

Leicestershire County Care Limited

Lenthall House

Inspection report

Lenthall Square
Market Harborough
Leicestershire
LE16 9LQ

Tel: 01858463204

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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

Lenthall House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lenthall House is registered to accommodate and personal care to 40 people; at the time of our inspection there were 37 people living in the home. Lenthall House provides care and support to older adults and has an area of the building that is specifically tailored to meet the needs of people living with dementia.

There was a registered manager in post at the time of our inspection. 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.

At the last inspection in February 2016, Lenthall House was rated overall good. At this inspection we found that there had been continuous innovation and improvement and is rated overall good.

The registered manager and senior management team at Lenthall House were visible, approachable and acted as a role model for staff within the service. There was a clearly articulated person centred culture.

Staff were encouraged and enabled to work creatively which achieved consistently good outcomes for the people receiving care and support. There was a strong system of quality assurance led by the provider and manager that ensured people consistently received good care and support.

The people living at Lenthall House had an enhanced sense of well-being and quality of life because staff worked innovatively to enable people to have meaningful experiences and to become active members of the local community. People were consistently treated with dignity and respect and the staff team consistently showed empathy for people.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately. Staff understood the importance of obtaining people's consent when supporting them with their daily living needs.

People experienced caring relationships with staff and good interaction was evident, as staff took time to listen and understand what people needed.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People or their representative had been involved in planning and reviewing their care and plans of care were in place to guide staff in delivering their care and support.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

Staff responded to complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to and acted upon.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored through the regular audits carried out by the management team and provider.

The service was well run by a registered manager who had the skills and experience to run the home so people received high quality person-centred care. The registered manager led a team of staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for 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 service was safe.

Staff had received training in safeguarding and knew how to report any concerns they may have.

There were robust recruitment procedures in place to check on the suitability of staff and sufficient numbers of staff to keep people safe.

People were supported to take their medication as prescribed.

Infection control procedures were in place and followed by the staff team.

Lessons were learnt after accidents, incidents or investigations.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service was caring.

Staff provided kind, dignified and respectful care to people.

Staff knew people very well, and acknowledged people's individual needs and preferences.

People's rights to independence, privacy and dignity were valued and respected.

People were supported to express their views using a range of methods. People were encouraged to influence how the service was run.

People were at the centre of their care and they were consistently involved in planning and reviewing their own care. Relatives and friends were encouraged to contribute to care planning.

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Lenthall 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 2 February 2018 and was unannounced. The inspection was undertaken by an inspector and two experts 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.

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service. We observed how staff interacted and engaged with people who used the service during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with 14 people using the service and seven relatives and/or friends. We spoke with four care staff, one visiting district nurse, a visiting psychiatrist, the assistant cook, one ancillary staff, activities coordinator, the administrator, one team leader, the registered manager and the area manager. We contacted health and social care professionals to gain their views of the service.

We also spent time looking at records, including six care records, four staff files, medication administration

procedures, staff training plans, compliments and complaints and other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in February 2016 'safe' was rated as requires improvement because of concerns about medicine management and staffing levels. At this inspection we found that improvements had been made and sustained.

There was enough staff to keep people safe and to meet their needs. People told us there were staff available when they needed them. One person said, "There is always staff about to help me, even at busy times I only have to wait a few minutes." One relative told us "I've never had concerns about staffing, there always seems to be plenty of staff about and [relative] always tells me they get the help when they need it." Staff told us they felt there was enough staff available to meet people's needs and to ensure people received good support throughout the day and night. The registered manager spent some time around the home to help support people whenever they could and to observe staff's practice. We observed that the levels of staffing allowed each person to receive appropriate support from staff.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for new staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS). This helped ensure that only staff of a suitable character were employed to provide people's care.

People we spoke with told us that staff gave them their medicines when they were supposed to and relatives said they were happy with the way staff managed their relations' medicines. One person told us, "I always have my tablets on time, the staff are very good at checking all my tablets and they stay with me until I am happy they have all gone down the right way." One relative told us, "No issues at all with medicines, they [staff] are very good at updating us on any medication changes so we are always up to date." We found the medicines systems were organised so that people were receiving their medicines when they should. Staff received observed competency assessments throughout the year to ensure they were administering medicine according to best practice guidelines.

The provider had invested in technology and a new electronic medication system was in place, which had reduced medication errors. The system scanned bar codes on medicine labels and alerted the staff if there was a conflict with other medications. We observed staff administering medication using the system and viewed the medication records, which were also stored electronically. Staff informed us that they had received training on using the system and were competent and confident in using it.

People felt safe with the staff that supported them. One person told us, "I feel so much safer than I was living at home; I had a few falls and I wasn't feeling safe living on my own." A relative told us, "[Relative] is completely safe, I have complete trust in all the carers and the manager; I feel reassured and that makes me feel safe as well."

People were protected from the risk of avoidable harm. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an

understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. One staff member said, "Safeguarding is paramount, I would never hesitate to report any concerns if I had any; we talk about safeguarding in team meetings and supervisions." We viewed safeguarding investigations that the registered manager had completed and these were thorough with clear actions taken and if necessary identified how future incidents could be prevented. Staff had received training on protecting people from abuse as part of their induction and they also continued to receive refresher training to ensure they were up to date with best practice procedures.

People were assessed for their potential risks such as the risks associated with moving and handling and falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had decreased or increased their risk assessment reflected their changing needs and the change in any mobility equipment they required. People's care plans provided instructions to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, one person was supported with a walking frame; their risk assessments advised staff to encourage the person to walk slowly with the walking frame and to ensure all four legs of the frame were placed on the floor before taking the next step. We observed care staff throughout the day supporting this person according to their care plans and risk assessments.

We saw that the registered manager and provider regularly reviewed environmental risks and the registered manager told us that they carried out regular safety checks. We observed that the environment supported safe movement around the building and that there were no obstructions.

People were protected by the control of infection. The service was clean and tidy and we saw that regular cleaning and infection control audits took place. One relative told us, "The home is always lovely and clean, they pay such attention to small detail." The registered manager had developed an 'infection control response trolley', which was stocked with all necessary cleaning equipment and protective clothing to respond quickly to any infection control issue. The staff we spoke with were aware of the location of the trolley and said it had proved to be really useful. We saw that the service was given a five star food hygiene rating by the local authority, which means that they were found to have very good hygiene standards.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings. We saw that any incidents were discussed within the team meeting or within individual supervisions when required, and staff worked together to create actions for improvement.

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. People who used the service and their relatives we spoke with consistently praised the skills of staff working in the service. One person said, "The staff are very well trained, they all know how to work things like the hoist." A relative told us "All of the staff are trained to a high level; the care staff know what they are doing with [person] who needs constant encouragement, motivation and a calming positive approach. The skills and patience they have are second to none."

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on manual handling, dementia awareness and health and safety. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "I had a really good induction and was given plenty of time to read the residents' care plans and get to know them before I worked on my own with them. I never felt rushed to start working on my own." The provider was following good practice guidelines for newly recruited staff and all new staff who did not have a care qualification undertook the Care Certificate.

The provider's mandatory training and service specific training was refreshed annually. Staff spoke positively about the training they received, one care staff said, "The training I completed on dementia awareness was good; it made me think more about creating a calmer environment when people are eating to help them concentrate more." Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). We saw that on-going training was provided to all staff, which was monitored and kept up to date.

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular supervision, although I don't need to wait for supervision to talk about anything, I can speak to [registered manager] at any time; they are always available."

People were supported to eat and drink and maintain a healthy balanced diet. One person we spoke with told us they enjoyed the food that was on offer and was looking forward to their lunch that day. Another person told us, "The food is lovely, always freshly prepared which is what I like." We saw that independence was encouraged and at breakfast time there was a 'self-service' table where people who were able to, could help themselves to fruit juices, cereal and toast. One person told us, "I was worried before I moved in that I wouldn't be allowed to do things for myself, I am so glad I was wrong! I can make a mess sometimes but we just laugh about it."

The registered manager had tailored the support for people living with dementia based on best practice guidance. The dining room was a quiet space with minimal distractions to enable people to concentrate on

eating their meals. People were shown display plates of meals that they were able to choose from for each meal. Dementia friendly crockery was used which consisted of a plate or bowl that remained heated for longer periods of time to enable people who may take their time with eating meals to have their meals kept warm.

People were able to help themselves to snacks throughout the day from a snack bar located in the main lounge. The snack bar contained a mixture of individually wrapped cakes, snack bars, crisps and a range of fresh fruit. Each person was encouraged to drink fluids throughout the day and to assist with this each person had their own hydration bottle; cold water dispensers were also situated on each floor of the building.

People's nutritional needs were assessed regularly and there was extensive information in support plans detailing people's nutritional preferences and needs. The care plans showed who was nutritionally at risk and we saw detailed plans had been put in place to guide staff in how to support them to gain weight and to prevent further weight loss. This included advice sought from a dietician, increased frequency of weight assessment and adding extra calories to food. Staff told us they felt people were supported with nutrition and the chef made their own fortified mousse and yoghurts and desserts, which are used as additional snacks throughout the day for those who were assessed as nutritionally at risk.

The provider and staff had effective communication with organisations that worked to support people living in the home. The registered manager was able to show us how the provider, local authority and staff worked together to deliver effective care and support which meant that people were at the centre of all care decisions. Staff supported people to live healthier lives and gain access to healthcare services such as doctors, optometrists and mental health support. One visiting health professional told us that they thought Lenthall House provided very good health care and support and they had only ever had positive experiences with all the staff.

The home had been adapted to support people's needs. We saw that the communal gardens had been adapted to provide a quiet area where people could sit and reflect. There was also an area where people could grow vegetables and plants. The area of the building where people living with dementia spent most of their time had been decorated specifically to meet people's needs. There was easy read information, easy read menu's, memory boxes, easy read signage and colour contrasting handrails.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that MCA and DoLS authorisations were completed as required and best interest meetings were held to determine the best course of action for people regarding specific decisions. Staff gained consent from people for decisions they were able to make. During our inspection, we saw that people were asked what they would like to do, what to eat and drink, and if they wanted to go out. Staff made sure to give people choice, wherever it was possible.

Is the service caring?

Our findings

People were treated with care, compassion and great kindness. People, their relatives and professionals involved in the service consistently commented on the caring approach the staff at the service provided. One person said, "The care here is very good, this is the second best place to be because I can't live in my own bungalow anymore." Another person said, "It is super here, it's hard to explain why it is but it is; all the staff are lovely and nothing is too much trouble and they have little jokes with me and I like that." One person's relative complimented the whole staffing team. They said, "Every single member of staff is a superstar; all of them are always kind, caring and interested in how to make their day more interesting; this isn't just for my relative but I see it all the time."

There was a person centred approach to everything the service offered and people were treated with dignity and respect. One person said, "I feel respected here. I'm treated as an important person and my decisions and choices are respected." Care records for people repeatedly referred to maintaining people's dignity and respect. People told us about 'do not disturb' signs that they were able to hang outside bathroom doors to ensure they could bathe in privacy. The home had been awarded the gold standard dignity in care award by the local authority, which meant that people were treated with consistent care, dignity and respect.

We saw on the day of inspection a person who was in discomfort and distress because they had slipped from their chair on to the floor. The care staff went immediately to the person's aid; a dignity and privacy screen was put in place to enable the person to have privacy. The staff checked the person, asked them how they feeling and they confirmed just a little shook up. The care staff then sat with the person on the floor and a cup of tea was given at the person's request; the carer stayed with the person sitting on the floor next to them and offering verbal and physical comfort until they were ready to move from the floor. This was another example of how people's privacy, dignity and respect was consistently upheld across the service.

The registered manager was passionate about ensuring all of the staff understood how to meet people's needs in relation to their diverse cultures and backgrounds and preferences. Staff were provided with information on people's individual religious beliefs; which detailed what was important to the person and how to support them specifically in relation to their cultural wishes. There was information available for Lesbian, Gay, Bisexual and Trans (LGBT) people about how to live well with dementia. This detailed information for people about how to live well with dementia and also showed that the service was inclusive with the diverse range of people it supported and was supportive to reduce and remove barriers.

People were supported by a staff team who knew their preferences and showed an enthusiastic interest about their previous lives before they came to live at Lenthall House. Each person had a life story document, which was completed with them and their relatives and helped staff to deliver person centred care. Each person also had an 'all about me' information section in their plans of care, which focussed on key pieces of information about a person. For example; one person's 'all about me' plan explained the person liked to have a napkin with their meals; we saw this happened at meal times. Another person's plan explained where a person was most comfortable sitting and they liked to listen to music. All of the staff we spoke with were able to tell us about people's individual needs, how the ensured they delivered person centred care and

about each person's preferences. Photographs in the home evidenced that people enjoyed these experiences regularly.

The team of staff at Lenthall House were highly motivated to ensure people received compassionate care. There was strong emphasis on building relationships with people's relatives and ensuring that they felt cared for as well as the person living at the home. One member of staff told us, "It is essential that we maintain excellent relationships with people's loved ones, our holistic approach to care is about the person and everyone and everything that is important to them. We try and make sure we involve relatives at every opportunity and we make sure we know every relative by name." One relative said, "Fantastic, that is the only way I can describe the whole staff team, they do thoughtful things for us as a family and they remember that the grandchildren like little gifts so they help [relative] make gifts for them in craft activities."

The staff at Lenthall House made every interaction with people a positive experience. We observed on many occasions the staff team informing someone who was forgetful what was happening, what activities they had undertaken and what the plans were for the following couple of hours. The care staff engaged with people at every opportunity, singing songs with people, chatting, talking about events of the day, their relatives and activities that were available in the community. One person told us, "I could never be lonely here, there is always someone talking to me or something going on for me to be involved in; sometimes I go to my room so I can have a rest because of all the excitement all day!"

People were fully supported to express their views about the care and support they received. Where people had consented, their relatives were also fully involved. The staff used a variety of ways to seek people's views, resident meetings were held, actions from the meeting were developed into 'you said, we did' easy read displays so people could clearly see what action had been taken from their feedback. This included activities, menu choices, staffing levels and a variety of other topics. For example, it was suggested that there was more variety of outings on offer for people to be involved in; we saw that this request had been listened to and recent trips had involved a trip on a canal boat.

Relatives and visitors told us they were welcomed at any time at the home. One person told us, "I have lots of visitors and they come at all different times of the day; they don't have to telephone first." One relative told us "It is always a pleasure coming here; the staff are always smiling and friendly and we can visit at meal times; there is a lovely little room where we can enjoy a meal together as a family; we really appreciate that." Visitors to the service explained they were able to meet in quiet areas if they needed privacy and always felt welcome.

Information on advocacy services was available for people and their relatives. Posters advertising advocacy services and how people may benefit from these services were on display in the reception area of the home. No one was currently using advocacy services but people had used them in the previous year.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to determine if the service could meet their needs effectively. During the inspection we saw records of preadmission assessments that had been carried out with people and their relatives. These covered areas such as medical history, communication and nutrition and hydration needs. The preadmission assessment was used to devise care plans that provided staff with detailed information about how people should be supported. One staff member told us, "We get as much information as we can about a person. The more information we get the better we get to know the person and the quicker we can deliver the right care."

Care plans were in place for people and were all accurate and up to date to reflect current care needs. The care plans were detailed and included current information about people's care needs as well as their social support needs and wishes. Records included information about how care needs would be met. For example, end of life care, monitoring food and fluids and pressure care and dementia care.

The staff were responsive to people's needs and wishes. Most people were able to make their needs and wishes known on a daily basis. People said they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person told us, "I am quite independent, I am able to do what I want and I join in lots of the activities." Another person said, "I have my own little routine, I can come and go as I please."

Staff were made aware of any changes to people's care needs through regular handover of information meetings. Changes to people's care needs were discussed and staff updated. Staff used the information they received at handover to ensure that people received the care and support they required.

We found that staff understood the need to meet people's social and cultural diversities, values and beliefs. One person said, "The activities here are good and the activities leaders are very good." The service had a programme of activities and staff told us there was usually something going on for people to do. There were activity co-ordinators who worked across all areas of the home. We saw different activities taking place during the inspection. People had recently commented that they would like to see more variety of activities and we saw that this had been responded to people told us about the activities they had enjoyed. These included art sessions, quiz session, crosswords, nail care, sensory activities, one to one sessions, reminiscence sessions, exercises, craft and baking. One person received visits from friends who read religious scriptures to them at their request. People were supported to attend religious services on a regular basis.

Other activities which involved the local community included, summer fete's, memory walks, professional speakers giving talks on popular subjects, themed days for example on the day of the inspection it was 'dignity day' and staff were dressed in red as part of celebrating dignity day. Events throughout the year were also celebrated, for example Mothering Sunday.

The home had extensive links with the community and this enhanced people's well-being. There was a

community garden, which was supported by volunteers from the local community. The community garden was used by the people living at Lenthall house and also by the local community to help reduce isolation in the community. A voluntary organisation planned the garden and also planted all of the plants and flowers. There was a volunteer gardening champion who came to the home to give talks to the people, their relatives and staff on caring for specific plants and general gardening knowledge. There was also a project ongoing where plants and fruit trees were planted at the front of the building which enabled people in the community to enjoy the fruit freely from the trees.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider was compliant with this standard; staff knew the way that each person communicated and people had detailed communication plans in place. Literature was made available for people in 'easy read' picture formats.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in end of life care and where possible people were able to remain at the home and not be admitted to hospital. The home liaised with other agencies such as the Palliative care nurses to support people with their final wishes. To enable relatives to spend as much time as they wanted with their loved one, they were offered to stay overnight in the home.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person said, "I've had a word in the past with the manager, things were sorted." We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. When a complaint was raised the regional manager also had oversight to ensure the procedures were correctly followed and the outcome was fair and conversations were transparent.

Is the service well-led?

Our findings

A registered manager was in place. 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.

There was a visible management team in place that had a clear vision for the development of the service. People told us that the home was well managed. One person's relative said, "[Name of registered manager] is very accessible and responsive. I can always speak to them if needed and if I call in unannounced they always have time to see me."

Staff told us they attended staff meetings where they were encouraged to share ideas and any concerns about any aspect of the service. A senior member of staff said, "We discuss ideas between us. We have different backgrounds, different skills." Another staff member confirmed this and said, "[The manager] will listen to all of our idea's, we bounce ideas, talk about what we're going to do." Staff told us they felt listened to and involved in the development of the service. They were kept up to date with information or any changes through staff meetings, e-mails and memos.

Staff were positive about the management at the service. They said that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in someone's condition, it is acted upon straight away." Staff told us the registered manager was supportive of the people in the service and the staff who worked there. One member of staff said, "[Registered manager] is really supportive, they speak to every person in the home every day and they know people's needs well." Another said, "They always have the best interests of the residents and staff at heart and are open to any suggestions we make." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The openness and transparency within the service, resulting in a 'no blame' culture, where staff were confident to question practice, and report concerns. A member of staff told us, "It is the best place I have ever worked; to be able to say when things are not great, to suggest ideas and improvements and be listened to and at all levels in the company; we celebrate our service users and staff's progress. To say I love my job is an understatement!" One relative commented, "I would thoroughly recommend it. We are valued as important people in [relative's] life, our concerns are listened to and all of the staff team feel like our extended family."

There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. The provider had implemented a system of audits that were effective in assuring that any shortfalls in the service were identified and rectified in a timely manner. For example, mealtime experience audits had identified that on occasions the dining room would benefit from

being a bit calmer and feedback was given to the staff to support them to improve the experience for people.

The registered manager regularly worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

We saw people and relatives were invited to meetings and also provided with satisfaction surveys to complete. The survey results were very positive. It was clear that service was developed with input from people receiving support, their relatives and staff. For example, the community garden had been developed which involved relatives and people living at the service. Feedback from the satisfaction surveys and from compliment cards and rating reviews included, "I can only say good things, the home is always clean, staff are always cheerful and helpful" and "The staff are excellent, family and friends can come and visit at any time" and "Very effective way the home is operated."

The registered manager worked in partnership with other organisations to make sure they were following current good practice, providing a quality service and that people in their care were safe. These included social services, district nurses and other healthcare professionals. There was also good links with the local college and the service offered work experience placements at the home.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Lenthall House. It is a legal requirement for providers to display their CQC rating. The rating from the previous inspection was displayed for people to see.