Givecare

Bosworth Court Care Home

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

This was an unannounced comprehensive inspection that took place on 19 December 2016. At the last inspection completed on 21 & 22 September 2015,; we found the provider had not met the regulations for ensuring that staffing levels were sufficient to meet people's needs in a timely manner and having systems in place to assess, monitor and improve the quality and safety of the service and to monitor and assess risks. These matters were a breach of Regulation 18 and 17 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. At this inspection we found the provider had made the required improvements and the regulations were being met.

The service provided residential and nursing care for up to 42 adults most of who were aged 65 years and over. At the time of our inspection there were 37 people using the service 27 of whom required nursing care.

There were enough staff on duty to meet people's needs. Staff met people's needs in a timely manner. The manager used agency staff to cover periods of staff absence to ensure that enough staff were deployed to meet people's needs. We found that the provider has safe recruitment practices which assured them that staff were safe to support people before they commenced their employment with the service.

The service had a manager who had applied to the Care Quality Commission to become the registered manager. 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.

The service had a culture that strove for continuous improvement. We saw that the manager had made changes to address the issues we identified at their previous inspection. The provider had systems in place to monitor the quality of care that people received. They also worked with other stakeholders to improve the service.

The manager had made changes to the storage arrangements to ensure that people's records were stored securely and only authorised people had access to people's personal information. People's care plans were comprehensive. They reflected their current needs and preferences and guided staff to support people as they chose.

People who used the service, their relatives and staff felt that the home was well-managed. They told us that the manager was approachable and supported them when they required it. Other professionals involved with the services reported a continuous improvement in the service.

People felt safe at Bosworth Care Home. They were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. Staff assessed risks associated with the provision of people's care and support and provided any required support in a safe and non-restrictive manner.

People were supported to have their medicines. Medicines were only administered by staff who were suitably trained and assessed to complete this task. The provider had plans in place to improve their arrangement for the storage of people's medicines.

Staff had the skills and experience to support people effectively. Nurses were supported to remain competent and maintain their qualifications. Staff we spoke with had the skills to communicate and support people whose behaviour may challenge others.

People were supported in accordance with Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). They were supported to make their own decision where possible. People's liberty was not deprived unlawfully. This was because the provider had made applications to the local authority for DoLS authorisation for people that required this.

People received the support that they required to meet their nutritional needs. Staff worked with other professionals to meet the needs of people who were at increased risks of malnutrition. They supported people by offering them regular fluids and a variety of meals. People received the support that they required to meet their health needs and had prompt access to healthcare services because staff worked proactively with health care professionals.

People were supported by kind and compassionate staff. The staff treated people with dignity and respect and supported them to be as independent as possible. Throughout the visit we observed that staff interacted with people in a warm and compassionate manner and supported people at their individual pace. People who were approaching the end of their life were supported to remain comfortable and pain free. Staff were also supportive and caring to people's relatives.

People were supported to maintain contact with their friends and family. Their relatives could visit them without undue restrictions.

People had access to a variety of activities of their choice. This included group activities and spending individual time with staff.

People and their relatives knew how to make complaints if they were not satisfied with the care they received. They were confident to raise any concerns or complaints they may have with staff and the manager. The manager had improved their complaints policy to ensure that people's complaints and actions taken to address them were recorded consistently.

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.

There were sufficient numbers of staff on duty to meet people's needs,

Staff were aware of their responsibilities to keep people safe from avoidable harm.

People felt safe when they received care from staff. They received the support they required to take their medicines.

Is the service effective?

Good

The service was effective.

People were supported in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They supported people to have prompt access to healthcare services.

People were effectively supported with their nutritional needs.

Staff had the skills to meet people's needs. They were supported to maintain their skills and qualifications.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and compassionate way. This included when people were approaching the end of their life. They were also supportive to people's relatives.

People were involved in decisions about their care. They were support to remain as independent as possible.

Staff treated people with dignity and respect. They respected people's privacy.

Is the service responsive?

Good

The service responsive.

People's care plans reflected their current needs. The support that they received from staff focused on their individual needs.

People were not socially isolated. They had access to a variety of activities of their choice.

People knew how to raise any concerns or complaints they may have. The manager dealt with their concerns promptly.

Is the service well-led?

Good

The service was well-led.

The provider had procedures for monitoring and assessing the quality of the service. They used these to improve the quality of care they provided.

The manager was accessible and supportive to staff, relatives and people using the service.

People were satisfied with the service that they received and were involved in the development of the home.

Bosworth Court Care 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 checked 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 our inspection visit on 19 December 2016. The inspection was unannounced. The inspection team consisted of an inspector, a nurse specialist advisor and an expert by experience. An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. We contacted the local authority who were responsible for the funding of some people that used the service.

We spoke with three people who used the service, relatives of six people who used the service, three care staff, two nurses, the hotel services manager, the activities coordinator, two visiting health professionals and the manager. We looked at the care records of eight people who used the service, medicines records of nine people, staff training records, three staff recruitment records and the provider's quality assurance documentation and policies. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who use the service, and how people responded to the interactions. This was so that we could understand people's experiences.

Good

Is the service safe?

Our findings

At our last inspection carried out on 21 & 22 September 2015 we found that the provider did not have sufficient numbers of suitably skilled staff deployed to meet people's needs. These matters were a breach of Regulation 18 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements. There were enough staff on duty to safely meet people needs. One person told us, "They call quite a few [staff] from the care agency. They seem to be very good and quite well equipped for cover." A relative told us, "It's well staffed. There's always a nurse there. Someone has to help [person] to go out and there was always someone there to do so." Another relative commented, "There are plenty of staff." A visiting heath professional told us, "There does not seem to be a high turnover of staff. I see the same staff when I visit. It is stable." The manager covered staff absence with agency staff. Staff told us that the manager 'likes to use the same agency' for consistency. We observed that staff were available to meet people's needs in a timely manner.

People and their relatives were confident that the service was safe. They said this was because staff knew the needs of people who used the service. One person told us, "After two years of living here, they have got to know me and I know them. Staff are like family to me."

People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. Staff we spoke with demonstrated their knowledge of what constitutes abuse and knew how to apply the provider's policies to report any concerns that they may have regarding people's welfare. Staff told us that they reported any concerns to the manager or other senior staff on duty. They told us that the manager acted promptly to address any concerns and keep people safe. A member of staff was appointed the lead on safeguarding. They told us their role included supporting staff to recognise and report any concerns of abuse to people that used the service. They said, "I've been round to all staff and asked their confidence with whistleblowing." Another member of staff told us, "The nurse in charge is my first point of contact. I know where to go if I need to. If I did hear or see something I will not let it go [unreported]."

Risk assessments had been completed to guide staff on how to support and mitigate risks associated with people's care. This included risks of people falling or behaving in ways that may challenge others. We saw that risk assessments were reviewed on a regular basis to ensure that they reflected the needs and support people required and that they guided staff to provide support in a safe and non-restrictive manner. This supported staff to have information to provide care in a safe manner.

The provider had safe recruitment practices. They completed relevant pre-employment checks before staff commenced their employment. These included obtaining references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. DBS checks were completed before staff commenced their employment. The manager told us that they would liaise with the provider to commence re-checking of staff's DBS checks every three years. This was to assure them that staff remained safely suitable to work with people who used care services.

We observed that when staff supported a person with their mobility needs, they did this in a safe manner using the required equipment and techniques as stated in the person's care records. Staff communicated with the person explaining each step of the task as they went along. The lead member of staff responsible for supporting safe practice in the staff team told us, "We have no issues. They [staff] are aware we have zero tolerance to bad practice. If they think a resident's needs has changed they ask me to come and have a look [assess]."

People told us that they received their medicines in a timely manner. One person said, They are very good it's never late." The provider had protocols in place for regular ordering and supply of the medicines that people required. We saw that there was sufficient medicines in stock. Records were designed to allow staff to have a 'real time' knowledge of how much medicine people had in stock.

We reviewed people's medicines administration record (MAR) and saw that staff completed them consistently when they administered people's medicines. Where there were specific instructions associated with administrating a medicine, we saw that these were followed and the dose was adjusted in line with requirements. When medicines were prescribed on an 'as required' basis protocols were in place to provide the additional information required to ensure they were given safely and consistently. Only staff who had received medicines training administered people's medicines. They told us that their competency with this task was regularly assessed.

Staff knew what action to take should an error occur when administering people's medicines. One member of staff told us, "I would first report to nurse in charge; ring GP; document and pass on to manager'. 'I have not come across any errors'. 'For missing signatures I would first check to see if medication had been given and then if it had ask them to sign for it. If not given I would check to see if safe to give it, speak to nurse in charge and GP." A nurse told us had they had dealt with a medication error and ensured that the person was safe and followed the provider's policy to report the error.

We saw that medicines storage units were located in the corridors. We did not see evidence that staff took temperature recordings of the corridor to assure them that medicines were stored at recommended temperatures. We did not see that this had had an adverse effected the support that people received to have their medicines or effectiveness of their medicines. We discussed this with the manager who told us that they discontinued storing medicines in of one of the home's clinic rooms due to issues with high temperature and they did not have enough storage in their alternative clinic room. They told us that plans were in place to install air conditioning to another identified area and move all medicines into alternative storage.

On the day of our visit, staff informed us of potential issues with infection control due to sickness in the home. We saw that staff applied the provider's policies to manage the situation and ensure that they minimised the risk of the spread of infection within the home. A member of staff told us, "Once someone has diarrhoea and vomiting, they are taken into their room and barrier nursed. We are reminding people even relatives to wash their hands."

Good

Is the service effective?

Our findings

People were supported by staff who were trained and skilled in their role. People were confident that staff understood and met their needs. One person told us, "They [staff] have always done what I've needed. As far as I'm concerned I'm well looked after." A relative narrated their experience saying, "My father arrived here in a critical state and he was very well looked after. Every day they got him out of the room. He was shaved and always clean. He was helped to eat. They did all the things that you would expect them to do." Another relative told us, "They [staff] are all very good. The nurses have the necessary skills and some of the agency staff are very good."

Staff had access to a range of training which equipped them to care for people who used the service. They told us that they found their training useful and that the manager was proactive to ensure they had received regular training as they required. Nursing staff were supported to maintain their skills and qualification. They were supported to undertake the revalidation process for their qualifications. They said the provider supported them to structure and gather the information needed for re-validation.

Staff had the skills to communicate with and support people whose behaviour may challenge others. One member of staff described how a training course had helped staff understand and empathise with needs of people living with dementia. They told us, "We are aware that dementia can mask people's abilities. We know why residents act in the way they do." A relative told us, "My husband no longer is able to communicate but staff try very hard to ascertain what he needs." Another care staff told us, "We are well supported and have had training such as 'Tomorrow is Another Day' and mental health awareness training. We use distraction, chatting to them. We get to know people well so know how to distract – everyone is different so have to use different techniques. At moment we do not have anyone we have real concerns about."

People were supported in accordance with The Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. We saw that people were supported to make their own decisions. Their records showed that staff understood factors that may affect their ability to make decisions independently. For example, one person's records stated that they were more tired at certain times of the day which affected their ability to make decisions. They showed that staff engaged them at times when they were mostly likely to be alert. Assessments of people's ability to make a decision specified what decisions they were able to make independently and those that they required support to make.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person

of their liberty were being met. The provider had applied for DoLS for people who required this. We observed that staff sought people's consent before they provided support.

Staff we spoke with had a good understanding of MCA and DoLS and what would constitute an unlawful restraint. They recognised that people's health needs may vary their ability to make a decision.

People's nutritional needs were met. They had access to a choice of nutritional meals, drinks and snacks. One person told us, "I have no complaints. We get a choice every day except on Sunday when we have a roast. There is a choice of two at dinner - hot meal or salad. There is a choice of two puddings as well . There's hot drinks at 11am and then at 3pm." A relative told us, "The food is spot on. [Person] had a good appetite. There are lots of fluids, they never let him dehydrate."

During over visit, we saw that people were offered drinks at frequent intervals. We observed the support people received at meal times. We saw that people were offered choices. People who required support were supported to eat their meals at their own pace. We saw that staff supported people as stated in their care records.

Where people's needs increased their risk of malnutrition, we saw that staff liaised with dieticians and followed professional recommendations. For example, providing nutritional supplements and fortification of diets where required. The hotel services manager told us, "We fortify foods for those that need it, not all do. We use milk powder, eggs, cream and butter." They told us that the provider supported them to meet people's nutritional needs. They said, "If I need any equipment I just have to ask the owners. I have no problems, they have never said no to me. The budget for food is very generous."

People had prompt access to health care services when they required it. Staff referred people for further health support. We saw that several health care professionals visited to see people on the day of our inspection. One person told us that they had weekly visit from community health professionals. They said, "They are doing everything they can." A relative told us, "They sort it all out – they are very good at that." Another relative told us, "They look after [person] well and are proactive; they tell me if he's not well and always ask GP to see him, I have no concerns about the care at all." A visiting health professional told us that that staff were proactive to request their support when there was a change in a person's health needs. They said, "If someone is going downhill they [staff] always ask to come and check them. They raise concerns appropriately."

Good

Is the service caring?

Our findings

Staff treated people with kindness and compassion. People told us that there were issues with staff attitudes in the past which have now improved. One person told us, "One of them was a sergeant major type and I had to put her right, but that's all done now." A relative told us, "I had some problems in the past but it's all been addressed. I voiced my views, but that was a long time ago. There are some lovely staff here." A visiting health professional told us, "Staff are always caring, always treat patients with respect." We observed that staff interacted with people in a warm and compassionate manner and supported people at their individual pace. They were available to people when they requested their support, and communicated with them effectively by using different styles of communication. This included enhancing verbal communication with touch, ensuring that they were at eye level with people who were seated and altering the tone of their voice appropriately.

Relatives told us that staff extended their kindness and care to them. One relative told us, "Recently it was our 40th wedding anniversary and they did us a lovely meal with our own table and wine, it was so thoughtful. I am coming Christmas Day to have dinner with [person]." Another relative told us, "Staff would meet us in the street and ask how we are doing." The manager included people's relatives in relevant training courses in order to help them understand the needs of their loved one. The manager told us about their motivation to adopt this style of supporting relatives through training. They gave us an example of this saying "I put [person's relative] on [training] because at some point [person] will pass away and I did not want [relative] to question if they did enough." A relative told us that they found being included in training "enlightening and informative."

People told us that staff treated them with respect. One person told us, "They treat you as an ordinary person." Staff promoted people's dignity and privacy. They gave us examples of how they did this in their daily practice. This included putting signs on people's bedrooms doors to indicate that they were completing their personal hygiene or spending private time with their relatives. They went on to say, "We [staff] work here but this is their home – we work in their home." Another member of staff told us, "I know they've had it all – been parents, worked so they deserve to be treated with dignity and respect." Other comments included, "We have privacy signs for bedroom doors; the shared rooms have curtains." All care staff were dignity champions. The manager told us that they supported all care staff to become dignity champions so as to support and challenge each other to promote people's dignity. Dignity champions are members of staff responsible for promoting practices of treating people with dignity and respect. One member of staff told us how they demonstrated their role. They said, "I demonstrate this by being a good role model. If I saw someone I felt was not providing dignified care I would take them to one side and explain."

We saw that people's records were stored securely and when staff shared information with other professionals they did so in a confidential manner.

People were encouraged to be as independent as possible. People's care record stated where they were able to remain independent in their care and support. One person's records, stated '[person] can wash face

and hands if you encourage'. The records of their daily care showed that staff encouraged them to maintain this skill. We observed that staff encouraged people with their independence. For example, during meal time we saw staff encourage a person to try and eat their own meal themselves. We saw that staff observed and encouraged the person without being intrusive.

People were offered choices and supported to be involved in decisions about their care. A member of staff told us how they enabled people to make choices. They said, "We support choices by offering the residents' choice within their capability. For example we limit choice of clothes to wear for someone with dementia as they may find it difficult if choice is too varied. We offer plated meals so people can see what they are choosing. We give them time to make choices."

People were supported to maintain contact with their loved ones. Their friends and family could visit them without any undue restrictions. One person told us, "I like to go to the church as often as I can and there are no restrictions. It's good for me. I have visitors [family] nearly every day and if they can't come and I want something I can always phone them on my mobile. I feel I'm in touch with everything." A relative told us, "I am free to come and go as I like and take [person] out in wheelchair."

People who were approaching the end of their life were supported to remain comfortable and pain free. A relative of a person who used the service told us, "Their kindness was incredible. The little things they did in the end were incredible. I would come in and see someone holding [person's] hand, sitting with him. Staff were consistently in and out. It was very touching." Another relative told us, "They [staff] were delightful. It was professional care. They treated [person] as a person and not just a number." Staff told us that they provided refreshments and accommodation for relatives of people who were coming to the end of their life to support them at such time. A member of staff told us about their experience supporting a person at the end of their life. They said, "It took so little to make [person] happy and make her day a bit better – a few nice words, a kiss." A visiting health professional told us, "If someone's died, I speak to their relatives and ask them if the care was good – feedback's usually good."

Good

Is the service responsive?

Our findings

The support that people received was tailored to their individual needs. People told us that the support staff provided met their individual needs and preferences. One person told us, "They [staff] do whatever I want them to. They get so used to you. You only have to tell them once and they know what your particular needs are." We saw that the records of support that people received focused on delivering support that met people's individual needs and preferences.

Staff assessed people's needs before they came to live at Bosworth Court Care Home. We saw that they used this information to formulate people's care plans. The manager told us that they were in the process of implementing new style care plans. People's care plans were comprehensive and included information such as people's personal history, their preferences and wishes. This meant that staff had relevant information to provide support according to people's individual needs.

People and their relatives were involved in the planning and review their care records. One person told us, "When I came in I had to fill in a form so they know what my background is. My daughter and wife were involved." Another person told us, "Yes I know it's all recorded. Our requests are met." A relative told us, "We had a long interview when we came here and we gave a lot of information. I felt that six months later there would be another review where we all sat down. But I can defend them on why that didn't happen." A visiting health professional told us, "They are now getting the hang of care plans. That was an issue but it is now improving."

People were supported to avoid social isolation and participate to in a variety of activities. The provider employed an activities coordinator. We saw that staff displayed information about activities including musical performances and animal therapy. A relative commented, "Staff are doing things a lot of time. For example, dogs and artefacts. In the summer there was a garden display and they have singers sometimes, but I would say there could be more entertainment." The activities coordinator told us that activities included "progressive mobility – to encourage them to exercise." They also told us that they supported people to go to places of interest within the local community and was in the process of planning a trip to zoo for the coming year. We confirmed this when we looked at records of activities people had engaged in. They went on to say, "I do whatever I can to try and make them happier." A member of staff told us, "It depends on what they [people] want to do. If they haven't got what they ask us, we will get it."

People and their relatives told us that they knew how to report any concerns or raise a complaint about the care. One person told us, "I've never had cause to complain." A relative told us, "My first port of call would be the manager. She responds very well. We are [person]'s voice and we know what she wants and it's important that her needs are met. Once my brother came in and my mum was not in the correct sitting position and he ranted. Action was taken and there hasn't been a problem since." We found that the manager did not always have a record of complaints people made and actions taken to address them. They showed us records of complaints which had involved investigation by the commissioning local authority. The manager told us that their understanding was that issues would be marked as resolved when the local authority had completed their investigation. They did not keep their own records of the actions that they

had taken to address people's concerns or complaints. Following our inspection, the manager made improvements to their system of recording complaints and updated their complaints policy to reflect the improvements made.

Good

Is the service well-led?

Our findings

At our last inspection carried out on 21 & 22 September 2015 we found that the provider did not have systems in place to ensure that people's care records were accurately completed and kept securely. They did not have systems in place to assess, monitor and improve the quality and safety of the service and to monitor and assess risks. These matters were a breach of Regulation 17 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

We saw that the manager had made changes to the storage arrangements to ensure that people's records were stored secure and only authorised people had access to people's personal information.

The provider had systems in place to monitor the quality of care that people received. This included a range of audits of people's care and support and the general maintenance of the building and equipment. We saw they used these to identify where improvements were required and actions were taken or in progress to address issues that had been identified.

The service had a culture that strove for continuous improvement. We saw that the manager had made changes to address the issues we identified at their previous inspection. They had referred the service for support to the local authority's quality improvement team and had worked effectively with them to implement positive practices with the home. We reviewed records of monitoring visits from other organisations and saw that they also recognised that the service had made improvements.

A visiting GP told us, "There's been a tightening of protocols and improvements especially in the past 18 months. Things have been running smoothly since [manager] has been here. It was a bit haphazard before. I think she knows the residents." They went on to say, "Things have got better. The owners have listened." Another visiting health professional told us, "Every institution will have something that needs improvement but I'm delighted with this place." They went on to say, "The people here are doing a very good job under difficult circumstances. I can vouch for that. I'm delighted with the place."

People felt included in the development of the service. They told us that the provider consulted and kept them informed of any changes intended in the service. One person told us, "If they are going to be doing any jobs, for example working on the plumbing so that there would be no water for a while – they let you know. Or they will tell you if there is going to be a distraction with the radiators. You get a reason why things are being done." People told us the service had improved since the manager came into post. They described the manager's approach as 'hands on'.

People and their relatives were complimentary about the support they received from the manager. They told us that the manager was approachable and proactive to deal with any issues they brought to their attention. One relative told us, "Totally – particularly in the last few weeks [of person's life]. She sorted everything for us and we discussed everything. They went the extra mile."

The service had a manager who was in the process of registering with the Care Quality Commission to become the registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They promptly sent notifications to the Care Quality Commission when required. They carried out thorough investigations of incidents that staff reported, and worked with the local authority where required to investigate such incidents.

We saw that the provider learnt lesson from incidents and put protocols in place to use this to improve people's experience of care. The manager investigated incidents of unsafe practice and followed the provider's disciplinary procedure where required.

The manager was supported in their role by a clinical manager who had responsibility for clinical support for people who required nursing care.

Staff felt supported by the manager. They told us that the manager was approachable and available to provide guidance and support when they required it. A member of staff told us, "[Manager] always comes out to help. There's nothing she doesn't know about the home. She will cover shifts." Staff were supported through regular supervision. A care staff told us, "Supervision is regular. Nurse in Charge is my supervisor. We have formal appraisal each year."