

Stanway Green Lodge LLP

Stanway Green Lodge

Inspection report

Stanway Green
Stanway
Colchester
Essex
CO3 0RA

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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

Stanway Green Lodge is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Stanway Green Lodge accommodates a maximum of 30 older people, including people who live with dementia or a dementia related condition, in one purpose built residential style building. Stanway Green Lodge is a large detached building situated in a quiet residential area of Colchester and is close to all amenities. The premises are set out on two floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service. At the time of our inspection 27 people were using the service.

At our last inspection of this service on 09 September 2015 the service was rated Good. At this inspection we found the service remained Good.

A registered manager was 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 continued to be protected against the risk of abuse. We observed that people were safe in their environment. Staff had received training about recognising the signs of abuse or neglect and knew what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The service had maintained risk assessments to identify and reduce risks that may be involved when meeting people's needs such as inability to verbally communicate, which could lead to behaviour that challenges and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were still sufficient numbers of staff to meet people's needs. Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

Staff were consistently supported by the registered manager and deputy manager and felt able to raise any concerns they had or suggestions to improve the service to people. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. The staff followed policies about Equality, Diversity and Human Rights and continued to receive training about this.

The systems for the management of medicines were followed by staff and we found that people received their medicines safely. People had good access to health and social care professionals when required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

People's care plans contained information about their personal preferences and focussed on individual needs. People and those closest to them were involved in regular reviews to ensure the support provided continued to meet their needs.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People were always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. People went out to their local community for activities. Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve the care in the service.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager continued to measure the quality of people's experiences and work at putting people at the heart of the service. They asked relatives, staff and external health and social care professionals for their views about the service.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. They also understood the requirements of their registration with the Commission.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Stanway Green 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.

The inspection took place on 09 April 2018. 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 our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. Some people were able to talk with us about the service they received but others could not. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records at the service. These included four 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 regard 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 service. This is when we looked at their care documentation

in depth and obtained information about their care and treatment at the service. 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 12 people, five relatives, four staff, the deputy manager, the manager and the provider. 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.

Is the service safe?

Our findings

Most people were able to verbally tell us about their experiences and we observed that people felt safe in the service and were at ease with staff. People interacted cordially with staff and the registered manager at the service. One person said, "I feel very safe, everyone looks out for you, keep you clean and well fed, there is not anywhere else I would feel safer. I do feel safe and happy here." Another person said, "I spent 2 years in hospital, I feel safe here, I don't always want to go out as I worry about going to the toilet but here staff are around all the time, staff are very good" Relatives said, "Very good home, very good care, the treatment and the care is there, always visible staff, had no concerns over any treatment" and, "As soon as we walk in the door staff come and tell us what sort of night [person] has had, little things we are never afraid to ask about, they see to anything immediately."

Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they had received safeguarding training at induction and we saw from the training records that all staff had completed safeguarding training. The staff we spoke with were aware of the different types of abuse that may occur, what would constitute poor practice and what actions needed to be taken to report any suspected or actual abuse. Staff told us the registered manager would respond appropriately to any concerns. Staff knew who to report to outside of the organisation. The service had up to date safeguarding and whistleblowing policies in place that were reviewed regularly. This meant that effective procedures were in place to keep people safe from abuse and mistreatment.

People continued to be protected from avoidable harm. Staff had a good understanding of how to safely manage people's individual care needs. Care plans provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, as most staff had worked at the service for some years. They knew how to deal with any difficult situations such as falls dementia, confusion or behaviours that challenge staff. Behaviours that challenge are typical behaviours displayed, which may put people or others at risk. This behaviour may include aggression, or heightened anxiety due to confusion. People were supported in accordance with their risk management plans. Staff demonstrated that they knew the support needs of the people at the service, and we observed support being delivered as planned. Risk assessments remained specific to each person. Staff told us they were aware of people's risk assessments and guidelines in place to support people with identified needs that could put them at risk, such as falls and pressure area breakdown.

People had individual care plans that contained risk assessments which identified risk to people's health, well-being and safety. Risk assessments were regularly reviewed and updated in line with people's changing circumstances. Guidance was provided to staff on how to manage identified risks. This ensured staff had all the guidance they needed to help people to remain safe. One person told us, "It is really nice, here, everyone helps you, they close my door at night and no one wanders in"

Records showed that incidents and accidents continued to be recorded and monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly

by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. Records showed these incidents were clearly audited and any actions were followed up and support plans adjusted accordingly.

We observed that there continued to be adequate numbers of staff to meet people's needs. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. One person told us, "I wake up at 8 and they get me up no problem, I don't have to wait long to go to bed, the hoist I would give them 10 out of 10 on that." and relatives added, "Never had a job finding staff, all seem very caring, – got no negatives at all" The records we looked at such as the rotas and training records confirmed this.

The provider continued to have an up to date recruitment policy in place, which enabled safe recruitment procedures to be followed. Recruitment files were kept safely in the office. Staff files reviewed contained all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with confirmed this. This meant people could be confident that they were cared for by staff who were recruited safely.

People continued to be protected from the risks associated with the management of medicines. The medicines were given at the appropriate times and people were fully aware of what they were taking as staff explained what medicines were being administered? The medication administration record (MAR) were seen to be up to date and appropriately signed. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were encouraged to be as independent as possible with their medicines. Medicines were given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them. Medicines were kept safe and secure at all times. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, as they were refused by the person they were prescribed for. There was a system of regular audit checks of medication administration records and regular checks of stock. This demonstrated that the provider ensured medicines were kept safe.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP). Fire equipment was checked weekly and emergency lighting monthly. Fire drills took place monthly and those present people staff recorded. Staff had completed a fire competency assessment. There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

People continued to be protected from potential cross infection. There was a cleaning system in place that allowed for daily, weekly and deep cleaning to take place. Records of cleaning we reviewed was up to date. Staff confirmed they understood their responsibility to assist people to maintain the cleanliness in the service. Staff received food hygiene and infection control training.

Is the service effective?

Our findings

People told us they were happy with the care they received. One person said, "I am looked after, it is alright here." And another person said, Brilliant place to be in, no complaints, nice place to live, staff no faults with any of them, they are lovely." One relative told us, "Excellent home, no smells here, always clean, staff are caring, manager said could they get anything for [person] to tempt them to eat, and they would get the food in they like" Another relative said, "[Person] did not use to walk far when they came here but they (service) have got [person] walking with their frame, I asked if I could bring in a special cushion for their back, they (staff) are very amenable to any suggestions."

We observed that people had the freedom to move around and spend time alone in their rooms as well as in communal areas. We observed staff members responding to people's specific needs in a timely and responsive manner, and that people were relaxed around staff.

Staff provided support and met the diverse needs of people using the service. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received updates in training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. The deputy manager told us, "I have done train the trainer, moving and handling, first aid, watched a video on Dementia and this included role playing, challenging behaviour, and completed courses in Alzheimer's and Parkinson's." They added, "For example with challenging behaviour we check for underlying causes such as does the person have a urinary tract infection. We would speak to the doctor, or get medicines from the doctor. We have also made referrals to the Dementia help line and teams, and we are using it for four residents currently and waiting for feedback on [person]."

Staff continued to be supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We were told that an annual appraisal was carried out with all staff. Staff confirmed that supervision and annual appraisals had taken place. Staff had received induction training, which provided them with essential information about their duties and job roles. The registered manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 what any conditions on authorisations to deprive a person of their liberty were.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. Some of the people at the service were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and had done so appropriately.

There was evidence that people's needs were assessed prior to admission and continually throughout their stay at the service. The registered manager undertook thorough assessments of people's needs before accepting them and a structured introduction took place. Each person had an initial referral which included a full case history, as well as a pre-admission assessment. The assessment covered all medical, history, and care needed to manage and safely support the person's needs. The assessment was used to determine whether or not the service could meet the person's needs, and if any specialised assistance would be required. This meant that people's needs were assessed in detail to ensure they could be safely supported at the service.

People had access to nutritious food that met their needs. Dietary requirements for health or culture were provided for and people always had a choice at meal times. One person told us, "I don't like ham so they do me eggs on toast, it is one of my favourites" and another person said, "They do me a bacon sandwich, the cheese and potato pie was my idea and I made that to start with, as we have an afternoon cooking, last week another resident's daughter brought in cupcakes and 15 ladies decorated them" People were supported to make cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. People's weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

People continued to receive medical assistance from health and social care professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. One person told us, "Chiropractor does my toe nails every 3 months, one of the carers cuts my finger nails, they would get the doctor if you wanted one." And a relative said, "They get the doctor in, and they [person] have seen district nurse, heart failure nurse also seen, they (staff) are very good at getting people in, they are on top of [persons] meds and always very kind to them. [Persons] feet were swollen and I spoke to the deputy manager who spoke to the doctor, they keep me well informed" This showed evidence that staff pursued health care treatment for people that used the service. Staff told us spent time with people to identify what the problem was and sought medical advice from the GP when required. People had care plans in place which outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when their health needs changed.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. Health appointments were documented in people's care plans and there was evidence that the service worked closely with health and social care professionals to maintain and improve people's health and well-being. The provider contacted other services that might be able to

support them with meeting people's health needs. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. This showed that each person had a professional's input into their care on a regular basis.

Is the service caring?

Our findings

People were able to tell us about their experiences. We observed that staff were kind, considerate and aware of people's individual healthcare and communication needs. There was a calm and friendly atmosphere. Relatives told us that both staff and management were caring and supported people well. One person said, "They come and wash and dress me and if I need them I only have to buzz. I have bath once a week, and a good wash every morning, they do that, always female carers, they are nice girls, never had a man, they don't hassle you to get in or out of the bath quick, you have a good soak, they do my back, they are respectful and I admire them for looking after us old ladies. They always tap on the door before coming in." another person said, "Staff are nice, very nice, the manager is very nice and comes and talks to me a couple of times a week." One relative said, "Staff know us all (family members) and treat us all as family, they are very friendly, they keep up with us and our news, it is nice and makes it easy when we come to visit"

The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights (EDHR). These were accessible to staff at any time and included in people's initial assessments. Staff received training about the culture of the organisation in promoting dignity and human rights. Staff knowledge of EDHR was discussed at recorded supervisions meetings with the registered manager.

Staff were respectful of people's cultural and spiritual needs. We observed staff respecting people's privacy and they did not disturb people if they didn't want to be disturbed. All bedroom doors were closed. Staff knocked on doors before they entered. We observed staff treating people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. Staff told us that people were able to personalise their bedrooms. Staff demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Information was provided in accessible formats, to help people understand the care available to them. We saw that people's information was treated confidentially. People's individual care records were stored securely in lockable filing cabinets in the office, but were available to people and staff. We saw evidence that people were asked before information was shared with people. For example, staff informed people about our inspection and asked if we could go through their care records, which they agreed to.

Our observations showed that staff knew the people they were supporting well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. They had good insight into people's interests and preferences and supported them to pursue these. The deputy manager and staff that we spoke with showed genuine concern for people's wellbeing.

People continued to be involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people. Support plans were personalised and showed people's preferences had been taken into account. We reviewed daily records of support which demonstrated that staff provided support as

recommended in people's support plans during the day. The deputy manager told us that if people's needs required more support during the night, then this was provided as well.

The deputy manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People's care records were updated to reflect any changes in their needs. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. Each person's detailed assessment, which highlighted their needs, could be seen to have led to a range of care plans being developed tailored to meet individual needs. We found from our discussions with staff that the plans met people's needs. We saw evidence that people and their relatives had been involved in making decisions about their care and support and developing their care plans. People told us they had been involved with the planning of their care. One person told us, "No reason why we cannot be independent, get up, go to bed when you want. They know what you want." and, "Staff all talk to you, I like them as they are and they keep it nice not just for them but for us too, they really take care of us, we quite often have a laugh with the staff."

Care plans contained detailed assessments that provided information to guide staff on how staff should support each person. We noted that changes to the care plans were made whenever people had been seen or assessed by external health professionals. For example, changes to medication in order to manage one person's recent ill health. This indicated that people received care which was appropriate and met their needs. People were given appropriate information about their support at the service, and were given an opportunity to discuss and make changes to their care plans via regular communication with staff.

Daily records confirmed that activities had taken place. People confirmed that activities were promoted regularly based on individual's wishes. People were supported to access the local community and to fulfil activities of their choice. One person told us, "I do whatever I want to do, go to bed early or late night as I may be watching the sport on the tv – I am a bit of a fanatic. I do pretty well what I want, can go by taxi to the shops and do shopping, I walk around the block (building). I do everything myself, am quite capable of looking after myself."

Staff provided a flexible approach to activities to meet people's needs. We observed that people were encouraged to pursue their interests and participate in activities that were important to them. For example, one person had a wall dedicated to local nostalgia and ran their own social media site. They told us, "I have got my laptop, iPad, and I facetime, I have got a group of 4960 people, I am famous for old postcards of the town and district, as I decided one day I would start a Facebook group and they gave me an internet connection, it was awful and they got me a decent internet connection – I am quite spoilt. [person] goes and gets my postcards printed and puts them up for people to see in reception." Another person had a display of art on a reserved wall in the hallway so everyone could appreciate it. Another person tended a vegetable patch in the garden and a community board displayed in the front entrance hallway showed the service maintained good links with the community and local schools and churches. Schools often visited the service and a craft club visited to work with the people.

On the day of inspection, a group of ladies were enjoying a knitting circle meeting. A regular Friday afternoon men's meeting took place too. The registered manager described a recent indoor sports day they had, whereby the local papers came and reported on it as they raised over £300 for charity. One person told us, "I

had a nice afternoon raising money for charity, I did an egg and spoon race, they pushed me in my wheelchair and I got the gold medal, my daughter took me to see my sister and I told her we raised £350 for charity, that is good for a little home like this. There was a blind fold race, everyone took part, we were screaming with laughter, all had fun and all took part" Another person told us, "We have various activities, knitting class, card games, quizzes, bingo, singalongs, music and sometimes the Manager takes us out for a meal – six of us went to the Hungry Horse pub and he paid for the taxis and the meal, he really goes above and beyond for us" "Last summer he took us to the Park – six of us and bought us chips and ice creams, they paid for everything"

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display within the foyer of the home. One relative told us, "I have never made a complaint, any problems you can go to anyone, they are all nice" The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the local government ombudsman. There had not been any formal complaints about the home since our last inspection.

The provider, registered manager, deputy manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. The registered manager told us that they actively ensured they kept up to date in their skills and knowledge of how to support, promote and improve people's quality of life and were committed to raising standards of care and support in the service.

People were supported well at the end of life we saw people had appropriate end of life care plans in place. Appropriate referrals had been made for one person to Single point (Hospice Advice and Support). One relative who sent a written compliment to the service stated. "During [relative's] time with you we always appreciated the loving care and attention you gave especially during the more challenging times towards the end. Nothing was too much for you and I will never forget this,"

Is the service well-led?

Our findings

People and relatives spoke positively of both members of staff and management. Comments included, "Manager is very nice, they chat to me and they come to see me and if you asked to see them, they would come immediately, they are nice and kind, I don't think you could go anywhere better," A relative also said, "[Registered manager] is very good, we get on well, quite happy with them as they know what is going on, they are very professional"

People knew who the registered manager and deputy manager were, they felt confident and comfortable to approach them and we observed people laughing and joking with the provider as they walked around the service in a relaxed and comfortable manner. Staff told us that they felt comfortable and confident in raising concerns with the registered manager. They said the manager is approachable, and always provides support to staff. One staff member told us, "We feel like a family, everyone is friendly the families and the residents, the manager is always available to discuss any issue, you can always rely on them."

The management team continued to encourage a culture of openness and transparency. Their values included R.E.S.P.E.C.T and 'To promote companionship, independence and the simple pleasures of life.' Staff demonstrated these values and were complimentary about the management team. Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them.

Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. We observed this practice during our inspection. Staff told us the morale was excellent and that they were kept informed about matters that affected the service they told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. Staff meeting records confirmed that staff views were sought.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the service. The registered manager told us they had all the resources necessary to ensure the effective operation of the service. Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team.

There were effective systems in place for monitoring the service, which the registered manager and deputy manager fully implemented. They completed monthly audits of all aspects of the service, such as medicines, care plans, nutrition and learning and development for staff. They used these audits to review the service. Audits routinely identified areas that could be improved upon and the registered manager produced action

plans, which clearly detailed what needed to be done and when action had been taken.

Systems were in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. One family member told us, "the manager and staff are always available to discuss matters if necessary but also come forward just for friendly chats which is nice."

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service and on their website.