Pinnacle Care Ltd

The Red House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 5 July 2016. The inspection was unannounced.

There was 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.

The service provides accommodation and personal care for up to 23 older people who may live with dementia. Twenty people were living at the home on the day of our inspection.

Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise concerns under the provider's safeguarding and whistleblowing policies. The registered manager assessed risks to people's health and welfare and wrote care plans that minimised the identified risks.

There were enough staff on duty to meet people's care and support needs. The registered manager checked staff's suitability to deliver care and support during the recruitment process. The premises were regularly checked to ensure risks to people's safety were minimised. People's medicines were managed, stored and administered safely.

People's needs were met effectively because staff received appropriate training and support. Staff understood people's needs and abilities because they read their care plans and worked with experienced staff until they knew people well. Staff were encouraged to reflect on their practice and to develop their skills and knowledge, which improved people's experience of care.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had applied to the Supervisory Body for the authority for to restrict people's rights, choices or liberty in their best interests. For people with complex needs, their representatives or families and other health professionals were involved in making decisions in their best interests.

People were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs, which minimised risks to their nutrition.

People were cared for by kind and compassionate staff who knew their individual preferences for care and their likes and dislikes. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health.

People and their representatives were involved in planning and agreeing how they were cared for and supported. Care was planned to meet people's individual needs and abilities and care plans were regularly

reviewed and updated when people's needs changed.

The provider's quality monitoring system included consulting with people and their relatives to ensure planned improvements were focussed on people's experience.

Quality audits included reviews of people's care plans and checks on medicines management and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence. Staff were guided and supported in their practice by a registered manager they liked and respected.

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 understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The registered manager checked staff's suitability for their role before they started working at the home and there were enough staff to support people safely. Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective. People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their preferences. People were referred to other healthcare services when their health needs changed.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate towards people. Staff understood people's preferences, likes and dislikes. Staff promoted people's independence, by encouraging them to make their own decisions. Staff knew people well and respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive. People and their families were involved in planning how they were cared for and supported. Staff supported and encouraged people to follow their interests, to take part in social activities and to maintain relationships with the people that were important to them. The registered manager took action to resolve complaints to the complainant's satisfaction.

Is the service well-led?

Good

The service was well-led. People and their relatives were encouraged to share their opinions about the quality of the service. People were involved in planned improvements to the

service. Staff were inspired by the registered manager's leadership, skills and experience to provide a quality service. The registered manager regularly checked people received the care and support they needed.

The Red House

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 5 July 2016 and was unannounced. The inspection was undertaken by two inspectors.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with seven people who lived at the home and a relative. We spoke with the registered manager, the deputy manager, the cook, three care staff, an agency care staff and the training and development officer. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered.

We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People told us the service was good and they felt safe, because they trusted the staff. People told us "The staff are good people" and "Nothing is too much trouble. The staff are very good." We saw that people were relaxed and chatted easily with staff, which showed they trusted them. A member of staff told us, "I have no concerns about people's safety or risk of abuse. I have never witnessed abuse or discrimination."

People were protected from the risks of abuse because the provider's policy and procedures for safeguarding were known and understood by the whole team. Staff attended training in safeguarding and understood their responsibilities to challenge poor practice and to raise any concerns with the manager. Staff told us, "Abuse can be the smallest things. It can be neglect – not making sure they have drinks" and "I have no concerns, but I would be the first to raise them if I did." Staff knew that any allegations of abuse would be reported to the local safeguarding authority. We saw there was a poster in the hallway, which explained the procedure, to make sure people and relatives knew how to raise any concerns. The registered manager had notified us, in accordance with the regulations, when they had referred concerns to the local safeguarding team.

The provider's policy for managing risks included assessments of people's individual risks. The registered manager assessed risks to people's health and wellbeing. Where risks were identified, people's care plans described how care staff should minimise the identified risks. For example, the registered manager checked risks to people's mobility, communication and nutrition, and described the equipment needed and the actions staff should take to support people with minimum risk.

Staff were knowledgeable about people's individual risks and knew how to support them safely. When using equipment to support people to mobilise, staff reassured people they were safe, by explaining what they were doing in advance. The registered manager was observant of staff, to make sure they followed best practice techniques. One person told us they felt safe using a walking stick to walk about, which was stated in their care plan, and another person told us they preferred to link arms with staff. We saw staff respected people's rights to assess risks to their own mobility and to prioritise their independence. Records showed that people's risk assessments were regularly reviewed and updated when people's abilities changed.

Records showed staff recorded incidents, accidents and falls in people's daily records and kept an on-going log for analysis. The registered manager analysed accidents, incidents and falls by the person, the location, time, outcome and action taken. Staff told us, "The manager would tell us in a meeting or handover what had happened and what we needed to do to make sure it didn't happen again." The registered manager notified us of when accidents or incidents resulted in injuries to the person, in accordance with the regulations.

The provider's policy for managing risk included regular risk assessments of the premises and emergency plans for untoward incidents. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. The registered manager told us they had recently been re-inspected by the local Fire and Rescue Service, who were satisfied their recommended actions had been

completed. One person told us the fire alarm was tested regularly, which gave them confidence that the provider managed risks.

People told us there were enough staff to support them with their needs. One person told us, "You just have to pull the cord for help. They are there in a minute, no ifs or buts." The registered manager used a dependency needs analysis tool to decide how many staff were needed on each shift. The analysis included a rating of 'low, medium or high needs' per person, which was identified in their care plans. On the day of our inspection visit, we saw the needs analysis was effective. There were enough care staff to support everyone according to their physical and emotional needs and call bells were answered promptly. Staff told us there were enough staff on the rota, and additional regular or agency staff were on duty when needed. Staff told us they had the same agency staff because, "They know us and our residents" and "You wouldn't know she is an agency lady, she is amazing."

Staff were recruited safely and the registered manager checked they were of good character before they started working at the home. The registered manager showed us records of the checks they made of staff's suitability for the role, before they started working at the home. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they 'had to wait for ages', because they could not start work until all the checks were completed.

People told us they received their medicines when they needed them and in accordance with their GP's prescription. People said they were always asked whether they had any pain and whether they wanted pain-relieving tablets. We saw the deputy manager took people's medicines to them and explained what they were for if people had forgotten.

The deputy manager showed us how they managed and administered medicines safely. Medicines were kept in a locked room and only trained staff were responsible for administering them. Medicines were delivered from the pharmacy in colour-coded blister packs, which were marked with the name of the person, the time of day they should be administered and a photo of the person to confirm their identity. Medicines delivered in boxes and liquid form were kept in a locked cupboard and liquids were marked with the date the medicine was first opened, to ensure medicines were administered or disposed of within their expiry date.

The medicines administration records (MAR) we looked at were signed and up to date, which showed people's medicines were administered in accordance with their prescriptions. Care staff recorded when medicines were not administered and the reason why not. For example, if a person declined to take them or the GP changed their prescription. When creams or patches were prescribed, body maps were included in the instructions to show exactly where the cream or patch should be applied.

Care staff received guidance to ensure people's medicines were administered appropriately. Some medicines were only to be 'administered as required' (PRN). The deputy manager knew which people could 'say' when they needed PRN medicines and which people were not able to communicate their needs verbally. For people who were not able to say when they required these medicines, there were written protocols, which explained how and when staff should administer them. The protocols described the signs staff should look out for, because the people expressed their needs through their facial expression, body language, mood and behaviour. The deputy told us they were confident people's PRN medicines were administered appropriately.

Good

Is the service effective?

Our findings

People told us the staff were very good and supported them according to their needs and abilities. One person told us they had observed that when people with complex needs became agitated, "Staff manage very, very well." Another person told us, "Staff have been very good. They all seem to know what to do." We saw care staff knew people well and supported them appropriately with their physical and social needs.

People received care from regular staff, who had the skills and knowledge to meet their needs effectively. New staff's induction programme included training and getting to know people before they worked with them independently. The learning and development officer told us all new staff had to achieve a certificate in care within 6 months of starting work. Staff completed the provider's standard training and training specific to the needs of people who lived at the home and the registered manager checked staff's understanding and competence by observing their practice.

The learning and development officer told us they visited each home in the provider's group to identify training needs specific to the people who lived there. Staff had training in, for example, first aid and moving and handling straight away, and specialist training, for example, in diabetes and dementia. They told us the training was effective, because they acquired practical skills and new insights and awareness of how to support people, particularly people who lived with dementia. A member of staff told us, "The dementia training was amazing. We learnt signs to look for and how to 'go with it', which makes the world much less confusing for people." Records showed staff received training that was appropriate to people's needs, such as falls prevention, skin care and nutrition.

Staff told us they felt supported in their practice because they had regular one-to-one meetings and team meetings with the registered manager. Staff told us, "If I need anything I know I can talk to the manager" and "If there is anything I need help with or I am unsure of, I just need to ask." Records showed staff attended annual performance review meetings to discuss their performance and to identify their strengths and development needs. Staff were encouraged to consider their own professional development and supported to study for nationally recognised qualifications in health and social care.

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

People told us they made their own decisions about their care and support and staff respected their right to decide. People told us they only received care and support if they wanted it. One person told us, "You can do

as you want." Staff understood the requirements of the MCA meant they could only deliver care if a person consented. We saw staff asked people how they wanted to be cared for and supported before they provided care. A member of staff told us, "I did MCA and DoLS training. If people don't want to do something, they don't do it." Staff told us that if people declined personal care, for example, they would go back later and ask again, because, "They might change their mind. People know their own mind." Staff told us they, "Promote people's independence as much as possible."

The registered manager understood their responsibility to comply with the requirements of the Act. One person who needed bed rails on their bed for their safety, lacked the capacity to understand and remember why they were needed, so was unable to give their consent. The decision had been made in their best interests by a team of health and social care professionals, which was recorded in their care plan. Staff told us, "[Name] needs bedrails for their safety, but couldn't discuss that. The decision was made in their best interests."

The registered manager completed risk assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. The registered manager had applied to the supervisory body, for the authority to deprive two people of their liberty, because their care plans included restrictions, which they did not have the capacity to consent to. At the time of our inspection, one application had been authorised and the second application was still in progress.

People told us the food was very good and they always had a choice. One person told us, "If they bring me something I don't like, they say I will go and get you something else." People had chosen to have their cooked meal in the evening, as this was what their lifelong habit from before they moved to the home. Records of a recent meeting showed people had been asked if they wanted to continue with this habit. People had said, "Yes I like it better that way, as that is what we used to do at home" and "I like it because we can have a lie in and still have poached eggs for breakfast and not spoil our lunch." One person told us they liked to prepare the vegetables in the afternoon, because they had worked as a cook in their earlier life.

At lunch time staff encouraged people move to the dining room, which gave them a reason to change position and an opportunity to socialise. For people who chose to stay in their armchair, staff brought food to them. People were offered a choice of sandwiches, sausage rolls, a milk pudding and a choice of hot or cold drinks. The lunchtime was relaxed and people chatted between themselves and with staff.

The cook told us the menu for the main meal was suggested by the provider, but they were able to adapt the menu according to people's preferences. The cook told us, "The office have got the list of special diets and they will tell me each day." People's care plans included a list of people's food preferences, needs and allergies, to ensure people were supported to maintain a diet that met their needs. Staff knew people's dietary needs, for example, who needed a soft diet, and who was at risk of poor fluid intake. Throughout the day, we saw staff knew which people were at risk of not drinking enough, and they sat beside and encouraged them to finish their drink.

People were regularly weighed and care staff recorded whether people ate well, so they could monitor their appetites and nutritional intake. People who were at risk of poor nutrition were referred to other health professionals, such as dieticians. Staff recorded how they followed the healthcare professionals' advice and monitored the actual volume of fluids and amount of food people ate.

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People were supported to maintain their health. One person told us staff were, "Quick to call the doctor if I am unwell." Records showed that staff kept a record of healthcare professionals' visits and their advice, and

shared information at handover. Staff were knowledgeable about people's individual medical conditions and knew the signs to look out for, and when they needed healthcare professionals' advice.

Good

Is the service caring?

Our findings

People told us they were happy living at the home. People told us, "The staff are lovely. Nothing is too much trouble for them" and "They are very good. I was in bed one day with a terrible cold and they were in and out, asking if I wanted anything." A relative of a person who used to live at the home told us, "[Name] had a great life here. They adored [Named staff]. They loved it here." A member of staff told us, "I love my work, absolutely love it. If your hearts not in it you shouldn't do it."

We saw people had established good caring relationships with the staff who supported them. While we were sitting with one person in their bedroom, a member of staff came in. The person's face lit up with a big smile and they turned to us and said, "This is my lady." Staff offered physical assurance by touching people's arms or hands when talking to them, which promoted their wellbeing. We saw one person reached out to hug a member of staff while they were talking with them. Another person was only able to communicate using a pen and note pad. We saw that a member of staff had written 'I like your cardigan' on the note pad, which showed a staff understood the importance of supporting the person to maintain their self-esteem.

People were happy to talk with us about their everyday lives, but they were not all able to tell us how they were involved in agreeing their care plan, because of their complex needs. However, care plans recorded how people and their representatives had been asked about how they would like to be cared for and supported. Care plans included a section entitled, "All about me", which included the person's religion, culture, occupation, family and significant events. Staff told us this helped them to understand the person and to get to know them as an individual and to understand their anxieties and behaviours.

We saw staff understood people and supported them with kindness and compassion. As staff walked through communal areas, they took the opportunity to exchange words with people and ask how they were. Staff understood that some people were unable to communicate verbally, but they understood people's needs through their body language and facial expression. Staff crouched down when talking to people and maintained eye contact with them. Two people told us they found staff's skills and confidence 'reassuring' and said staff made them feel better about themselves.

A member of staff told us, "It is person-centred practice. It is about the individual and they are all different. We assist them differently." Staff told us they were confident they could support people to maintain their individual cultural or religious traditions. The poster in the hallway, which marked the start and end of Ramadan, showed staff were aware of different cultural traditions. A member of staff told us, "Staff come from a variety of cultures, which broadens our outlook. We could adapt to other cultures and we have talked about how we would do that." Church and faith leaders visited the home regularly and people were welcome to join in religious services. The member of staff said, "It depends on people's mood sometimes. They are all able to choose to stay or leave."

Care staff recognised and respected people's diverse needs and promoted their independence, for example, how and where they liked to spend their time. One told us, "In the morning they come in to see if you are awake and come back later if you don't want to get up yet." We saw staff encouraged people to socialise, for

example, but respected their right to spend time on their own if they chose.

The registered manager operated a 'best friends' policy, which meant they were named staff as the main contact person for people's families, who also looked after people's clothes and toiletries. The policy ensured everyone had a friend to represent them, to get to know them well and make sure every need was met. In the hallway there was a large mural of a tree with photos of people at the end of the braches, which encouraged people to recognise they were part of The Red House 'family tree'.

People told us staff respected their privacy and promoted their dignity. One person told us they could lock their bedroom door if they wanted to. Care plans included information about people's preferences for physical and emotional privacy, which ensured care staff understood each individual. People's personal information and records were kept in the office so only staff could access them.

People told us their families were welcome to visit when they liked, as often as they liked. A member of staff told us they had visited the home when their relation used to live there. They said, "I knew it was the right place when we walked in, it just felt like home." They told us their relation was so happy living at the home, they had been inspired to apply to work there.

Good

Is the service responsive?

Our findings

People told us they were cared for and supported in the way they wanted. They told us staff understood them and knew their likes, dislikes and preferences, because they were involved in planning how they were supported. One person told us staff responded to their needs in the way they wanted, because, "They take us out. I don't want to go out on my own. I feel safer with company, with an arm to hold. It feels friendly."

People had confidence in staff's willingness and ability to support their interests. One person told us, "If we want to do something we just say, crafts, crossword puzzles." Another person told us, "We are going to have crochet classes. We told the girls we would like that and they are going to get someone in to teach us." Staff knew how people liked to spend their time and encouraged people to maintain their interests. Staff told us, "We ask them and see what they used to do and what they would like to do. For example, [Name] likes knitting. [Name] does the vegetables for dinner or making cakes. We will give them the ingredients and help put them in."

We saw staff spent time encouraging people to take an interest in their surroundings and to take part in social pastimes. During the morning of our inspection visit, most people enjoyed a reminiscence session with a visiting entertainer. The visitor had brought a wind-up gramophone and records, and they handed round pictures of other vintage record players. People watched with interest and the vintage equipment sparked several conversations. Once the music started playing, people sang along and tapped their feet in time to the music. One person commented, "Everyone remembers the tune, but not all the words", which showed they had taken an active interest in the session.

People were supported to maintain their interests and preferred routines. One person told us they could go to the lounge to join in the activities if they wished to but their preference was to sit in their room and watch television. We saw another person reading their daily paper. They told us they liked to keep up with what 'went on in the world'. During the afternoon we saw one person sitting quietly outside in the sun, one person playing dominoes with staff and other people doing a quiz with staff. People told us they went with staff into town, to the garden centre and out for meals. Two people told us they enjoyed a weekly meal out with staff, because, "We get a taxi" and "We go out for fish and chips and to restaurants."

People's care plans included a snapshot of their previous occupation, favourite things, hobbies and interests. Staff told us these details, and their training in dementia awareness, helped them to understand how a person's memories of their previous lives could cause them to become agitated. Staff told us their training helped them to respond to people's changing needs for emotional support. They said the training, "Told us what signs to look for, withdrawal, about living that day with what is in their minds."

We saw staff knew how to distract a person when they showed signs of agitation, and supported them to 'live in the moment', by encouraging them to take pleasure in their current life. The learning and development officer told us, "Some people living with us can exhibit some behaviours that challenge and staff actually deal with it quite well." We saw staff knew how to distract the person from their thoughts, by sharing household tasks with them, such as folding laundry. Staff told us they liked to have time to just sit

and talk with people. A member of staff told us, "It is lovely, especially in the afternoons. We get to really listen. Sometimes we sit in a group and talk and sometimes it is one to one."

People's daily records included information about how they had spent their day, their moods, appetites, whether anything was 'unusual' and if visits from other health professionals were booked or had taken place. Care plans and risks assessments were regularly reviewed and updated when people's needs changed.

People told us they had no complaints, but were confident any complaints would be taken seriously and resolved promptly. One person told us, "There is the manager or the assistant manager. If there are any complaints, you go to one of them, but we've got no complaints." We had not received any negative comments or concerns on our website from relatives, staff or healthcare professionals. The local authority commissioners told us they had no concerns about people's care.

Staff told us they would share any complaints with the manager. A complaints log was left in the hallway so anyone could raise a complaint anonymously if they preferred. The registered manager responded appropriately to verbal complaints. Records showed complaints were resolved promptly to the complainants' satisfaction. For example, a bedroom carpet had been replaced when relatives raised a concern about the condition of the carpet.

Good

Is the service well-led?

Our findings

People were happy with the quality of the service. One person told us, "I have nothing to worry about, nothing at all. It's lovely." Another person told us, "There is nothing to improve, I'm perfectly happy."

Relatives had been asked their opinion of the service through the provider's in-house survey, but none had responded. However, the registered manager had given relatives a card to enable them to share feedback about the service anonymously on a 'homes comparison' type website. We saw seven relatives had responded positively in the previous two months and the service had a review score of nine out of ten, for 'satisfaction with the service'. One relative had commented in the compliments book at the home, "The staff work with us and not against us."

People and relatives were involved in developing the service and the provider and registered manager listened to their views. They arranged meetings for people and relatives to discuss the home and their suggestions for changes or improvements to the service. Records of a recent meeting for relatives showed they felt, "The building looks unsightly from the outside and it does not reflect the care inside." We saw that the windows had been replaced and improvements had been made to the environment since the meeting.

Records of a recent meeting for people showed they had discussed the planned redecoration scheme. People had looked at brochures, discussed colours and patterns of wallpaper and soft furnishings and had chosen a purple, green and white striped modern style of furnishing. During our inspection visit, we saw some of the communal areas had been redecorated, the armchairs people had chosen were already in their rooms and staff were taking the matching footstools around to people's rooms.

One person told us they had raised an issue of the light bulb in their room not being bright enough and said, "They are going to change it." On the day of our inspection visit, the maintenance person was at the home changing light bulbs. The person went to their room to make sure they were now satisfied with the brightness of their new bulb.

The provider's vision and values for putting people at the heart of the service were explained in a poster in the hall. Their values were in accordance with the Care Fit for VIPs framework, as recommended by the Association of Dementia Studies. The manager told us part of the framework was dementia specialist training for staff, with an award for successful completion. The most important element of the training was for trainees to learn, "How to support people on their journey." They told us, trainees had already made suggestions, that they would put into practice, for example, to create a 'fiddle table runner' to improve people's sensory experience and personal scrap books to promote memory.

The learning and development officer told us all training must, demonstrate value, benefits and impact of training and was delivered across the whole provider group of five homes. This enabled staff to share ideas and best practice across the group and provided a larger pool of trained relief staff to any one of the homes in the group. Staff told us their training was enjoyable and gave them confidence in their practice.

Staff shared the provider's values. They told us they were happy working at the home because they loved their work and the difference they could make to people's lives. Staff told us, "I absolutely love it. As long as I make people happy, I am happy" and "We are all working for the same thing. It's a good team and we work well together." Staff told us they had regular one-to-one meetings and team meetings and felt well informed about people's needs, the home and the provider's values and plans. Records of staff meetings showed staff were reminded of the responsibilities of their 'best friend' role, the importance of using pressure-relieving equipment and of ensuring they followed safe-practice techniques when assisting people to mobilise. The reminders were effective, as staff told us, "There have not been any accidents or incidents recently and no falls."

Staff told us they felt supported and encouraged by the registered manager's leadership. They told us, "I do feel valued by the manager and the staff" and "Any little questions, even if it is stupid, I feel I can ask them about it." The registered manager had worked for the provider for 14 years, and had been in post for nine years, and the deputy manager had been in post for 14 years, which demonstrated their satisfaction with their work. A member of care staff told us, "I am so comfortable and at ease with the manager. If I need anything, I know I can talk to her. She is like a second mum to me."

The provider had delivered specific training for managers to support them in their managerial role. The learning and development officer told us the provider was keen to support staff in their roles. They told us, "Everyone at every stage gets the opportunity to develop and progress. It is a big thing in the company."

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were complete, regularly reviewed and up to date and checked that medicines were administered safely. Where issues were identified, actions were agreed and taken. Records showed, for example, a medication audit in May 2016 had identified that protocols needed to be completed for medicines that were prescribed as 'when required' (PRN). A care plan audit in May 2016 had identified some mental capacity assessments needed to be reviewed. Records showed both actions had been completed before the subsequent audit in June 2016.

The registered manager prepared a monthly analysis of their quality monitoring and audits, which included accidents, hospital admissions, safeguarding referrals and falls. They attended a monthly meeting with other managers from homes within the provider group to discuss the results from each manager's analysis. This was an opportunity for the registered manager to consider any emerging trends at location and provider level, and for managers to discuss best practice, what had worked well and areas where improvements were required.

The area manager had asked each registered manager to make an action plan setting out the improvements they planned to make at their home to demonstrate their understanding of and commitment to the fundamental standards of care. The area manager had revised their quality monitoring visits to reflect the fundamental standards of care, to ensure people received the care and support they needed.

The registered manager understood their legal responsibilities. They sent us statutory notifications about important events at the home, in accordance with their legal obligations. The registered manager took action based on recommendations from external agencies. Following an inspection by the Food Standards Agency, they had replaced some kitchen units with steel units, to provide a more hygienic work surface. They had taken the actions recommended by the Fire Safety Officer to ensure risks to people in the event of a fire were minimised. The Fire Safety Officer had made a second visit to the home and stated they were satisfied with the updated fire safety measures.