Plymouth House

Plymouth House

Inspection report

Alcester Road
Tardebigge
Bromsgrove
Worcestershire
B60 1NE

Tel: 01527873131

Date of inspection visit:
19 December 2016

Date of publication:
07 February 2017

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

This inspection took place on 19 December 2016 and was unannounced.

The provider of Plymouth House Nursing Home is registered to provide accommodation with personal and nursing care for up to 24 people. Care and support is provided to people with dementia, personal and nursing care needs. At the time of this inspection 23 people lived at the home.

There was a registered manager in post at the time of this inspection who was also one of the provider's. 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 had no concerns about their safety. Risks to people's safety had been identified and staff had training in how to recognised and report abuse.

Staff were recruited in a safe way and had relevant training and support to develop their skills in meeting people's needs. People were cared for by staff who knew them well and responded to their needs. Staff were visible in communal areas where they supported people at times they needed assistance and similarly people received support when they remained in their own rooms. Staffing arrangements were reviewed regularly to ensure there were enough staff to meet people's particular needs.

People had their medicines when they needed them and staff had been trained to manage medicines both safely and effectively. Staff used an electronic system to assist them in making sure medicines were administered at the right times and in the right doses to meet people's health needs.

Staff told us their training was up to date. All staff felt they supported each other and worked well as a team in order to effectively and safely meet people's needs. Staff were aware of people's individual needs and how to respond to risks to their health, such as falling or developing sore skin. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed. People who lived at the home and their relatives were complimentary about the quality of the care staff provided.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. Where people lacked capacity to make informed decisions these were made by people who knew them well and had the authority to do this in people's best interests. Staff practices ensured people received care and support in the least restrictive way to meet their needs. When people's needs changed staff responded to these and sought the advice of health and social care professionals so people had the care and treatment they needed.

People who lived at the home and their relatives had built trusting relationships with staff who they had come to know well. Staff had a high degree of knowledge about people's individual choices and preferences. Staff recognised people's right to privacy, promoted their dignity and respected people's confidential information.

People were happy with the access and availability to participate in thing they liked to do for fun and interest. People who lived at the home and their relatives were supported to provide their views about the support and care offered. The provider had responsive systems in place to monitor and review complaints to ensure improvements were made where necessary.

Staff understood their roles and responsibilities. The providers and management team showed they had an accountable and responsive approach and were motivated to continue to make on-going improvements to ensure people received a good quality service at all times.

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 knew how to keep people safe from the risk of abuse and recruitment procedures helped provide assurances unsuitable people were not employed.

People had been helped to avoid the risk of accidents and medicines were managed by staff who had training to do so.

People's needs were met without unreasonable delays due to well managed staffing arrangements so people's safety was not compromised.

Is the service effective?

Good

The service was effective.

Staff had training and regular support to assist them to meet people's needs and recognise changes in people's health.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were not unlawfully restricted and they received care in line with their best interests. Staff knew how to seek people's consent.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people, and knew them well and respected their dignity and privacy.

People were consulted about their care and assisted to express their views.

Staff understood the importance of people's relationships and visitors were made welcome.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive and were happy with the support they received to do things they enjoyed and were interested in.

Staff knew when people's needs changed and shared information with other staff at daily meetings.

People told us they were aware of how to make a complaint and were confident they could express any concerns and action would be taken.

Is the service well-led?

Good

The service was well led.

People and their relatives had been asked for their opinions of the service so their views could be taken into account.

Staff enjoyed their work and understood their roles and responsibilities.

The provider had various arrangements in place which supported the leadership to continue to make improvements to the service for the benefit of people who lived at the home.

Plymouth 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.

This inspection took place on 19 December 2016 and was unannounced. The inspection team was made up of two inspectors.

We looked at the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We requested information about the service from the local authority and the clinical commissioning team [CCG]. They have responsibility for funding people who lived at the home and monitoring the quality of care. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We met people who lived at the home and spoke with four people in more detail and two relatives. We spent time with people in the communal areas of the home and saw how staff supported people throughout the day.

We spoke with the provider, registered manager, deputy manager, a nurse, six staff members who included the cook and activities co-ordinator. We looked at the care records for three people and medicine records for five people. We also looked at staff rotas, menus, complaints, quality monitoring and checks the management team made.

We asked the registered manager to send us some further information about staff training. This was sent to us as we requested.

Good

Is the service safe?

Our findings

People we spoke with and their relatives had no concerns about the safety of people who lived at the home. One person told us staff, "Always move me safely." A relative said, "The care staff give is all about keeping people safe. I have no concerns at all." We saw through people's facial expressions and body language they were comfortable around staff and placed their trust in staff to meet their particular needs.

Staff we spoke with had received training in the subject of abuse and were able to discuss how they would recognise and report abuse if they were concerned a person was at risk of harm. Staff were confident people were treated with kindness and said they would immediately report any concerns to the management team. In addition, staff knew how to contact external agencies such as the local authority and the Care Quality Commission. Staff told us they would do so if their concerns remained unresolved.

We found detailed risk assessments were in place to make sure staff were provided with the information they needed to keep people as safe as possible. Staff were able to discuss possible risks to people. For example, how they supported people to maintain healthy skin by using specialist cushions and mattresses to help in reducing pressure on areas of people's skin. We saw staff knew when people required support to move around their home, what specific equipment people needed. Staff also offered the warmth of touch to assist in relieving people's anxieties. Staff monitored people's needs by recording the regular assistance they provided to reduce risks to people's safety and wellbeing. Staff were also vigilant to make sure the home environment was safe from clutter or other items which could be a potential risk to the safety of people, particularly people with dementia care needs.

We saw each accidents and incidents had been considered so practical steps could then be taken to help prevent them from happening again. This included the involvement of external professionals to make sure where people had experienced falls their needs were considered alongside any equipment they may require. These practices supported staff to receive expert advice about how best to assist each person so it was less likely they would experience falls in the future.

People told us the provider employed sufficient staff to meet their care and support needs and to keep them safe. One person described to us they did not have to wait unreasonable amounts of time when they had needed two staff to assist them. They told us this meant they remained safe when moving from their chair. A relative told us staff were available day and night which they believed assisted in keeping their family member safe with their needs met.

Although we saw staff were busy during the day of our inspection they met people's care and support needs without any unreasonable delays. We saw examples where staff responded to people's needs at the times they required assistance so risks to their safety and wellbeing was not compromised. For example, one person required support to ease their anxieties and another person required assistance to move to a different area of their home. Staff told us they believed the number of staff on each shift assisted them to focus upon people's needs and to be able to respond promptly to people. One staff member told us, "It's brilliant. The care is sufficient, people's needs get sorted and there is no delay in answering the buzzers." We

saw call bells were answered promptly by staff who were quick to respond and offer assistance. People in their rooms were able to ask for support when they wanted as they had access to call bells and other equipment was used to support people with their needs, such as sensor alarm mats.

The management team told us staff worked as a team to cover unexpected staff absence and when this was not possible agency staff were sourced to ensure people received the care they required. We saw this happened on the day of our inspection as an agency staff member was scheduled to work a shift. When this happened the management team told us they always tried to ensure the same agency staff worked at the home as this supported people to receive care from staff they were familiar with and who knew them well.

Staff told us prior to commencing their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service [DBS] check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at three staff personnel files and noted that suitable references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure the provider had employed people who were suitable to work with the people who lived in the home.

We saw people were provided with their medicines in the best way for them with support from the nurse to make sure people had drinks to help them in swallowing their medicines comfortably. The nurse chatted with people and waited with them to make sure people had taken their medicines without any difficulties. One person told us, "They always help me to take my tablets, which keep me going, I know I would forget without them [staff] giving me my tablets." We saw there were sufficient supplies of medicines due to the reliable arrangements for ordering medicines and they were stored securely. Staff were also careful to lock the medicines trolley when they left it unattended to administer people's medicines.

Staff who administered medicines had received an induction and training. We found newly recruited staff were supported when they administered medicines by an experienced colleague. We saw evidence during the medicine round how these practices assisted new staff in becoming familiar with people who lived at the home and the electronic medicine system. The electronic medicine system assisted staff to check people's medicines were correctly given at the times people required their medicines with the correct doses to meet their health needs. The nurse used their knowledge as they checked each person's medicine whilst they administered people's medicines. Medicines prescribed to be taken 'as and when' required had information in place to inform staff how to give the medicine so people's safety was not compromised.

Good

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said, "They care for us well. I couldn't wish for better." Another person told us, "The staff are good. As I have started to get better I only need one person now, as I have got so much better." One relative spoke about their confidence in staff and said, "They [staff] know her and knew how to care for her." Another relative told us, "The care is good and therefore the staff must receive good training."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their own induction, one recently recruited member of staff told us, "I think it was really good" and "They [staff] have been supportive and talked me through everything I have needed to know." New staff were also enrolled on the Care Certificate. The Care Certificate is an identified set of standards that care workers should adhere too. Staff spoke positively about the induction and another staff member said, "The induction prepared me for the role."

Staff had received training which was relevant to their roles and this was kept updated. Records we looked at showed that staff had received training which was linked to the needs of people they cared for. Where gaps in people's training were identified, we saw that the registered manager had taken action to book staff onto the required training. We saw examples of how staff understood people's individual needs and how this was reflected in the care they offered people. An example of this was staff knowing how to correctly assist people who had reduced physical abilities including people who needed to be helped using specialist equipment. One staff member told us, "Supporting residents to move is very important. It is the training all staff receive as soon as we start work here. I have only ever witnessed staff properly using the hoist."

Another example involved staff having the knowledge and skills they needed to effectively communicate with people to make sure people felt understood. The warmth of touch was used by staff where they recognised it was appropriate for each person. We saw this was reflected in staff practices when staff touched a person's hand and the person smiled in acknowledgement to show how their wellbeing was enhanced by this gesture. Staff also supported people to lead conversations and we saw people enjoyed laughing with staff. At other times staff provided reassurance to help some people feel well.

Staff received regular one-to-one supervision from the registered manager and other senior staff. Staff told us they found the supervision process helpful to them in their work. One staff member said, "You can flag up things such as other training you would like. And if I have any problems we talk about it and try to resolve it."

The deputy manager and staff spoken with had knowledge about the Mental Capacity Act [MCA] 2005 and the Deprivation of Liberties [DoL]. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found the management and staff team were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived at the home, explained information to them and sought their informed consent. An example of this occurred when we saw one staff member explaining to a person who lived at the home why they needed to use a particular medicine in order to promote their good health. Additionally, staff we spoke with told us they were aware of a person's right to refuse their support and explained how they managed this to ensure people's rights were respected. Staff were aware of who needed support with decision making and who should be included in any best interests decision for people. People we spoke with told us staff asked them if they would like any help before they did anything. We saw examples of this during our inspection, such as asking people what they would like to do and whether people would like to watch the pantomime which was put on for people's enjoyment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The deputy manager understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The deputy manager informed us two people's DoLS authorisations had been approved at the time of our inspection. We saw staff practices were the least restrictive whilst they supported people. For example, when people had been assessed at risk due to their decreased walking abilities other options to reduce risks to their wellbeing and safety were considered. These approaches supported people's needs to be met in the least restrictive way.

We saw staff knew how to support people to choose what they wanted to eat and people told us the food was good. One person told us, "Food is very good." Another person said, "Meals are very good, and I'm a picky eater." One relative told us, "Food is appropriate and nutritious. [Person's name] can have their meal in their room which they prefer." We saw the provider used a particular menu where people were supported to choose their preferred meal options by considering the photographs of meals.

Lunchtime was a social event with lots of chatting and where the management and staff team assisted people with their meals when this was required. We saw this was done in an unhurried way with staff having a chat with people along the way. People who did not eat in the dining area had their meals taken to them at the same time. Nutritional assessments had been completed when people may be at risk of not eating sufficient amounts of food and/or drinks; where specific diets were required these were provided. Where a risk assessment stated a person needed to be assisted with their food or prompted to eat, or required a fortified meal, we saw this was carried out. Weight charts and fluid intake measurements were taken and monitored where there was a concern over a person's level of nutritional or hydration [sufficiently drinking to keep well].

Staff made sure people had the support of local healthcare services whenever necessary. From talking with people and looking at people's care plans, we could see people's healthcare needs were monitored and supported through the involvement of a broad range of professionals. This included doctors, physiotherapists and chiropodists. A relative told us staff would, "Notice if things aren't right" with their family member's health. The relative gave us an example whereby the doctor was contacted to meet their family member's heath needs. Another person had a health need which required regular monitoring. Staff we spoke with were aware of recommendations from a health professional regarding the person's health issues. We saw staff encouraged the person to follow these recommendations. This showed that an individual approach was taken so people were supported to maintain their health and well-being. This was confirmed by the doctor we met during our inspection who said staff knew people's health needs very well.

The doctor told us they found staff to be very good at detecting changes in people's health needs. Additionally, they said staff always took action based on professional advice.

Good

Is the service caring?

Our findings

People who lived at the home and relatives spoken with told us staff were caring and treated them well. One person said that the staff were, "Very kind" and "I like them all." Another person told us, "Care is very good. Staff are kind. I feel comfortable to ask for things." One relative told us, "Fabulous care. They [staff] have sat with her when very poorly, I can't fault the care.' Another relative said their family member, "Gets on well with the staff, they are all friendly." Additionally, we saw a range of written comments from relatives. One relative had written all staff, 'Were very attentive, caring and sympathetic. The care you all provided could not have been better.' Another comment read, 'It was such a comfort to all the family knowing that mom was so well cared for.'

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we saw many positive conversations which promoted people's wellbeing. We saw these caring approaches were also adopted by the management team. For example, the registered manager recognised one person needed reassurance to help them feel better. We saw this was effective as the registered manager used their knowledge of what the person liked to do when they chatted with the person. We saw through the person's facial expressions their wellbeing had been enhanced by the thoughtfulness of the registered manager.

Staff were seen checking whether people were comfortable, warm enough, or had the aids they required to meet their needs. We found staff knew people well and understood how to communicate with people to respond to their diverse needs in a caring and compassionate way. For example one person requested the Christmas lights were changed to a slower pace and staff took action instantly to make sure the person was as comfortable as possible in their home.

In the information we requested from the provider [the PIR] they confirmed, 'At the heart of providing care which is 'caring' is the personal interaction between staff and patient [people]. Staff are encouraged to develop trusting relationships with the patients [people]. We have introduced a 'buddying' system which links patients [resident] and staff to each other.' On the day of our inspection we saw the management and their staff team showed they had a strong commitment to providing care which was centred on each person. A staff member told us, "Person centred approach is about treating people as individuals not a blanket approach. We (the staff team) look at people's preferences and promote their choices."

Staff also reflected this approach in the way they supported people to be involved in their care and retain their own levels of independence. For example, one person had experienced a fall but with support and encouragement from staff they were able to gain confidence to walk more independently with the equipment they now required. Another person chose not to take their medicine for pain relief on the day of our inspection and their choice was fully respected by staff.

The provider told us in the PIR, 'The home is a Dignity Champion and encourages all staff to follow the ten points of dignity.' We saw staff practices reflected this knowledge to ensure people were supported people in ways which met people's individual needs and helped to maintain their dignity. For example, we saw staff

knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One staff member told us, "I always take care to ensure people are covered at all times. I wouldn't want people looking at me when I was getting washed and dressed in the morning." We saw staff encouraged people's independence, such as, when they moved around the home environment using walking aids but staff also noticed when people struggled and supported them, so their dignity and safety was maintained.

The deputy manager was aware of local advocacy services and told us they would use advocates where appropriate to help people make decisions and communicate their wishes. The deputy manager also agreed to ensure all staff were reminded about the contact details for the local advocate services.

We saw paper records which contained private information were stored securely. In addition, electronic records were held securely in the provider's computer system. This system could only be accessed by authorised staff. We found staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Good

Is the service responsive?

Our findings

One person we spoke with said staff helped them with all of the practical everyday support they needed. They told us and showed us how staff had attended to their needs and considered their preferences. For example, they showed us the items which were important to them in their room and how they had been supported by staff in making their room personal to them. Relatives we spoke with were positive about the care people received. A relative told us, "Best place for final journey. [Staff] know who you are, what she likes, respect if she does not want to move. They are so gentle and try to encourage her." Another relative said, "They really know [person's name] and I never worry the care and support she receives is not what she needs and wants. They [staff] are great in knowing what works."

Staff told us and we saw before people came to live at the home their individual needs were assessed to make sure these could be effectively met and responded to. This was also confirmed by people and relatives we spoke with. One person said, "I am happy and when I came here they [staff] asked me all about my routines and care needs. They all know me very well." We saw care plans provided information about people's preferences and needs and how their medical condition might impact on their life. For example we saw in a person's care records and heard from staff how they responded to the needs of a person who required assistance with all their needs. We saw all the equipment staff needed was in place and they used this to ensure they responded effectively when meeting the person's needs. For another person we saw and staff told us they cherished an item which gave them comfort. This was recorded in the person's care plans and we saw they had this with them on the day of our inspection.

Reflected in the PIR the provider commented, 'Staff receive training as part of their induction to deal and speak appropriately with patients [people]. Staff are encouraged to communicate effectively with all patients [people] so as to understand their wants and need.' During our inspection we saw this was the case as staff promptly responded to reassure someone when they spilt some of their drink by using personalised techniques to reduce the person's distress. For example, staff exchanged a kiss with the person and offered to dance with them later. We saw the person who was initially distressed laughed which indicated how through the responsive communication of staff their wellbeing was enhanced.

We could see the management and staff team had requested support or guidance from other professionals in order to meet individual needs. For example in the PIR the provider confirmed, 'Good relationship maintained with the local health professionals, e.g. Infection Control nurse.' We heard from staff how when a person had an infection they responded to meet not only the person's individual needs but those of other people who lived at the home and visitors. One staff member also told us when a person had a new wheelchair especially designed for them staff received training in how to support the person to move so the persons' needs were responded to with their comfort assured. We saw people's care plans were reviewed regularly and people and their relatives where appropriate had the opportunity to be involved.

We saw the management and staff team had communication systems in place to support them in meeting and responding to people's needs including any changes to these. Staff showed they had a detailed knowledge of the health and emotional needs of the people living in the home and ensured any issues were

followed up promptly. For example, staff told us about one person who looked unwell and how they contacted the doctor so the person's needs could be responded to.

We saw and heard examples of how people's diverse and cultural needs were met. These included staff encouraging people to personalise their room. One person who invited us into their room showed us they had their own photographs and other souvenirs on display which indicated memories of they life. A relative told us their family member could attend church services as they wished to meet their religious and spiritual needs.

One person told us about the social events they had experienced which included a carol service and said, "It was very good, I really enjoyed this. They are having a panto today and Christmas party tomorrow. Not been lonely whilst I have been here I have always got other people to talk to."

People were supported to access recreational and leisure pursuits which were important to them. We found that there was a programme of social events displayed so people were able to choose how they planned their days. For example, a pantomime took place on the day of our inspection performed by external entertainers and on the following day a Christmas party was to be held at the home. We saw examples of people enjoying the music and joined in singing along to the music as they recognised the different songs and watched the story of the pantomime unfold. In addition to this we saw staff supported people in doing word games and we saw this provided people with one to one time with staff where lots of chatter took place.

The provider employed a dedicated staff member to support people in planning and arranging activities. The management team spoke highly of the activities coordinator as since they had come into post in August 2016 they had supported people's wellbeing in doing things they enjoyed, such as going on trips out. In addition to this we saw there were many photographs of people participating in different social events and leisure activities. People's interests and choices were discussed regularly and this enabled options of new fun and interesting things to be considered. For instance, one person wanted to experience a particular Christmas time event. Staff supported them so they were able to achieve their wish. We heard from the management team how another person was really enjoying their experience of being part of a reminiscent project at a local museum place. They told us this experience has meant such a lot to the person.

People and relatives who we spoke with told us that they would raise any concerns or complaints' they had with the staff and management, if they needed to. They told us they would feel comfortable in doing this. A relative told us if they had any concerns they, "Would feel comfortable to ask" and were, "Confident they [staff] would take action" to resolve any issues they had. Another relative said, "No need to make any complaints. I would raise any concerns straight away and they [staff] would nip it in the bud. They would listen." There was a complaints procedure available to people and their relatives. There had been one complaint made in the previous 12 months which had been investigated and any learning from this had been applied to staff practices. In addition to the complaints procedure the provider told us in the PIR, 'Monthly coffee mornings for relatives were introduced to encourage informal as well as formal exchange of views and opinions.' The deputy manager also told us about the Saturday coffee mornings which had commenced. The deputy manager felt this was another option for people who lived at the home and relatives to provide their feedback and express their views about the care offered at the home.

Good

Is the service well-led?

Our findings

People told us they liked living at the home and the care provided reflected the service was well led. One person told us, "I like living here" and they had opportunities to speak with staff about what their preferences and dislikes which made them feel involved in not only their care but also how the home was managed. Another person said the managers and staff were, "Friendly and approachable" and they felt involved in life at the home. For example they described to us how people assisted staff in putting up the Christmas decorations where people were encouraged to decorate their home as they chose to. Relatives we spoke with were equally positive about the management of the home. A relative said, "I feel the home is managed really well, they [managers and staff] are on top of everything."

There was open communication with people who lived at the home and their relatives because the registered manager and their staff team regularly spoke with people and visitors about their care. This was also confirmed to us by relatives spoken with. We saw evidence of compliments received from relatives which were used together with satisfaction surveys to give people and their relatives an opportunity to provide feedback on the service they received. We saw a range of comments from relatives. One relative had written, 'Thanks for making it our home as well. Words can't express the love, care and attention mum received.' Another relative wrote, 'The willingness to try changes with residents to see if their situation can be improved.'

There was a clear management structure whereby the providers, one of which was also the registered manager, were supported by the deputy manager who managed the home on a daily basis. We saw the provider's had a good working relationship with the deputy manager and they were clearly well known to people who lived at the home, relatives and staff. One person said, "She's lovely [registered manager]." A relative told us, "I think she makes sure everyone is happy here." One staff member told us, "[Registered manager's name] is good, always speaks with people and involved." Staff were also complimentary about the support they received from the deputy manager. One staff member said, "[Deputy manager's name] comes onto the floor to do nursing shifts, if not she just walks around. People know they can talk to her and know her. She spends time checking people's care plans."

The management team showed they understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. The registered manager and deputy manager chatted with people who lived at the home and with staff. They had a good knowledge of the care each person was supported with. We saw there was warmth between people and the registered manager during communications where people smiled, laughed and touch was used. The registered manager and deputy manager showed us they knew about important points of detail. For example, which staff members were on duty and what they were supporting people with. This level of knowledge supported the management team to run the service people received effectively so people could be supported in the right way.

We saw staff worked together in a friendly and supportive way. One staff member said, "Teamwork is good here. I would recommend it to others." Staff showed a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the home. Staff knew about the

provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home, which could not be addressed internally.

We found staff were provided with the leadership they needed to develop good team working practices which helped to make sure people consistently received the care they needed. There was always a nurse on each shift and during out of office hours the providers were always on call if staff needed advice. Staff said and we saw there were meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

The provider had internal checking systems which the management team were developing further to ensure consistent regular checks were completed on all aspects of the services provided. This included making sure they had written documentation of their observations, such as staff practices. The deputy manager showed us the checks completed included medicines, care plans and the home environment. Checks were undertaken to make the care was being consistently provided in the right way, medicines were safely managed and staff received all of the support they needed. The deputy also described to us how they had a keen interest in supporting staff to develop their knowledge further in key areas and take on lead roles, such as infection control and dignity. Additionally, the deputy manager led by example as they had studied for national recognised qualifications. For instance, they had achieved level 5 management and leadership in dementia care and they encouraged staff to undertake further qualifications to assist in enhancing the care people received.

The provider told us in the PIR, 'The home uses the RNHA [Registered Nursing Home Association] Towards Excellence in Care quality assurance system and places the patient at the heart of the system. Patients [people] and Relatives are encouraged to feedback thoughts on how the service provided could be made better.'' We saw and heard how this ethos had been emphasised in how staff had been provided with the leadership necessary to enable people who lived at the home to benefit from staff acting upon good practice guidance and research. For example, achieving the dementia care award for the past four years. The deputy manager also had a clear vision which included developing, "A strong staff team who share the same values" in wanting to support people to have the best lives as possible. To achieve this the deputy manager described to us some areas where they wanted to further develop. These included incorporating more everyday activities into people's lives, improving the garden space and focusing upon the idea of introducing befrienders. The deputy manager told us they were proud of how far the management and staff team had come in making changes to effectively provide people with individualised care which enhanced their wellbeing.