comprehensive induction programme when they started working at the home.

People told us there were sufficient staff to meet their needs. Staff were not rushed during our inspection and supported each individual at their own pace. People confirmed, "They've been so good all the time, nothing's too much trouble. We're lucky to have such lovely staff." Staff told us the staffing was flexible according to people's changing needs. If staff were very busy the registered manager provided extra support. The housekeeper told us they were also trained to provide care and support and had received all the correct training, explaining "if they're rushed, I get permission to help too."

People were supported by staff who understood and managed risks effectively. During the inspection, the housekeeper informed the registered manager of a broken wheel on someone's bed. After gaining consent from the person concerned, they contacted someone to

mend it, who came immediately. People had personal emergency evacuation plans (PEEPs) in place which meant, in an evacuation, emergency services would know what level of care and support people may needed.

People were kept safe by effective infection control measures. Staff told us there were plenty of gloves and aprons available and the housekeeper confirmed cleaning materials were always ordered ahead of time so the service never ran out.

People received their medicines safely and told us they received them at the right times; comments included, "I find they're very good like that." The registered manager liked to administer the medicines in the morning and also at lunch, if staff were busy. This enabled them to regularly check that medicines were being administered correctly. They explained any errors were highlighted by staff immediately and they would then investigate and correct them. Staff confirmed that this was the case and demonstrated a good level of knowledge around the administration of medicines. They told us they had sufficient medicines administration training. Staff were heard to gain consent from people before administering medicines and people confirmed, "They do ask me if I'll take my tablets." They were also heard explaining what the medicine was (to people who wanted to know) and how to take it; for example giving clear instructions about how to use an inhaler.

People were supported to get alternative medicines if their needs changed. For example, people who had swallowing difficulties had liquid medicines as far as possible and one person who found ear syringing too distressing now had ear drops instead. Staff asked people if they needed any medicines prescribed to be taken when necessary, for example pain killers but did not record how many were given. The registered manager said they would implement this immediately.

Spare medicines were not kept in a locked cupboard which meant people's medicines could be accessed by other people. The registered manager confirmed after the inspection that a lock had now been installed.

# Is the service effective?

## Our findings

People were supported by knowledgeable, skilled staff who met their needs effectively. People told us "The staff are excellent, they really are very good." and "They're very good at what they do." Staff told us, "I enjoy it. I receive a compliment about my work and I feel useful" and "we're a good team."

People were cared for by staff who received an induction programme and training applicable to their role, such as dementia care, food hygiene and medicines administration. Staff told us they felt they received sufficient training to carry out their roles. The registered manager told us three staff were undertaking a course about providing tailored activities for people. Staff received regular supervision of their work by a senior staff member, for example administering medicines or providing care and support to someone. The registered manager told us they had not previously carried out formal one to one meetings with staff members to discuss their work but intended to start them immediately. Team meetings were held twice per year and staff described them as "essential", especially as the provider attended too.

People told us they felt supported by staff who met their needs; comments included, "They've been so good all the time, nothing's too much trouble. We're lucky to have such lovely staff." The registered manager told us, "If we're short of staff, the staff cover each other's shifts, they're amazing." People confirmed, "there are plenty of staff here." The staff team used handover to make sure everyone's needs were being met. They discussed every person at every handover highlighting any changes or concerns. A staff member told us, "Without that, we wouldn't know what was happening. It could be as simple as someone is drinking tea rather than coffee today."

Staff had received training on the Mental Capacity Act and the related Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff understood their responsibilities under MCA and DoLS.

People told us they had enough to eat and drink. Comments included, "it's a wonderful place to be in, the staff are excellent and the food is beautiful" and "Yes, we have enough to drink and we have wine on a Sunday." We observed that there was a range of alcoholic drinks in the lounge which the registered manager confirmed people could have whenever they wanted. One person told us "I was offered porridge but I don't like it so I had toast and marmalade," and a relative told us, "Mum always really enjoys the food as she gets a good amount of veg....she always eats it all up. She has porridge for breakfast with a cup of hot water. Everyone has something different."

We spoke with the chef about people's choices, they explained there were always alternatives for people to have; for example most people didn't like liver but the chef didn't want those who did like it to miss out, so they still cooked it but offered alternatives too. One person told us "The food is very good. We have what we want. I had chicken but the next person down had liver." Staff told us, "one person didn't want to eat much lunch today, but had their pudding, so they'll be encouraged to have more at tea and supper. We offer alternatives if they don't want what's there." Staff told us even when they offered tea and biscuits, people could have alternatives, for example one person often asked for cheese and biscuits.

The chef told us the staff served the food as they knew people best and what their likes and dislikes are. People confirmed: "The food's pretty good. They don't give you things you don't like - they remember." A relative told us that her mother enjoyed a cheese sandwich in the middle of the night and it was always provided for her. Another person told us they had been out for lunch and bought a scone for their tea. Staff confirmed they would be taking her a pot of tea and some jam to have with it, as she had requested.

People were encouraged to come to the dining room for their lunch. The registered manager felt this encouraged interaction and some exercise. During lunch people sat where they chose and some people sat in reclining chairs as this was more comfortable for them. We heard staff encouraging people to eat and responding positively to them, "You've done well! Do you want me to take your plate and leave your cup of tea?" One person told us they would like to have their breakfast a little later. The

## Is the service effective?

registered manager told us that currently people had their breakfasts between 8 am and 9.30 am but they would ask everyone if this time suited them or if they would prefer a different time.

The registered manager told us that external health professionals, such as speech and language team (SALT) had been consulted when concerns regarding people's diet had been impacting on their health; for example, one person requested soup for each meal and the staff were concerned they were not eating a balanced diet. They gained advice from SALT who suggested reducing plate and portion size. The person found this more manageable and has put on weight. The chef told us they were made aware of people's individual needs and any changes, by the registered manager; for example, some people had pureed food but the chef was aware whether they needed the food liquidised very finely or just mashed. People's nutrition was monitored and people's care files held information on 'signs of nutritional risk' for staff to refer to.

People had their health needs met. Records demonstrated and people told us they saw a GP or other health professional when required. People confirmed "the staff arrange the GP whenever I need them to," "there's always someone there to help you and they'll get the GP in," and

"my GP still comes to see me here." If any bruises or skin concerns were found, the district nurse was contacted. Staff had identified an area of concern on someone's skin the day before the inspection, the district nurse had been contacted and returned on the day of the inspection to redress the area and give further advice.

People had care plans in place to provide guidance to staff to manage specific health needs. Care files incorporated generic information about conditions people were living with, as well as information about their individual needs. For example, one lady was living with a particular condition that caused hallucinations. The staff were knowledgeable about the syndrome and about how it affected the individual. They reported they had recently identified a change in the hallucinations so they had asked for tests which had diagnosed an infection. There was also further information in the office for staff to refer to, such as the foot care pathway for people with diabetes. This supported people to receive effective care.

External health professionals spoke positively about the service and reported they were always contacted in a timely fashion and advice was always recorded and followed through.



# Is the service caring?

## Our findings

People were complimentary about the staff who cared for and supported them. Comments included, "they're very, very good - excellent really," "staff are exceptionally nice" and "the staff are excellent and very caring." Relatives told us, "they're all very nice, mum likes the staff" and "Mum says, 'I quite like it here', ....she knows the staff." Professionals described staff as "very friendly" and told us "the staff make people feel like it's one big family." One person showed us a large bunch of sunflowers they had been given by the staff on their birthday and told us "Birthdays are nice here, you can have a cake, the home can make it."

People were supported by staff who were passionate about providing high quality care. One staff member told us, "People have given up their homes and are here to be looked after. They're like our own mums and dads and deserve the utmost care, how they want it, and I want to make it a little better for them." One staff member told us how they brought in their two dogs for people to pet as people really enjoyed it. Another told us "I like to make sure their bedrooms are nice and tidy and the bed's well made. I also do things they ask like posting something or a bit of shopping" and "I like working here. I don't just get on with my work, I stop and talk and have a laugh." We observed people laughing and joking with staff and one person told us, "We have some fun, you know!" One relative commented, "There is a good atmosphere in the home."

People were cared for by staff who showed respect and understanding and told us staff were considerate. The registered manager described people living at Appleby Lodge as "lovely." They told us some people preferred to be addressed as Mrs [...] and we observed staff respecting this choice, telling us "If they prefer 'Mrs', that's what I call them." We observed that if staff couldn't attend to people immediately, they explained this to them. People confirmed this was also the case when they rang their call bell in their bedroom, saying "if they can't come immediately, they explain when they'll be able to come."

Staff explained how they cared for people if they were upset. They described how they comforted a person who had a hearing impairment and sometimes became distressed, by holding their hand and reassuring them. They also told us family were contacted as they were more

able to calm the person down; and when beneficial, had been able stay overnight to promote the person's wellbeing. Their relative told us the consistency of the staff team was important for their family member. Another staff member told us they reassured people who were feeling upset that they hadn't seen their family recently by checking the person's records and reassuring them about when they had last visited.

The registered manager told us they encouraged people to bring in their own belongings and furniture, saying "They're not in our workplace, we're in their home." We later observed the registered manager offering to help display some personal items someone wanted to bring in from their home and people confirmed they had been able to bring in their own furniture. One person had a plant on their side table in the lounge and staff explained that since they didn't spend much time in their room they thought they would enjoy it more if it was in the lounge with them.

People's privacy and dignity were respected. Staff told us, when providing personal care, they put themselves in the person's position, saying "it's how you'd like to be treated yourself." They told us, if possible, they turned their back or moved away to maintain the person's dignity. People confirmed staff always made sure their dignity was protected when delivering personal care, saying "They support me to get in the bath and then leave. They say, ring the bell when you're ready." A professional told us "When they are supporting someone to transfer into a chair, there are always two staff and they tell them what they are doing and why." We observed this was the case.

People were encouraged to remain as independent as possible. Staff gave examples of how they did this, for example taking a bowl and flannel to someone so they could wash themselves, saying "we encourage people to do things for themselves and will do that for as long as possible." A professional told us, "They're always encouraged to walk as much as they can." People confirmed "I do all I can, I try to be independent."

People's personal information was not always held confidentially, for example, people's care plans were not locked away. This meant that other people could read confidential information about them. After the inspection, the registered manager confirmed all files containing personal information had been moved into a lockable cupboard.

# Is the service responsive?

## Our findings

People told us their needs were being met. Comments included, "I'm very, very pleased. It's very nice," "It's a very, very good place" and "I don't think it would be possible to make it any better." A professional told us, about the staff team, "They always think ahead to the needs of the residents and try to pre-empt what they might want so they don't have to be asked." The registered manager told us "the needs, wishes and wants of our residents are always our first priority" and staff confirmed "I'm here to help them in whichever way they want." One person told us, "I get all the help I want."

People received care and support from staff who respected people's individuality and knew them well. The registered manager told us one person used to live on a farm and so liked to get up at 5am most mornings and they were supported to do this. A relative also told us their mother liked to go to bed at 6.30pm and confirmed staff always supported her to do that. Another person told us they only had to ring their bell when they wanted support to go to bed. One person told us, "if I want anything, they (the staff) get it." Another person told us "I missed my cup of tea this morning because I was out, so they're bringing me one now. The staff are very helpful to me. They come as soon as they can."

Staff gave examples of how they provided choice for people, such as asking when they wanted to get up and asking them what they would like to wear. They also explained how they used different means of communicating according to the person's needs, for example, it was easier for some people if staff held up a choice of clothes to help them choose. For some people using different tones of voice, being patient or trying different ways of saying things were key. Another staff member told us that family members were used when communicating important messages; for example the staff were concerned someone's shoes were not comfortable. They intended to discuss it with the person's family who were good at explaining things to the person.

People's care and support was personalised to meet their individual needs, for example one person living with dementia asked regularly what the day was so the staff team had put a board in the lounge, near where the person tended to sit, which stated the day and the weather. They could then read for themselves what day it was whenever

they were unsure. The registered manager gave an example of how the service catered for people's changing needs: when a room had become available near the dining room, they suggested a person who was becoming less mobile moved into it. This meant they would still be able to walk to the dining room and therefore remain as active as possible. The room the person vacated was offered to a person whose eyesight was declining, as it was a brighter room.

People and their relatives told us the registered manager had assessed them before they moved in to ensure the service could meet their needs and confirmed they received care according to the information they had given. One person told us "the manager knew everything about me before I moved in."

People had a care plan in place to provide guidance and direction to staff about how to meet their needs. The registered manager told us "Any carer should be able to come in on their first day and get everything they need to know about the person," and "We continually update our care plans so that they reflect the changing needs of our residents to ensure their care is individual to their needs." Staff told us they found them useful. People and relatives told us they were not aware of their care plan. This meant they were not completely in control of how they received their care and support. The registered manager told us they would discuss with people and those who mattered to them, if and how they would like to be involved in their care planning. Some care plans incorporated the person's life history and the registered manager told us they were working on completing a personal history for each person to help staff provide more individualised care and activities.

People's care plans included information about their health and social care needs, for example information for staff to support people to maintain their hearing aids correctly. The registered manager explained how they had requested a picture of one person's glasses to be added to the report from their optician; this was held in their care plan and used to reassure the person when they thought they had the wrong glasses.

People were able to participate in a range of activities. A board in the hall displayed forthcoming activities, such as bingo, board games and arts and crafts, musical reminiscence and communion. One person told us "We have a singer in and we all join in - we do have fun!" Some

## Is the service responsive?

people enjoyed being able to go out into the garden. There was a hairdresser at the home when we visited, though some people still attended other hairdressers outside the home. The registered manager told us other activities included making pasties, flower arranging, making necklaces and clay modelling. Some of these items were displayed round the home. There was a piano in the lounge and the registered manager told us "I like to pop in in the evening and sometimes they're all singing round the piano." A professional told us "Christmas is the whole month of December here. They have lots of entertainers and presents." People confirmed that Father Christmas visited with a sack of presents near Christmas.

The registered manager told us they had worked with a local secondary school to hold a diversity afternoon during which, people enjoyed playing games, iced cakes and discussed their life stories with the pupils. They told us "people were talking about it for days." They also told us they were hoping to work with the same school's gardening group to help make the garden easier to get into for people who wanted to do gardening. The registered manager told us, despite organising activities for people to go out into the local community, few people had been interested. They were looking at alternatives that would give people the option to go out more if they wanted to. A professional told us, "People are encouraged to come out of their rooms and be sociable but they're allowed their own choice." Staff confirmed "Some people won't join in but that's their choice."

People's families were welcomed at any time and one person told us, "My family are welcomed. They get a cup of tea as soon as they come in. It's lovely" and a relative told us "they're (the staff) always pleased to see us." A staff member told us "we like to make them (relatives) feel welcome. We offer them a cup of tea. We like to get to know them and want to be approachable and open to them raising any concerns." Responses from a quality assurance survey included "the staff are all excellent and make relatives feel welcome." People had access to the phone, one person told us "My nephew phones and I speak to him."

The registered manager and staff listened to people's ideas. The registered manager told us, as a result of surveys completed by people about the home, the staff now wrote up the menu for each day in the lounge room, some carpets had been replaced and a shower people could use in their wheelchair had been installed. People told us they did not have any complaints, but felt confident they could speak with staff or the registered manager at any time. People told us "I would tell the staff if there was a problem. I'm sure they'd do something about it" and "I've asked before about a concern I had and [the registered manager]'s sorted it out."

# Is the service well-led?

## Our findings

People knew who the registered manager was and were complimentary about the day to day running of the service. Comments included, "I think [...]s excellent, very caring and very considerate"

The registered manager spoke knowledgeably about the people who lived at Appleby Lodge and cared about providing a good service to them. The registered manager told us "I like nothing more than to be out and about talking to everyone in the home." A professional confirmed, "the manager talks to people, they seem very capable. When they can, they are very hands on. They help at lunch too." We observed them taking time to speak with people, staff and visitors. They told us "I have an open door policy" and "residents come in here just to chat sometimes. There could be a pile of paperwork but that just isn't as important."

The registered manager told us they administered medicines every morning during the week and at lunchtime, if staff were busy. This relieved pressure on staff but also gave the registered manager time to see each person individually. One person confirmed they saw the registered manager regularly, "[.....] always comes in with my medication every morning and I can see or talk to them whenever I want." Another person told us, "[...]s always around, you can always go and find her - or you can wait until she comes past your door."

The registered manager told us people had not been very interested in having a resident's forum to discuss concerns or ideas for the service; so they intended to, "have a monthly one to one meeting with all the residents, so that I can gauge how they feel about their care and any changes they would like to see implemented."

The registered manager spoke highly of the staff team saying "if you ask me what I'm proud of - it's the staff." Staff

told us they felt supported by the registered manager and appreciated that they were flexible with their own time in order to provide this support; for example the registered manager covered for a member of staff who wanted to attend an important engagement. Another staff member told us "if a person is unwell, [the registered manager] is only down the road and says 'shout if you need me'." Staff told us if they had any concerns they would discuss them with the registered manager, and could speak with them at any time. "I'd go to [.....] if I had a problem, to sort it out. It's as simple as that - then you don't dwell on it." They also described the registered manager as "approachable" and "open to all new ideas." For example, recently, more online training had been introduced but some staff did not find it as useful as taught courses. Staff told us they fed this back to the registered manager who confirmed there would be less online training as a result. The registered manager also told us when staff had reported being too rushed, they had listened and added extra staffing hours at the weekend for care staff and extra hours during the week for housekeeping staff.

The service had policies and procedures for staff to refer to, however, some of them were out of date. The registered manager told us they were already aware of this and intended to update them as soon as possible. There was a whistle blowing policy in place and staff told us they were not fearful about raising concerns. External professionals spoke positively about the care home and about the day to day running of the service. Professionals told us the registered manager was "very good at triaging the advice they received to staff."

Governance procedures were in place to drive continuous improvement. The registered manager carried out an environmental audit regularly to ensure the safety and cleanliness of the service and a medicines audit each time new medicines arrived. They also arranged a pharmacy audit and fire audit by external professionals.