

# Langton Care Limited

# Croft Lodge

## Inspection report

26 Haldon Avenue  
Teignmouth  
Devon  
TQ14 8LA

Tel: 01626775991

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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

Croft Lodge is a large detached house set on the outskirts of the coastal town of Teignmouth. The home is registered to provide accommodation for up to 24 older persons who require nursing or personal care. Nursing care is provided by the local community nursing team.

This inspection was unannounced and took place on 5 and 8 August 2016. The home was previously inspected in January 2014 when it was found to be meeting the requirements at the time.

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.

People told us they felt safe living at the home and with the staff who supported them. Relatives and health care professionals also felt people received safe care and attention. Staff demonstrated a good understanding of how to keep people safe and how and to whom they should report concerns. Staff had received training in safeguarding adults and knew the procedure to follow if staff suspected someone was at risk of abuse.

There were sufficient staff on duty to meet people's care needs. We saw staff sitting and talking to people and people being assisted unhurriedly. This indicated there were enough staff on duty to meet people's needs.

Staff were knowledgeable about people's rights under the Mental Capacity Act 2005 to make decisions about their care and support. Staff said they supported people to be as independent as possible. Risks to people's health and welfare resulting from their care needs were managed well through assessment and regular reviews. Where accidents and incidents had taken place, the registered manager reviewed how these had come about to ensure risks were minimised. People's medicines were managed safely and people received their medicines as prescribed.

People and their relatives told us staff were skilled to meet people's needs and spoke positively about the care and support provided. One person told us, "I'm very well looked after thank you very much." Staff told us they were very well supported in their role. They said were provided with the training they required and received regular supervision and appraisals of their work performance. Robust recruitment practices ensured, as far as possible, only suitable staff were employed at the home.

People told us they enjoyed the meals provided by the home, describing them as "very good". They said they could have drinks and snacks whenever they wished. One person said, "there's always a choice and there's plenty, you'd never go hungry here." People's nutritional needs were assessed to make sure they received sufficient food and fluids to maintain their health and people's food preferences were recorded in

their care plans. For example, one person's care plan identified they liked to have "something small like a piece of cake and a hot drink before going to bed". We saw people being assisted with their meals at breakfast and lunchtime. Staff sat beside each person who required support and helped them to enjoy their meal at their pace.

The home arranged for people to see health care professionals according to their individual needs. Care files contained information about people's medical conditions and guided staff to be observant for signs of deterioration in a person's health. Records were kept of referrals to GPs, community nurses and other health care specialists such as occupational therapists. The community nurses we spoke with during the inspection said the staff had the skills and knowledge to care for people well. One said "This is a lovely home; the staff are very friendly and caring."

People said they were supported by kind and caring staff. One person said, "I get on very well with the staff. If you want something done they do it for you" and another said, "I'm very well looked after. Everybody is very kind here." We observed staff being kind and respectful to people, as well as sharing jokes and general conversation. For example, one member of staff danced with a person while they were accompanying them to the dining room for lunch. Staff told us they enjoyed working at the home and they received a great deal of satisfaction from caring for people. One said, "It's so important to support people to be as independent as possible, for as long as possible, and to make their time here as happy as it can be."

People were able to express their views and were involved in making decisions about their care and support. Staff were knowledgeable about the people they supported and we saw people's needs were clearly recorded in an individual care plan. The home was able to support people's care at the end of their lives. The community nurses told us the staff care for people well at this time. Staff were responsive to people's individual needs. For example, some people were living with mild memory loss and staff used signs to guide them to be independent within their room, such as identifying where the toilet was, or what each light switch was for. Staff recognised some people still wanted to feel useful and help with the day to day tasks around the home. They encouraged people to be involved in helping with household chores, such as folding laundry or dusting.

People made choices about where they wished to spend their time. People told us they were free to come and go from the home as they wished, but the majority preferred to spend their time in the home's lounge area socialising with others and participating in the daily planned activities. People were encouraged and supported to maintain relationships with their relatives and others who were important to them. Visiting times were not restricted and relatives and friends were welcome at any time.

A programme of different group activities such as arts and crafts, music and singing, a magic show and armchair exercise were planned for each weekday. One person told us "I always go to the art class every week" and another said, "there is always something going on." During our visit we saw people participating in a music session, a games session and a game of bingo.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The people we spoke with told us they had not needed to complain and that the registered manager and staff would deal with any minor issues. One person told us "There is nothing to grumble about here." Records indicated the home had received one complaint this year relating to the temperature of a meal. This was dealt with promptly to the complainant's satisfaction.

People and their relatives told us the home was well managed. Staff gave positive comments when asked if they felt supported and also commented on how well they worked together as a team. One said, "the staff

and manager are really nice", another said, "(name of registered manager) is very approachable and easy to talk to. There is good communication between the shifts". The registered manager held regular resident and relative's meetings, as well as staff meetings and the minutes showed people were able to make requests, for example about menu planning, and staff were invited to share their ideas about improving the home.

There were effective communication and quality assurance systems in place to monitor care and plan ongoing improvements. A number of checklists and audits were regularly completed and used by the registered manager to review the service. An annual survey was used to formally gain the views of people, their relatives and staff regarding the quality of the services provided by the home. The results of the survey sent in November 2015 showed a very high level of satisfaction.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and was aware of their responsibility to their duty of candour. The duty of candour places requirements on providers to act in an open and transparent way in relation to providing care and treatment to people.

## 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 home was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks relating to people's care needs were identified, appropriately assessed and planned for.

Medicines were managed and administered safely.

Recruitment practices were safe and there were sufficient skilled staff to meet people's needs.

### Is the service effective?

Good 

The home was effective.

People received support from staff who understood their needs and preferences well.

Meals were enjoyed by people. Those people who required support were assisted to eat and drink sufficient amounts to maintain their health.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act (MCA) 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had prompt access to relevant health care professionals when needed.

### Is the service caring?

Good 

The home was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

People's privacy and dignity were respected and their independence was promoted.

### **Is the service responsive?**

The service was responsive.

Care plans accurately recorded people's care needs as well as their likes, dislikes and preferences.

People were supported to take part in a variety of social activities.

People were supported to maintain relationships with people important to them.

People were confident that should they have a complaint, it would be listened to and acted on.

**Good** ●

### **Is the service well-led?**

The service was well-led.

There was a positive and open atmosphere at the home. People, staff and relatives found the registered manager approachable and professional.

The registered manager carried out regular audits in order to monitor the quality of the care and support provided in the home.

**Good** ●

# Croft 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 was 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 5 and 8 August 2016 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection we looked at the information we held about the home. This included previous contact about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met with 20 of the 24 people living in the home. We spoke with the registered manager, six care staff, the cook, a housekeeper and three relatives. We also spoke two health care professionals who had regular contact with the home.

We looked around the premises, spent time with people in the communal areas and observed how staff interacted with people throughout the day, including how people were assisted with their meals. We looked at three sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the home, including quality audits. We looked at the way in which medicines were recorded, stored and administered to people.

## Is the service safe?

### Our findings

People told us they felt safe living at the home and with the staff who supported them. All those we spoke with said the staff treated them kindly and they felt safe with them. The relatives and health care professionals we spoke with also felt people received safe care and attention.

Staff had received training in safeguarding adults and we saw certificates in their training files confirming this had taken place. Staff demonstrated a good understanding of how to keep people safe and how and to whom they should report concerns. They said they knew any concerns would be dealt with promptly by the registered manager and they were confident no member of staff would tolerate anyone receiving poor care or being abused. The policy and procedure to follow, if staff suspected someone was at risk of abuse, was available in the office.

There were safe recruitment practices in place to ensure, as far as possible, only suitable staff were employed at the home. We looked at three staff recruitment files, all of which held the required pre-employment documentation including proof of identify, references and Disclosure and Barring (police) checks.

People and the staff told us they felt there were sufficient staff on duty to meet people's care needs. One member of staff said, "Some days are busier than others, but we always have time to care for people properly. We are never rushed when helping people with their personal care or eating and drinking." Staff were visible throughout the inspection and call bells were answered quickly. We saw staff sitting and talking to people and people being assisted unhurriedly. This indicated there were enough staff on duty to meet people's needs. At the time of our inspection, in addition to the registered manager, there were four care staff on duty as well as housekeeping, laundry and catering staff. These numbers reduced in the afternoon to three care staff with the registered manager and overnight there were two waking night staff. The registered manager confirmed staffing levels were arranged in accordance with people's care needs which were regularly assessed and reviewed in consultation with the care staff. A dependency assessment indicated the level of assistance each person required to ensure their care needs were met and the registered manager also used this assessment when reviewing staffing requirements.

Risks to people's safety and well-being had been assessed and included the risk of skin breakdown and the development of pressure ulcers, poor nutrition and the risk of falls due to reduced mobility. Management plans were in place to minimise these risks. For example, the registered manager explained that for some people at risk of falling from their bed, it was not safe to use bedrails as this could cause confusion and distress and the person may try to climb over these. Therefore, for those people, their bed was lowered to its lowest setting and a second mattress placed on the floor next to their bed. This meant that should the person fall, the risk of injury would be minimised. We saw the risk assessments had been regularly reviewed to ensure they reflected people's current care needs. Some people had been assessed as being at risk of choking and their care plans described how to minimise this, with pureed food and thickened drinks. We saw this guidance had been provided by the community speech and language team who provide support and advice to people with swallowing difficulties.



People's medicines were managed safely and people received their medicines as prescribed by their GP. We observed some people being given their medicines and this was done safely and unhurriedly. The member of staff responsible for administering medicines wore a red tabard indicating they should not be disturbed unnecessarily to reduce the risk of errors occurring. They said they only administered medicines to one person at a time, again to reduce the risk of errors. A locked room stored all the home's medicines and included a fridge for medicines which required refrigeration. This room was accessible only by staff with a responsibility to administer medicines. Medicines administration records had been clearly completed and there were no gaps in the recordings. Medicines prescribed as 'when needed' were identified and, when administered, the dose and reason for administration were identified on the administration record. Records of medicines received into the home and those disposed of were maintained. We checked the balance of a selection of medicines and found these to accurately reflect the balances identified in the records.

No-one currently living at the home managed their own medicines, but staff said people were able to do so if they wished and a safe was provided in people's bedrooms for medicines and valuables. Staff received training in safe medicine practice and certificates were seen in staff files. Monthly audits were undertaken by senior staff and included stock levels, storage arrangements, administration records and observation of staff practice. These audits ensured all staff with the responsibility for administering medicines were adhering to the home's policy.

Where accidents and incidents had taken place, the registered manager reviewed how these had come about to ensure the risk to people was minimised. A checklist ensured staff followed the home's procedure after accidents to ensure an assessment of the person had been made, any signs of injury recorded and the person's family had been notified of that was appropriate. Staff were also guided to make a referral for medical attention or advice if the person had suffered an injury. There were arrangements in place to deal with foreseeable emergencies. For example, each person had a personal emergency evacuation plan that provided staff and the emergency services with information about how to safely evacuate people to a place of safety in the event of a fire.

Although bedroom doors did not have individual locks, the registered manager said these would be fitted should people request one. When we asked people about this, they told us it was not something they worried about. One person told us they did not wish to have a lock as they felt the home was a safe environment. People did have a safe in their bedroom for keeping money and other valuables secure. The registered manager said most people managed their own money and some were supported by their relatives. On occasion staff did shopping on behalf of people. Records were kept of the money given to staff and the change returned and a receipt was obtained.

The premises were maintained to a high standard and equipment was serviced regularly to ensure it was maintained in a safe working order. Bedrooms, bathrooms, the kitchen and the communal areas were very clean, with no offensive odours. One relative told us this was one of the reasons they had chosen Croft Lodge as it was very clean and fresh smelling when they initially visited and it had remained so. Staff had access to protective clothing such as gloves and aprons and we saw them using these appropriately during the inspection.

## Is the service effective?

### Our findings

People and their relatives told us staff were skilled to meet people's needs and spoke positively about the care and support provided. One person told us "I'm very well looked after thank you very much."

Staff told us they were well supported in their role. They said the registered manager provided the training they required and they could request training in topics that interested them or those they felt they needed more information about. There was an annual training programme in place with a training event planned each month. Training topics included nutrition and hydration, dementia care, the Mental Capacity Act as well as health and safety topics such as first aid and moving and transferring people safely.

Newly employed staff members were required to complete an induction programme and were not permitted to work unsupervised until they had completed this training and had been assessed by the registered manager as competent to work alone. They were also enrolled to undertake the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff told us they were also undertaking elements of the care certificate to review their knowledge and understanding and to identify training topics they all may benefit from.

Staff said they were supported by regular supervision meetings with the registered manager during which they were encouraged to share their views on the running of the home and to identify any personal development or training needs. Supervision sessions were planned every two months and each identified a different topic to be discussed with staff to aid their learning and understanding. For example, we saw staff had recently discussed issues of confidentiality, showing respect and protecting people's dignity and the home's safeguarding and whistleblowing policies should staff have any concerns over the welfare of people. Staff said they found these meetings useful and felt listened to.

Some of the people living at Croft Lodge were living with dementia which affected their ability to make decisions about their care and support. Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and understood the principle of people being able to make their own choices. They said they supported people to remain as independent as possible and to make choices about how they spent their day. The MCA legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people had been assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We saw the home had worked closely with the local authority to assess people's capacity to make decisions about their care. For example, the home had worked with an independent mental capacity assessor to review whether a person had capacity to understand the risks of leaving the home unaccompanied by staff or a relative. For other people who lacked the capacity to make decisions, we saw assessments and best interest meetings had been undertaken. These related to staff managing people's medicines, the use of equipment to alert staff to the movement of people at risk of falling, and providing care to ensure people's personal care needs were met.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect people's rights to their freedom and liberty and require authorisation from the local authority to restrict liberty should that be necessary to keep people safe. At the time of the inspection, no one was having their liberty restricted.

People told they enjoyed the meals provided by the home, describing them as "very good". They said they could have drinks and snacks whenever they wished. One person said, "there's always a choice and there's plenty, you'd never go hungry here." Staff told us they were able to make drinks and something to eat for people at any time of the day or night. The cook told us when they were on duty they would prepare anything people asked for. People's nutritional needs were assessed to make sure they received sufficient food and fluids to maintain their health and people's food preferences were recorded in their care plans. For example, one person's care plan identified they liked to have "something small like a piece of cake and a hot drink before going to bed". Another person's stated, "(name) likes a sherry after support followed by a coffee." We saw people being assisted with their meals at breakfast and lunchtime. Staff sat beside each person who required support and helped them to enjoy their meal at their pace. Staff asked people what they would like and ensured it was to their taste while they were eating.

The home arranged for people to see health care professionals according to their individual needs. Care files contained information about people's medical conditions and guided staff to be observant for signs of deterioration in a person's health. For example, one person was at an increased risk of urinary infections and staff were guided to obtain a urine sample immediately they suspected the person was becoming unwell and to notify the GP. Records were kept of referrals to GPs, community nurses and other health care specialists such as occupational therapists or the speech and language teams for people with swallowing difficulties. The outcomes of these referrals were documented with changes to people's care needs transferred to their care plans. Records showed staff had recently consulted the GP about one person whose appetite had reduced and who had lost weight. People, when necessary, received support from the community nursing service, for example with monitoring their blood glucose levels, or when receiving end of life care. The community nurses we spoke with during the inspection both said staff communicated well with them and let them know promptly about any concerns they may have about people's health or well-being. They said the staff had the skills and knowledge to care for people well. One said "This is a lovely home; the staff are very friendly and caring."

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. One person said, "I get on very well with the staff. If you want something done they do it for you" and another said, "I'm very well looked after. Everybody is very kind here."

Relatives also told us they felt the staff were very kind and caring. One relative said "They look after her well". We reviewed a selection written compliments recently received by the home. These showed a high level of satisfaction with the care and support provided by the staff. For example, one comment said "We truly appreciate the care and kindness you gave to her and ourselves" and another said, "Thank you so much for all your kindness and help during my recent stay."

Staff provided a caring and relaxed environment and throughout the inspection we heard and saw staff interacting with people in a calm and friendly manner. We observed staff being kind and respectful to people, as well as sharing jokes and general conversation. For example, one member of staff danced with a person while they were accompanying them to the dining room for lunch. Staff told us they enjoyed working at the home and they received a great deal of satisfaction from caring for people. One said, "It's so important to support people to be as independent as possible, for as long as possible, and to make their time here as happy as it can be."

People's privacy and dignity were respected when staff were assisting people with their personal care. Staff asked people beforehand for their consent to provide the care, and doors were closed. We saw staff asking people if they needed anything, and they were discreet when asking people if they wished to use the toilet.

The home had a calm, relaxing and homely feel. One person told us how much they liked their room and they were pleased to be able to personalise it with their own furniture and other belongings. They said, "I have a lovely room, with my own things around me." Another person told us they liked their room as it opened out onto the patio area which meant they were able to have their cat with them. People made choices about where they wished to spend their time. People told us they were free to come and go from the home as they wished, but the majority preferred to spend their time in the home's lounge area socialising with others and participating in the daily planned activities. People were encouraged and supported to maintain relationships with their relatives and others who were important to them. Visiting times were not restricted and relatives and friends were welcome at any time.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

The home was able to support people's care at the end of their lives. The community nurses told us the staff care for people well at this time. We saw a number of people were being cared for in bed due to poor health

and all appeared comfortable and pain free. Staff recorded when they had attended to their care needs and included providing mouth care for those people no longer able to drink, and pressure area care for those people who required their position changed to prevent pressure sores from developing.

## Is the service responsive?

### Our findings

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People confirmed they had been consulted about their care needs, both prior to and since their admission and asked how they wished to be supported.

Staff were knowledgeable about the people they supported and we saw people's needs were clearly recorded in a care plan. The care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Information was provided about what the person could continue to do for themselves, how to support their independence and how people wished to receive assistance. Each section of the plan covered a different area of the person's care needs, for example personal care, mobility, physical health, continence and skin care, communication and mental health and emotional support. Important information, such as allergies and health conditions was easily available for staff at the front of the care plan. People's past history and what was important to them was also documented and provided staff with an insight into people's past lives, their hobbies and interests and their family life. One person's care plan said they enjoyed reading a particular magazine and staff ensured the magazine was delivered to them every week. Monthly reviews took place to ensure the plans reflected people's current care needs and provided staff with up to date information.

Staff were responsive to people's individual needs. For example, some people were living with mild memory loss and staff used signs to guide them to be independent within their room, such as identifying where the toilet was, or what each light switch was for. Staff told us the routines of the home were flexible and people could get up and go to bed when they wished. Staff recognised some people still wanted to feel useful and help with the day to day tasks around the home. They encouraged people to be involved in helping with household chores, such as folding laundry or dusting. One member of staff said this had worked well with one person who had been reluctant to leave their room as they did not know anyone. They now regularly helped staff and stayed in the communal areas getting to know people and taking their lunchtime meal in the dining room rather than remaining isolated in their bedroom.

Care plans contained information about what people liked to do during the day and what activities they liked, including what music they listen to. This information was used to plan a programme of different group activities. Information was on the noticeboard in the entrance way about several events such as arts and crafts, music and singing, a magic show and armchair exercise: activities were planned for each weekday. Staff also involved people in one to one and group activities each day at other times. One person told us "I always go to the art class every week" and another said, "there is always something going on." During our inspection we saw people participating in a music session, a games session and a game of bingo. People were also enjoying watching the Olympics on the television. The home had a library area in a small lounge room adjacent to the main lounge, where people could sit more quietly to read.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the main entrance

and complaints made were recorded and addressed in line with the policy. The people we spoke with told us they had not needed to complain and that the registered manager and staff would deal with any minor issues. One person told us "there is nothing to grumble about here" and another said, "the girls are very nice, I don't have any complaints." Records indicated the home had received one complaint this year relating to the temperature of a meal. This was dealt with promptly to the complainant's satisfaction.

## Is the service well-led?

### Our findings

People and staff told us the home was well managed and the registered manager was open and approachable. There was a positive and open atmosphere at the home. During the inspection, the registered manager was seen around the home, assisting and interacting warmly and professionally with people, relatives and staff.

Staff gave positive comments when asked if they felt supported and also commented on how well they worked together as a team. One said, "the staff and manager are really nice", another said, "(name of registered manager) is very approachable and easy to talk to. There is good communication between the shifts". There was a clear management structure within the home. The registered manager was supported by a deputy manager and a number of senior care staff. Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns.

The registered manager had a clear vision for the home, which was to provide personalised care and attention to people. They said they had an 'open door' policy and encouraged people living in the home, their relatives and the staff to talk to them about any issues. They said they ensured they were available to people by meeting seeing each person every day they were on duty, and making sure they were available to talk to relatives when they visited.

Formal resident and relative meetings were held on a regular basis. These provided people with the opportunity to discuss any concerns, queries or make any suggestions. Staff meetings were held one week after the residents' meetings to enable the registered manager to pass on information, such as people's preferences for the menu, which had been discussed at a recent meeting. Staff told us the meetings were very useful and they were encouraged to share information about how to support people well and to make suggestions about the running of the home.

There were effective communication and quality assurance systems in place to monitor care and plan ongoing improvements. The senior member of staff on each shift used a 'critical incident' report each day to record important events, such as anyone falling or whether anyone had become unwell, as well as essential information that had to be passed from one shift to another. The care staff used a 'top to toe' checklist which included information about specific care tasks that must be undertaken for each person, as well as a record of who had assisted each person on each shift. Catering staff kept a record of what people ate and how well they had eaten. Records were also kept everyday of how well each person had enjoyed their lunchtime meal. Monthly audits of care planning documents, medicines records, equipment maintenance and the cleanliness of the home were undertaken to ensure people were receiving a good level of care in a safe environment. The registered manager told us these audits and checklists were used to monitor people's well-being, to ensure essential care tasks were not overlooked and to monitor the quality of the care and support provided.

An annual survey was used to formally gain the views of people, their relatives and staff regarding the quality of the services provided by the home. People were asked about the staff's attitude towards them, how they



found the environment, whether they felt able to make a complaint, and how well they felt the home was managed. The results of the survey sent in November 2015 showed a very high level of satisfaction: 96% of people said they found the home 'outstanding' or 'good'. Where people had identified an area for improvement, the registered manager had addressed this. For example, two members of staff had been allocated time to make sure everyone's clothing was labelled to reduce the risk of items going missing.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and kept up to date attending training sessions and accessing professional websites. They were aware of their responsibility to their duty of candour, which places requirements on providers to act in an open and transparent way in relation to providing care and treatment to people. Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about.