Langley Lodge Residential Home

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Langley Lodge Residential Home is registered to provide accommodation for up to 20 people who require nursing and personal care. At the time of our inspection there were 20 people living at the service. The service is located in the town of Wisbech close to local shops, amenities and facilities. The service is a two storey building with access to the first floor via stairs or a stair lift for people whose mobility requires this. Bathing and shower facilities are available for people if they preferred either option.

This unannounced inspection took place on 3 March 2016.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

Staff had been trained on how to protect people from harm. They were knowledgeable about applying this information and were confident in recognising potential signs of harm. People's individual care needs were met by a sufficient number of suitably qualified staff. Only staff whose suitability to work with people living at the service had been ensured were offered employment. The provider had systems in place to assess and manage risks to people's safety.

People's medicines were managed and administered in a safe way. People who required their medicines to be administered in a particular way were supported to take their medicines as prescribed. An effective induction process was in place to support new staff. Staff were provided with training which was kept up-to-date according to their role. People were supported and cared for in a safe way based upon the risk assessments which had been completed and regularly updated.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered and deputy manager were knowledgeable about when an assessment of people's mental capacity was required. Appropriate applications were in progress to lawfully deprive some people of their liberty. However, not all staff had an understanding of the MCA and how a DoLS would be determined. This meant that there was a risk that people could be provided with care that was not in line with the MCA and DoLS code of practice.

People were given choices of their preferred food and drink options. This included a choice of appropriate diets for those people at an increased risk of malnutrition, dehydration or weight loss. People were supported to access a range of health care services and staff were prompt in identifying people's health needs.

People's care was provided with compassion by staff who showed genuine concern for people's wellbeing. They, and their relatives, were involved in the review of people's individual care plans. People's privacy and

dignity was respected by staff who were skilled in respecting people's privacy.

People were provided with information on accessing independent advocacy services if any person required this support.

People were given various opportunities to help identify and make key changes or suggestions about any aspects of their care. Some opportunities were missed to support people with their care needs which could benefit their uptake of hobbies, interest and social stimulation.

A range of effective audit and quality assurance procedures were in place and these were used to help drive improvement. Information regarding the running of the service and people's care was shared through a range of forums including residents', managers' and staff meetings.

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 had a good understanding of their responsibilities to help ensure people were protected from harm.

Staff were safely recruited and their suitability to work with people living at the service was ensured.

People's medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

Staff worked very well with local healthcare services and people had prompt access to any specialist support they needed.

People were encouraged to make their own decisions wherever possible. Not all staff had an awareness of the MCA and DoLS code of practice.

People were supported with their nutritional needs.

Is the service caring?

Good

The service was caring.

People were cared for by staff with compassion and with sensitivity towards their independence privacy and dignity.

Staff knew the people they cared for well and supported people with their right to a family life.

People were encouraged to be included and involved in making decisions about their care as far as practicable.

Is the service responsive?

Good

The service was responsive.

Systems were in place to respond to any concerns raised about the service and people were given information on how to access these.

People's sense of wellbeing was enhanced by staff who knew people's preferences. Some opportunities were missed to support people with their care in an individualised way.

People's comments, compliments, suggestions and concerns were used as a way to identify what worked well or where improvement could be required.

Is the service well-led?

Good

The service was well-led.

The registered manager demonstrated an open, reflective management style and provided leadership to the staff team.

People were supported to play an active role in the running and development of the service.

A culture of improvement was in place to promote and enhance the service.

Langley Lodge Residential Home

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 3 March 2016 and was unannounced.

The inspection 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. Their area of expertise was caring for older people and people living with dementia.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report. We also looked at the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with five people living at the service, seven relatives, a visiting community nurse, a National Vocational Qualification [NVQ] assessor, the registered and deputy managers, one senior care staff, two care staff and the chef.

We observed people's care to assist us in understanding the quality of care people received.

We looked at four people's care records, the minutes of residents', managers' and staff meetings. We also looked at medicine administration records and records in relation to the management of the service such

health and safety checks. We also looked at staff recruitment, supervision and appraisal process records, training and quality assurance records.

Good

Is the service safe?

Our findings

Everyone including people and their relatives/friends told us that they felt safe living at the service. One person told us, "This is the best care home I have lived in and I feel safe here because when you ask for staff they are there." Another person said, "I feel safe here because of the staff." Our observations confirmed this was the case. A visiting relative said, "My [family member] used to live at [another care home] and this place is so much better as staff help people when they need without having to wait." Our observations of how promptly staff responded to people's request either verbally or by the call bell system confirmed this.

Risk assessments were in place for aspects of people's lives where risks had been identified. These included those for people at an increased risk of falls, choking, malnutrition or skin integrity. These risk assessments were detailed and kept under review as people's needs changed such as when a person at risk of weight loss achieved a stable weight. This was to help ensure that people were supported to be as safe as practicable. Risks to people were reduced by various measures such as fortified diets and regular monitoring of people's wellbeing.

Staff told us how they ensured the safety of people who lived at the service. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. This included to the local safeguarding authority and the Care Quality Commission (CQC). Staff told us, and records showed that they had received training in how to keep people safe from harm. There were up to date policies and procedures in place to inform staff of the correct actions to take. Advice to people and their relatives about how to raise any concerns was provided in a service user guide that was given to people new to the service. The registered manager demonstrated their awareness of how to work with other agencies where any concerns had been raised. This was by confirming that the arrangements to keep people safe were appropriate.

Throughout our inspection visit we saw that staff had time to meet people's needs and to interact with them individually, without rushing. For example, we saw a member of staff had noticed that one person was experiencing difficulty with their drink. The staff member and registered manager took the time to sit beside the person and ensure they were not any risk such as choking. One staff member told us, "We have got time to help people and to chat to them. If someone needs more support, they get it." One person said when asked about responses to their call bell, "It's usually answered very quickly." We saw that people's call bells were within easy reach. This meant that people's needs were met in a timely manner…

People, their relatives and staff confirmed that there were enough staff to safely meet people's needs. We observed how people's needs were met by sufficient staff who were skilled in the roles they performed. We found that at night time there was an on call system if additional staff were required. The registered manager told us that if there was a need to increase staffing at night then this was always acted upon. For example, as a result of unplanned changes to a person's health such as a requirement to be repositioned to prevent a risk of pressure sore. Staff confirmed that if required more staff were promptly provided. The deputy manager also confirmed to us that this was the case.

We saw the provider had safe recruitment processes in place. All four staff recruitment files we looked at included the documents and records which must be in place. For example, Disclosure and Barring Service (DBS) checks which had been carried out to ensure that the service had only employed those staff who were suitable to work with the people using the service. Other checks include those for staff's previous employment and also for recent photographic identity.

We saw that the arrangements for the storage, administration and disposal of medicines were in line with good practice and national guidance. One person said, "Oh yes, they [staff] always make sure I take them [medicines] before they go." Staff had been trained, and assessed as being competent, in administering people's medicines. Some people had been prescribed medicine that was to be taken 'as required'. People's decisions to not take this medicine had been recorded and accepted. People's medicines were reviewed on a regular basis, in consultation with their GP. This was where a GP determined that people's prescribed medicines could be amended where this was safe to do so. Recent audits, which had been conducted internally of people's medicines administration records, had identified areas for improvement which staff had adhered to. This included the avoidance of the unacceptable use of correction fluids. It is not good practice to amend people's medicines administration records by this method which the provider had recognised.

Good

Is the service effective?

Our findings

People's choices, preferences and assessed needs were met by staff who were skilled in meeting these. We saw that staff respected people's abilities to be as independent as possible when eating and drinking. This included people who used adapted cutlery, plates with rims or drinking utensils to support their independence. People were offered a choice of their preferred meal by the chef and also where people's preferred meals were known this was respected. Where people had a soft food, pureed or other type of diet this was provided. All relatives told us that they felt staff were good at their job and had the right skills to meet their family member's needs. One relative said, "I never have any issues and the staff know what they are doing as [family member] does so well with everything."

Staff confirmed that they were supported with training, a formal induction and shadowing opportunities with experienced staff. We found that staff completed their induction prior to working on their own or with less support. One care staff said, "I started here in [Month] and although I have experience of care I have had to complete training." They told is this was for subjects including moving and handling, safeguarding, infection control and fire safety. Records viewed showed us that there was a planned programme of training in place for staff. Another staff member said, "The deputy and [registered] manager are there. If I need any advice I just call them and they respond, even if this means them having to come into work."

The registered, and deputy, manager were keen to develop all staff's knowledge. This was with any additional training needs such as gaining health care related diplomas. A visiting NVQ assessor told us that the support the registered manager gave to staff helped the staff complete their assessments successfully. All staff were accepting of their support arrangements. One said, "It works well the way it is set up now" and "I have a formal supervision but also we have set things [competencies] which we discuss and the management test our knowledge on [these]."

We found that people were offered a choice of appropriate food and drinks. This included a selection and choice of hot and cold refreshments that were accessible throughout the day. We saw that people were supported with their eating and drinking by staff to ensure they ate and drank sufficient quantities. One person told us, "The food is freshly cooked and if I don't like my original choice they [chef] makes me something else." During our observations one person said, "It's [the food] really is hot." Where people were at an increased risk of malnutrition, intervention records were in place as guidance for staff. These showed us that people had been encouraged and, as far as practicable to have eaten and drunk sufficient quantities. A relative confirmed to us that, "The meals are good. I've tried them myself."

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

principles of the MCA and DoLS.

Staff had received training on the MCA and DoLS. We found that some staff lacked an understanding of these subjects. This put people at risk of receiving care that was not always in line with the MCA and DoLS code of practice as their knowledge was not embedded. Some people using the service had been assessed as lacking mental capacity to make decisions with or without support from staff. Appropriate applications were in the process of being made to the local authority to lawfully deprive people of their liberty. The management were aware of changes in people's mental capacity and how to support people with their right to make unwise decisions. This was as well as understanding their duty of care to ensure that people were safe but not unlawfully restricted. Records viewed showed us when and whether people could or couldn't make specific decisions. For example, the time they liked to get up, the clothes they preferred and if they wanted to go out into the garden or accessing the community with staff.

People could be assured that the staff would take action to reduce and prevent any risks that were associated with their health. A visiting community nurse said, "One thing the staff here are very good at is identifying changes in people's health conditions." They added that the staff also rigidly adhered to advice that they had provided such as skin care or ensuring people were repositioned at the specified times. One person said, "I get to see the GP when I ask or staff tell me I need the doctor." Appropriate monitoring arrangements were in place to ensure people achieved or maintained a healthy weight such as weight checks that were based upon the risk each person had. This was to help ensure that people's diet met their health needs and wellbeing.

Good

Is the service caring?

Our findings

Staff knew how to meet people's need in a way which showed their compassion and a genuine understanding of their needs. We observed how staff responded to people's requests for assistance. One person accidentally spilt some of their drink and was concerned about their clothing. Staff were quick to reassure the person in a discreet way. The staff said, "Don't worry we will take you to get changed when you are ready." On another occasion we saw staff helping people with their eating and drinking. The staff asked people if they wanted anymore whilst doing this at a pace that the person was accepting of. One person told us, "All in all I think they're [staff] very good." A relative said, "The staff always seem cheerful and helpful" and "The staff can't do enough to help." Further examples we observed were staff asking people, "Can I help you?" and "would you like more [food]?" Another relative said, "I can't fault the care."

One person told staff that they hadn't had a cup of tea. The staff politely reminded the person that they had recently had a cup of tea and then said, "Don't worry I will get you one now." We saw that this happened promptly. Another person enquired of staff, "You haven't forgotten my hair appointment have you?" The staff replied sensitively by saying that the appointment was booked for the following week and they would remind the person nearer the time. A relative told us, "The most important bit for [family member] is the staff. It's not just a number [of staff] it is how they care. It really is nice." Another relative said, "[Family member] has lived in another care home before coming here and this is by far the best," and "All the staff are so nice. I can't fault them."

People's care plans contained relevant details of people's life histories. We saw documented, people's favourite pastimes, likes, dislikes and their preferences. Records included prompts for staff such as, if the person preferred a bath or shower and how they liked to be referred to by name as well as if they liked a hot drink with, or without, sugar. This, as well as day to day conversations, helped staff get to know the person they were supporting. We saw how one person was talking with staff and reminiscing about their liking of older cars. One relative said, "Since the new deputy manager started we have seen [family member's] care plan and we agree that it describes [family member] down to a tea." This meant that people's care records were based on the most up-to-date information.
People valued their relationships with staff and felt that staff always met their expectations about privacy and dignity. We observed the interactions between people and staff and these showed us how well staff knew the people they cared for. A relative explained to us, "They've [care staff] been brilliant. Recently I have needed some support as well as my [family member] and the staff have not faltered." They told us that this was because all the staff and care provided was undertaken with consideration for each person's needs. Another relative said, "No matter when I come [family member] is always clean and [their] bed and room are always clean and fresh."

Throughout our inspection we observed how attentive staff were towards all the people they cared for. Staff asked how people were as they were aware the person had not slept as well as usual. One said, "Would you like me to get you anything," and "Do you need any pain relief?" A visiting community nurse to us, "Whenever I visit the staff have everything ready, including information about the person's wellbeing, for me." They added how staff listened to people and responded appropriately for the person's needs. Throughout our

inspection we saw that the registered, and deputy, manager and all staff including the chef spent meaningful time with people. We observed that people responded positively whether this was by knowing what was for lunch, being offered appropriate reassurance or by engaging in general conversations. This showed us that people's needs were considered on an individual basis.

Staff described how they respected people's privacy and dignity. This included engaging in general conversation during the provision of personal care. Other ways staff respected people's dignity and their right to privacy was with their room door which people could choose to close, lock or just leave ajar. A relative said, "[Family member] is always treated well and in a positive way." One example they gave us was by staff offering their family member encouragement with their independent mobility.

Each person had a key worker. This is a member of staff with specific responsibilities towards each person's care needs. For example, by keeping relatives up-to-date with information about their loved ones. This was to help ensure that people's care needs were met and that these were based on the most current information. Visitors told us that the staff kept them up to date on their relative's or friend's health and were always willing to discuss their care with them.

People, relatives and the registered manager confirmed that there was never any restriction on visiting or being visited. We saw that throughout the day there was a flow of visitors. This was at people's request. One person said, "I am never short of visitors," and "I am lucky living here as my family aren't far away." Care records were held securely and were only reviewed or read in private. We saw that one relative brought their pet dog to visit. This was the subject of much conversation, laughter and enjoyment to people who 'smiled' as a result.

We found that people had relatives, friends and representatives who acted as an advocate for them if required. Advocacy is for people who cannot always speak up for themselves and provides a voice for them. The registered manager and staff were aware of organisations which offered this service if required. This showed us that people's wishes, needs and preferences were respected if people were not able to speak up for themselves such as people living with dementia.

Good

Is the service responsive?

Our findings

The registered manager and staff got to know people's initial care needs by visiting people in their place of residence. This was to assess people's care needs, life history and to find out information about them. This information then formed the basis of people's care plans and was used by staff to help them understand what really made a difference to people's lives. One person said, "I like sitting and watching TV. I can read my paper as well as having a snooze whenever I want." Whilst speaking with a person in the lounge we saw that a member of staff came in with their lunch. The person asked if they could have it later. Staff replied, "No problem. I'll keep it warm for you. Let me know when you're ready." Later, we saw the person had been given, and they had eaten all their, lunch. One relative told us, "I asked them [staff] if they could get milkshakes for [family member] and they did straight away. [Family member] loves them [milkshakes]." This meant that people's care needs were responded to on an individual basis.

People were given the opportunities to contribute to the assessment and planning of their care needs. This included regular reviews of care and conversations about people's day to day lives. If a more urgent need arose then this was acted upon. For example, if people experienced unplanned or unexpected falls, referrals were made to the falls team and also if required, to a dietician or GP to ensure the service was able to continue to safely meet people's needs. One relative told us, "My [family member] can't understand their care needs anymore but staff and me know what these are and what works for my [family member]."

As well as information about people's preferences in their care plans, staff sought people's, and their relatives, views on how people could be supported to be as independent as possible. For example, with the use of adapted cutlery and the provision of mobility equipment such as walking aids. Dementia friendly signage around the service and a stair lift which covered several stair sections helped people move around the service at a time of their choosing. One person told us that if they were not ready to go to bed because they wanted to watch a football match on the television or something else, staff were always willing to come back later.. Records we viewed and our observations confirmed this.

Hobbies and interests people were supported with included hand manicures, having a one-to-one chats, doing puzzles, reading their newspaper and reminiscing about people's lives. Although there were regular planned activities, such as bingo and sing-alongs; these were limited to weekly visits by an activities person. However, we found that where people had shared interests, these had not always been explored as fully as they could have been by staff. This was for people whose preference was not to take part in planned activities but they liked other hobbies and interests. One relative said, "This is the best care home for my [family member]. They get things like a fish and chip evening and my [family member] prefers sausage which they get."

We found that that one member of staff, with people's consent, painted the ladies' fingernails for them. This was good for the person's sense of well-being and created a reason and opportunity for one-to-one contact. The deputy manager had commenced some new social stimulation for people including music and a gentle seated exercise class. However, we found that due to the infrequency of these some people's experience was less beneficial. One person told us, "I'm suffering [with aches] from yesterday's exercises." This was because

the person had not taken part in planned exercise on a regular basis. While it is accepted that properly planned and supervised exercise in a service can be beneficial, an interval of a month was a long time if people were to benefit from this exercise. Other activities included those for people who liked to help with running the service such as folding up the serviettes or feeding the birds on an accessible bird table. Relatives told us that one thing they would like more of is trips out of the service such as to the seaside. This was in addition to the occasions that relatives took their family members out for lunch.

Each person had a key worker. This is a member of staff with specific responsibilities for the individual aspects of people's care. This included the responsibility to keep families and relatives informed about people's care, reviewing care plans and being the person's first point of contact. A member of staff told us that it was people's preferences and not staff's that were most important. They told us that this is what made people feel they mattered. People had requested that the evening meal was the main meal as this had helped keep people more alert in the afternoon. This request had been implemented. Care staff also used information from relatives and friends to be included in care plans they had read and knew well. This was for the aspects of people's lives that were important to them.

People's views on what they thought worked well and where improvements could be made were regularly sought. This was to help identify any concerns before they had the potential to become a complaint. We saw that, throughout our inspection visit, staff frequently checked people's general wellbeing and if the person was unhappy about anything. The staff then took prompt action if this was required. For example, if people wanted more to eat or drink. A service user guide was provided on how to raise a concern or complaint. This helped people and their relatives with information on how to make a complaint and how these could be escalated if required to organisations such as the CQC. One relative told us, "I don't have, and never have had, any concerns. If I ever did though, I would speak with [name of registered manager]. They are approachable about anything and they do listen."

We saw that concerns raised about people's safety had been investigated and acted upon where required. For example, for staff to ensure that people's water jugs were kept clean and with fresh water as well as staff being within a few minutes of the service if they were on call. We found that both these situations had been addressed. Another relative told us that they had suggested ways to help their family member not lose their hearing aid and this had been implemented. We saw and found that the registered manager's office was a place where relatives and staff were welcomed and their experiences routinely considered. This had included the involvement of kitchen staff in helping people at meal or snack times.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they told us that the provider visited them when required. This was to support the registered manager with any aspects of the home which needed improvement. We found that improvements the provider had suggested to the staff structure had been considered and acted upon. The registered manager said, "It got to the point where I felt that a change was needed to move the service forward in the overall quality of care we provide." A relative told us, "[Deputy manager] asks my opinion and listens to my suggestions and I listen to theirs." This showed us that the registered manager analysed information about the quality and safety of the service.

People and their relatives' views about developing and improving the service were sought in the most appropriate way. This included staff spending time with people and their relatives. Relatives and visitors told us that the registered manager was courteous and friendly. All the visitors found the management to be accessible and approachable and no-one said that they would feel intimidated if they should have any concerns. One said "He's [registered manager] brilliant. He's approachable and I would have no problem if the need arose to make a complaint." A visiting community nurse told us, "If someone needs new equipment or anything then [name of registered manager] gets onto it straight away. Examples of this included the arrangements for the delivery of hospital type beds or pressure sore prevention equipment. One relative said, "They [management] are very approachable to ideas and they take these on board. Nothing ever seems too much trouble." All relatives confirmed how keen the registered manager was at making a difference to each person's lives. A community nurse told us that, "The management and staff had a good rapport with them and always put people first in everything."

All staff were complimentary about the leadership the registered manager provided. One care staff told us, "It doesn't matter what we need. If people's needs change and extra staff are required the [registered] manager will stand in and if required, work all night until a permanent replacement can be found." The staff also explained how well the whole staff team including the chef worked as a team. The registered manager was very aware of the day to day staff culture. This was because they spent much of their time talking to relatives, observing staff care practice as well as mentoring new staff in their role. The registered manager was aware, due to their observations and training, that improvements were needed in staff's knowledge about the MCA and DoLS code of practice.

Visitors and relatives all commented that their impression of the service was that they were quite impressed, especially with the staff. All staff confirmed that the support they received enabled them to do their job effectively. For example with mentoring, supervision as well as giving staff information which was most appropriately shared at team meetings including developments at the service with the staff and senior care team. This had already shown benefits such as an increase in people's social stimulation. The deputy manager told is, "Last week I thought, let's turn the TV off [with people's permission] and try some music instead and people had really enjoyed this."

A combination of audits and spot checks were undertaken by the registered, and deputy manager. This included checks on people's prescribed medicines and if staff were adhering to the expected standard of

care. The registered manager told us, "Sometimes it's just nice to have a chat with staff and see how they feel." The registered manager also worked some shifts with staff at nights and weekends. This helped them identify any issues either at day or night in a proactive manner. If required they then put measures in place to support staff such as additional mentoring. One relative said, "They [staff] have a difficult job but [registered manager] is always there for them."

The registered manager had, from records viewed, notified the CQC of incidents and events they are, by law, required to tell us about. Audits of medicines had identified that staff had needed to be reminded not to use a well-known brand of correction fluid on people's records. We found that this requirement was being adhered to. Staff told us that the registered manager often called in unannounced at night and at weekends. This was to ensure staff were supporting people and maintaining the right standards of care as well as offering any support if this was needed. The registered manager had also identified that the planned expansion to the service needed to be sensitive to people's lives as well as not impacting on the service's gardens. Staff meeting minutes showed us that staff were supported to raise their views as well as considering what people wanted.

Links were maintained with the local community and included various trips out with relatives and visits by, but limited to, singers, musicians and health care professionals. Other events held included barbecues and also an annual fair which passed by the home was celebrated by those people who wanted to. One person told us, "I like watching the birds in the garden as well as the flowers." One relative told us, "My [family member], when they were more independent, used to help with all sorts including tidying the garden." They added that staff still took time to talk about important aspects of the person's life. Social inclusion was promoted and supported.

Staff told us that daily staff handover meetings were used to discuss each person's care needs and achievements. Information from people's daily care records was also used to help ensure that the values of the service were being put into practice. Where issues affected people's care the registered manager was kept informed. For example, with the use of new equipment or more frequent repositioning after a person's health condition had changed. We saw that additional monitoring had been put in place as well as ensuring the correct completion of intervention charts. This helped identify and monitor the detailed aspects of people's care which then prompted any action by staff that may have been required. One person told us, "I have seen [registered manager] quite a bit and they always ask how I am and if there is anything else that I need."

Staff spoke confidently about the provider's key values of putting people first and treating each person as an individual. Staff confirmed that they liked working at the service. One said, "I love working here. I like all the staff and I feel confident in speaking with the [Registered] manager or deputy manager." Relatives told us that their opinions and views were considered. We saw that these views included positive comments about celebrations for people's birthdays as well as planned improvements to the service. One person commented favourably about the window blinds and asked if they could also have curtains as they preferred a darker room. The registered manager told the person that they would look into this.

From our observations throughout the day we saw that the registered, and deputy, manager and staff understood their role and the key risks and challenges in running the service. This included balancing what people wanted to do with the resource, staff and time available. We saw that people were supported to take part in the running of the service as much as practicable and that people's abilities were supported. A visiting NVQ assessor told us, "The [registered] manager is very good at implementing any suggestions such as the training staff needed." This showed us the service sought to ensure that people lived a meaningful life.

Staff were regularly reminded of their roles and responsibilities at supervisions and staff meetings. Staff told us they felt very confident that they would be supported to escalate any issues or concerns they became aware of if this was required. One care staff said, "The morale of the staff team is very good but I would report any concerns straight away to the [registered] manager."

The service had been awarded a rating of five out of five for food hygiene [this is the highest award]. Part of this assessment includes the management of food hygiene. We saw that actions such as thorough cleaning and food hygiene training for staff were in place to ensure that this standard was maintained