The Orders Of St. John Care Trust

OSJCT Ridgeway House

Inspection report

The Lawns
Wootton Bassett
Wiltshire
SN4 7AN

Tel: 01793852521
Website: www.osjct.co.uk

Date of inspection visit:
23 August 2016
24 August 2016

Date of publication:
21 September 2016

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

OSJCT Ridgeway House provides accommodation and personal care for up to 43 older people some of who are living with dementia. The home is situated on two levels with two communal lounges and a dining area, with a central kitchen and laundry. At the time of our inspection there were 42 people living there and one person staying short term.

The inspection took place on the 23 and 24 August 2016. The first day of the inspection was unannounced. At our last inspection of OSJCT Ridgeway House in September 2013 we found the provider met the legal requirements in the areas we looked at.

The service did not have a registered manager employed at the home. 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. A new manager had recently been appointed and was in the process of applying to become the registered manager.

People and relatives spoke positively about the care and support they received. Staff showed concern for people's well-being in a caring and considerate way, and they responded to their needs quickly.

People were treated with dignity and their right to privacy was respected. Staff knocked on people's doors before entering and sought people's permission before undertaking any care tasks. We found staff had a good understanding of people's needs, interests, likes and dislikes. We observed a range of positive and caring interactions during our inspection, with people using the service not hesitating to seek assistance where required and sharing jokes with staff.

People spoke positively about the food choices and were supported to have sufficient food and fluids. People were offered a choice at meal times and alternatives were available where people did not want what was on the menu.

People's medicines were managed safely. Systems in place ensured that people received the medicines as prescribed and at the correct time.

There were systems in place which encouraged people and their relatives to share their views on the service. Complaints were investigated and responded to appropriately. People told us they were regularly consulted about their care and they attended six monthly care review meetings.

Risk assessments were in place to support people to be as independent as possible. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff displayed a good understanding of how to keep people safe from potential harm or abuse and what actions they would take should they suspect abuse had taken place. There were enough staff on duty to meet people's care and

support needs safely.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. The staff had received appropriate training and supervision to develop the skills and knowledge needed to provide people with the necessary care and support. Staff attended a range of core training as well as training specific to the needs of people using the service, for example dementia awareness. Staff also received refresher training on a regular basis.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. We found related assessments and decisions had been properly undertaken and the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS).

The provider had quality monitoring systems in place. Accidents and incidents were investigated and discussed with staff to minimise the risks or reoccurrence. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

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

This service was safe.

People told us that the home was a safe place to live because they felt secure in the building. Some people told us it was safer than being at home.

People's personal safety had been assessed and plans were in place to minimise these risks.

Safe recruitment practices were followed before staff were employed to work with people. There were sufficient staff to meet people's care needs.

Is the service effective?

Good

This service was effective.

Staff received the necessary training and had the right skills to meet people's needs. Training records confirmed staff received training on a range of subjects.

Staff were aware of people's dietary needs. People told us they liked the food and were able to make choices about what they had to eat.

People's care records showed relevant health and social care professionals were involved with people's care. □

Is the service caring?

Good

This service was caring.

People and their relatives spoke positively about the care and support provided. People's dignity and privacy were respected by staff.

People's bedrooms were personalised and contained people's personal belongings. People were able to choose where they wished to spend their time.

Staff showed concern for people's wellbeing and responded

promptly to their request for support.□

Is the service responsive?

Good

This service was responsive.

Resident and relative's meetings were held quarterly and gave people the opportunity to express their views about the service.

Care and support plans were personalised and were reviewed regularly.

People were supported to follow their interests and take part in social activities. □

Is the service well-led?

Good

This service was well-led.

Quality assurance systems were in place to monitor the care and support that people received and where required identify improvements.

Staff felt supported by the manager and could raise concerns and seek guidance.

Staff were very passionate about providing a good service to people and understood the values of the service. □

OSJCT Ridgeway 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.

We carried out this inspection over two days on the 23 and 24 August 2016. The first day of the inspection was unannounced. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. During our last inspection in September 2013 we found the provider met the legal requirements in the areas that we looked at.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had been requested to return the PIR in October 2015, which meant some of the information contained in this form was no longer up to date.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with 15 people who use the service and six visiting relatives about their views on the quality of the care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff. We used the Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether they had positive experiences.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records, which included four care and support plans, daily records, staff training records, staff duty rosters, personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the manager, eight care staff, housekeeping staff and staff from the catering department. We received feedback from one health and social care professional who worked alongside the service.

Good

Is the service safe?

Our findings

People living at OSJCT Ridgeway House told us it was a safe place to live because they felt secure in the building. Comments included "This is a safe place to be. I was worried being on my own. It is much safer here", "It seems a nice safe place. Very good people around" and "Just feels very safe. I like it here. There are nice people looking after me".

Relatives' comments about their family member's safety included, "I feel she is safe or she wouldn't be here otherwise. It's ever so homely"," I feel that she is safe here. She seems very happy, knows her carers and is not worried" and "It's safe, everything's alright and I am very pleased".

Risks to people's safety had been assessed and plans were in place to minimise these risks. This included risks in relation to falls, malnutrition and developing pressure ulceration. There was clear information in people's care plans which provided staff with guidance on how to reduce these risks. For example, in one person's care plan it contained guidance for staff on how to safely transfer the person whilst still maintaining their independence. Where people were at risk of choking plans were in place to reduce the risk of this occurring and appropriate referrals to the speech and language therapist had been made. These risks were regularly reviewed and changes updated as required.

People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns were raised. Clear policies and procedures were in place to inform staff of the processes they needed to follow should they suspect abuse had taken place. Staff told us they received training in the safeguarding of vulnerable adults and training records confirmed this. Comments from staff included "If someone couldn't tell me they were unhappy with their care I would look for signs such as changes in their behaviour or them appearing nervous around certain people. If I saw poor practice from another member of staff I would address it. I would report my worries to my manager" and "The training for safeguarding was good. It covered the different types of abuse and signs to look for, like changes in people's mood or bruising. I would raise my concerns and feel they would be taken seriously".

Staff said they would report abuse if they were concerned and were confident the manager would act on their concerns. Staff were aware of the option to take their concerns to agencies outside of the service if they felt actions to deal with their concerns were not being taken. The manager was clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

We saw safe recruitment and selection processes were in place. We looked at the files for five of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. We spoke

with the manager who explained how they used a dependency tool to ensure appropriate staff were deployed at all times. We saw staffing rotas reflected the staffing levels identified by the dependency tool. At all times during the inspection we observed adequate numbers of staff on duty which meant people received the required care and support. Call bells were answered swiftly and staff took time to speak with people. Comments from people we spoke with included "Plenty of people around to help me" and "Bit of a wait sometimes. I know they are busy so I don't mind.

Staff told us there were sufficient staff to meet people's needs most of the time. However, some staff felt that at times care was rushed. They said that whilst people always received the care required sometimes they had to wait as they were busy supporting other people. They felt this occurred because sometimes there was not always staff available to cover staff absences. Comments included "Care always gets done but sometimes people have to wait to get up in a morning as we are busy with other people" and "It can feel a bit rushed on a morning. Sometimes people might have to wait. It's better on an afternoon you get a bit of time to chat with people".

We spoke with the manager regarding this. They said cover was always sought where possible. They showed us the call log which showed calls bells were responded to in a timely manner which meant people were not left waiting for long periods of time to receive their care.

People's medicines were managed and administered safely. The administration of medicines was restricted to those staff who had received training in the safe administering of medicines. Records showed staff had received training on safe medicines management. There were records to demonstrate that checks had been undertaken to ensure they were competent to administer people's medicines.

We looked at the current medicines administration records in the home. The pharmacy provided printed Medicine Administration Records (MAR) for staff to complete when they gave residents their medicines. Medicine Administration Records (MAR) were found to be up to date with all signatures in place. A staff member we spoke with confirmed that MARs would only be signed once they had witnessed the person taking their medicines.

Medicines were stored securely. Medicines were stored in accordance with their storage requirements and storage temperatures were checked and recorded daily in line with this. People's photographs were attached to their MAR sheets to aid identification and any medicine allergies were recorded. Processes were in place to ensure medicines that were no longer required were disposed of safely.

Staff supported people to take their medicines correctly. On the day of the inspection no people were being given their medicines covertly (without their knowledge, mixed with food and/or drink).

We observed medicines being administered on the morning medicine round in a safe and respectful way. The staff member stayed with the person to ensure they had swallowed their medicines and drinks safely. Where people were not ready to take their medicine the staff member respected this and returned when they were ready. For example one person was still eating their breakfast so the staff member went back to them once they had finished. Where people refused their medicines this was respected. It was recorded on their MAR and where required medical advice was sought.

One relative commented "They are very good at giving medication. They always stay with her until she has taken it. They never just put the pills on the side and leave".

The service had appropriate arrangements in place for managing emergencies which included fire

procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire.

Good

Is the service effective?

Our findings

People and relatives spoke positively about the food and told us there was sufficient to eat and drink. Comments included "The food is very good. The meat is always tender", "I enjoyed my lunch. It was very tasty, hot and well cooked" and "I like the food choices. I choose what I want when I see it". A visiting relative told us "The food is not bad at all. I do have lunch with mum in the tea room. The food is freshly cooked".

We observed the lunchtime meal on the first day of our inspection. Some people were supported to access the dining room whilst others had their meal in their rooms. Those people who required assistance to eat their meal were supported at a pace appropriate to them with staff checking if they wanted to continue eating. We observed that people were supported appropriately by staff who took their time to find out what the person wanted and ensured they could access their meal. For example, one person with a sight impairment had their meal placed in front of them. The staff member made sure the person knew where the meal was and then explained where each part of the meal was using the clock face to help the person understand. They were heard explaining to the person "The cauliflower cheese is at 12 o'clock, the mixed vegetables are at 3 o'clock".

Morning and afternoon drinks were served from trolleys and a choice of snacks were available, including fruit, scones and cakes baked in-house. Bowls of fruit and snacks such as chocolate bars and crisps were available throughout the day in the communal areas. This impacted positively on one person's nutritional wellbeing in that they preferred to graze throughout the day rather than eat big meals, thus preventing possible malnutrition. Snacks were also available throughout the night.

A small room on the first floor had been converted in to a tea room. This was open to people and their families and provided hot and cold drinks, snacks and cakes. It was a well-used space where people interacted socially with each other and their family members. Drink machine's had been installed in the communal lounges and people all had fresh water available in their rooms.

People had access to specialist diets when required for example pureed or fortified food. Where people required monitoring of their hydration and nutritional intake food and fluid charts were completed. There was guidance on the recommended amount of fluid people should be offered daily and these were totalled and checked each day.

We spoke with the catering department; they had information of all people's dietary requirements and allergies. This also included people's likes and dislikes. They explained that people had a choice of meals. They said if people did not like what was on the menu then they were able to request alternatives.

The kitchen was clean and tidy and had appropriate colour coded equipment and utensils to ensure that food was prepared in line with food safety guidance. The kitchen had been awarded a Food and Hygiene five star rating by the food standards agency. The food standards agency is responsible for protecting public health in relation to food in England, Wales and Northern Ireland.

People were supported to maintain good health and had access to healthcare and other services to meet their needs. There were records of treatments relating to chiropody, eye care and district nurse visits in people's records. A GP visited the home on a weekly basis and more frequently as requested by staff in response to people's medical needs. One health professional told us "All staff members I have dealt with are always helpful and professional. Any concerns that have risen have been taken to the member of staff and dealt with in the correct manner". People had a hospital passport in place which went with them if they were admitted to hospital. The manager explained the passport contained information of people's preferred routines, support required and areas of independence. The information would be put on people's hospital table for nursing staff to access. This would support hospital staff to know the person's needs ensuring they received appropriate care and reducing any anxieties for the person.

The home had a Dementia lead whose role was to develop staff's practices and understanding of how to support people living with dementia. They explained that they acted as a point of contact for staff to seek information. They said that if they did not know the answer to staff's questions then they would find someone who did. They also worked closely with the Admiral nurses who are specialist nurses employed by the Order of Saint John's Care Trust (OSJCT) to provide guidance to staff on how best to support people living with dementia.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included "I think staff know what they are doing. I've never had any problems with care", "People seem really skilled. I've had no problems" and "If I need to be moved staff are very gentle. They talk me through everything".

Staff told us they had the training and skills they needed to meet the needs of the people they were supporting. New members were supported to complete an induction programme when they started working at the home and were able to shadow more experienced members of staff before working independently. There was a training matrix in place which recorded the training staff had completed and staff said they were supported to refresh their training as required. Training undertaken by staff included safeguarding of vulnerable adults, fire safety, infection control and moving & handling.

Most staff told us they received regular supervisions and annual appraisals which supported them in their role. There was a matrix in place which detailed when staff had received their supervision. It was noted for one person there was no record of a supervision meeting taking place. We spoke with the manager who said they would look into this immediately. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings would also be an opportunity to discuss any difficulties or concerns staff had.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Consent to care was sought in line with legislation and guidance. Mental capacity assessments had been

completed and where people had been assessed as not having capacity, best interest decision meetings had taken place. During the inspection, the manager explained that where needed they had made applications for DoLS authorisations. Applications had been submitted by the provider to the local authority. More urgent DoLS had been authorised, whilst others were awaiting a response. Where DoLS applications were in place the manager regularly reviewed these to ensure what was in place remained the least restrictive option.

The manager and staff had good knowledge of the Mental Capacity Act 2005. Training had been undertaken by staff. Staff said people were always offered the choice about their daily living which included when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day. Comments from staff included "I will show people things like clothing or food to help them make their choices. It is important people are involved in choosing what they want" and "We assess people to see if they are able to make choices. We always involve people in daily decisions about what they want to wear and activities they want to join in with". During our inspection we observed staff supporting people to make decisions about their daily living and care. For example, people were shown plated up meals at lunchtime to help them choose what they wanted to eat.

Good

Is the service caring?

Our findings

We received positive comments from people about the care and support they received from staff. Comments included "The girls are very caring. They stop and chat, lovely people", "The people who look after me are very good" and "The care is quite good. I see the same faces and there are lots of people around to look after you". Relatives told us "All care is very good and the carers are all very good" and ""We are very satisfied with the care here".

Staff approached people in a caring, kind and friendly manner. We observed lots of positive interactions throughout both days of our inspection. For example, we observed staff supporting one person to use the stand aid. Staff explained everything they were doing and what was happening. The person was chatting away looking completely relaxed with what was going on. Once seated staff checked the person was comfortable and offered them a drink.

At lunchtime we observed one staff member supporting someone to access the dining room. They asked the person where they wanted to sit. When the person asked if it was "Alright to sit here" the staff member responded by saying "It is your home so you can sit wherever you would like to". The staff member then assisted the person to sit down checking if they needed to be closer to the table.

We observed people were comfortable in the staff's presence. Conversations were friendly with jokes being shared and lots of laughter. We observed one staff member singing and joking along with one person. The staff member explained they sang this song as it was one of the person's favourite. The person laughed and sang along with the staff member.

We saw that when people were approached by care staff they responded to them with smiles or by touching their arm which showed people were comfortable and relaxed with staff. We observed people walking freely around the home and interacting with staff. Care workers took their time with people and did not rush or hurry them.

Staff showed concern for people's wellbeing in a caring and meaningful way. People looked comfortable in the presence of staff and did not hesitate to seek assistance and support when required. We observed staff supporting one person who was anxious about paying their bills. Staff took the time to offer them reassurance and explain the situation. They then checked the person was happy with their explanation.

Another person was coughing and was unable to stop. Staff approached this person checking to see if they needed a drink and if they could help in any way. They stayed with the person until the coughing had subsided, offering them reassurance.

One person who was upset and anxious was supported to go for a walk around the gardens. We observed staff giving this person a cuddle, offering them reassurance and then asking if they would like to go and sit in the lounge with other people. The person chose to sit in one of the armchairs in the entrance hall and this choice was respected by the staff member. They checked the person was alright before going about their

duties.

Before undertaking any care and support staff sought permission before doing so. We observed a staff member who had been talking with one person ask them if they would like their glasses cleaning as the staff member could see they were dirty. They explained they were just going to wash the person's glasses and would be straight back with them.

People were treated with dignity and their privacy was respected. People could choose if they wished to receive their care from a male or female carer. One person told us "Male or female carers, we have a say but I don't mind at all. The carers are all very good". Staff were aware of the importance in respecting people's rights to privacy and dignity. People were addressed by staff using their preferred names and staff knocked on people's doors before entering their rooms. When people received personal care, staff ensured this was done behind closed doors. One member of staff told us "I always ensure that the door is shut and the curtains are closed when helping someone with their personal care. I ask permission before I do anything and explain what I'm doing". Another member of staff said "I encourage people to do as much for themselves as I can. I give people choices and treat people how I would like to be treated".

Staff said they sometimes had time to sit and chat with people. They said they usually had more time in the afternoon to spend time with people. Comments included "Usually I have a bit of time to sit and have a chat with people on the afternoon" and "whilst people all get care I don't feel there is enough 1:1 time".

People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as books, ornaments and photographs. People had access to two communal lounge areas within the home and also had a large garden with seating areas.

The home had recently been decorated to help people orientate themselves and maintain their independence. Bedroom corridors had each been painted with a different colour and theme. At the end of each corridor was a themed wall where people could look down the corridor and quickly identify if this was the corridor their bedroom was situated. The garden area had level pathways and was designed to allow people to move freely and safely around it.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were encouraged to remain independent. Comments included "I like to walk around using my walker. I like to keep going as long as possible and staff help me if I need it" and "If I need to I can see the doctor anytime".

People's needs were assessed prior to them moving into the service and care and support plans developed using this information. We looked at the care files of four of the people living at the home. We found a person centred approach to care plans. Care plans detailed people's preferences, likes, dislikes and routines. These provided staff with clear and detailed information to guide them on how to respond to ensure people's care needs were met in their preferred way.

We observed that care and support was planned and delivered in line with the person's care plan. For example, one person's care plan noted they liked to sit in a particular seat in the hall way. The care plan also noted this person did not have a large appetite and liked to eat little and often throughout the day. During both days of our inspection we saw this person sitting in their preferred seat and being supplied with snacks and small meals throughout the day.

Care plans included details of the support people required and what they were able to do independently. For example one person's care plan noted they were able to wash their own hands and face. Discussions with staff demonstrated they were aware of the needs of people and the support each person required.

People told us they were consulted about their on-going care and relatives said they were kept fully informed if there were any changes to relatives care plans. One person told us "They are always asking me if I am happy with my care and if I want anything changed". People said they were regularly consulted about their care and attended six monthly care review meetings.

A handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People had a range of activities they could be involved in. There was a full-time activities coordinator employed by the service who was supported by three volunteers. People were also able attend the day centre which was situated next door to the home. Weekly activities included a 'Knit and natter' session, bingo, quizzes and visits from external musicians. There were day trips and events such as the summer fayre organised throughout the year. Comments from people using the service included "There's enough to do and join in with", "I join in with bingo and the quizzes. I like the trips out" and "I know I could join in with things if I wanted to but I'm not that sort of person. They do ask me though".

People were encouraged to take part in household activities where they wished to. This included setting the tables, folding towels or watering the garden. On the second day of our inspection we saw one person watering the garden which we were told was part of their daily routine.

The service had established links with organisations within their local community. We were told that local school children visited the home throughout the year to sing. The local constabulary sent police officers to the home as part of their work experience as did the local school.

There was a procedure in place, which outlined how the provider would respond to complaints. Copies of OSJCT Ridgeway House's complaints procedure were displayed in the entrance to the home. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider's procedure. The manager ensured that all complaints had been resolved to people's satisfaction.

People and their relatives told us that they had had only needed to raise minor concerns. They went on to say that they felt that the service responded quickly to any complaints. One person told us "Never been worried or ever needed to complain. I could see my carer if I needed to".

Good

Is the service well-led?

Our findings

There was a manager in post who was responsible for the day to day running of the service. The manager was in the process of submitting their application to CQC to become the registered manager for the service. We found the manager was familiar with people's care and support needs. When we discussed people's needs, the manager showed good knowledge of the people using the service.

People and their relatives were invited to share their views of the service. Residents and relatives meetings were held quarterly and gave people the opportunity to express their views about the service. This was an opportunity for people and their relatives to discuss any concerns they may have and make suggestions for improving the service. Relatives and residents told us that they enjoyed the last meeting which had also included a wine and cheese party. They had requested a 'Pimms on the lawn' be planned as part of the next meeting. A suggestion box was available in the reception area inviting people and their relatives to make comments about the service. People told us they were confident that their views were taken in to consideration and felt able to make worthwhile contributions.

People using the service were involved in completing surveys throughout the year. Each survey looked at a different area of the service for people to give their feedback on. A recent food survey had been undertaken which had resulted in the manager currently reviewing teatime alternatives.

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The service had a clear set of visions and values and staff understood these. They said the values included keeping people safe from harm, promoting people's independence and offering people choices. Staff spoke positively about working at the home. Comments included "I really enjoy working here", "We have a really good team. The residents are our priority" and "I love working here. We have a very passionate staff team".

People and relatives spoke positively about the manager. One relative commented "Any worries and I see the manager and she will talk with my mum". People using the service told us they knew the manager and that she was approachable.

Most staff spoke positively about management and felt supported. Comments included "I find her firm but fair. She is familiar with the resident's needs" and "I feel happy raising any concerns and I trust the manager to sort things". Some members of staff felt that due to recent management changes morale was not as good as it could be. We discussed this with the manager who was aware of this.

The provider had effective systems in place to monitor the quality of service being delivered and the running of the home. Audits were carried out periodically throughout the year. The audits included safe medicine

administration, infection control, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed.

Staff members' training was monitored by the manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. The training manager regularly discussed the training needs of staff with the manager to support the planning of training throughout the year. Staff told us they received the correct training to assist them to carry out their roles.

The service had appropriate arrangements in place for managing emergencies. There was a contingency plan in place which contained information about what to do should an unexpected event occur. For example, a flood or loss of utilities. There were arrangements in place for staff to be able to seek out of hours management support should they require it.