

The Chestnuts Retirement Home LLP

Chestnuts Retirement Home

Inspection report

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Date of inspection visit:
02 February 2017

Date of publication:
22 February 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 2 February 2017.

Chestnuts Retirement Home can provide accommodation and personal care for 14 older people. There were 14 people living in the service at the time of our inspection.

The service was operated by a company that was the registered provider. The company had four directors. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At our inspection on 8 December 2015 there were two breaches of legal requirements. We found that medicines had not always been safely managed. We also found that quality checks had not been consistently effective in quickly resolving problems. These problems included shortfalls in completing repairs to the accommodation and ensuring that care was provided in a way that respected people's legal rights. Other shortfalls included the arrangements that had been made to promote positive outcomes for people who lived with dementia and to ensure that people were supported to maintain a healthy body weight.

After the inspection the registered persons wrote to us to say what actions they intended to take to address the problems in question. They said that all of the necessary improvements would be completed by 28 February 2016. At the present inspection we found that the necessary improvements had been made and that the two legal requirements had been met. However, we also found that quality checks of the accommodation needed to be developed still further. This was so that they could quickly resolve the small number of problems that remained to be addressed.

At this inspection we also found that staff knew how to respond to any concerns that might arise so that people were kept safe from abuse, including financial mistreatment. There were enough staff on duty to provide people with the support they needed and background checks had been completed before new staff were appointed.

Staff had been provided with support and guidance and they knew how to support people in the right way. People enjoyed their meals and staff had supported them to obtain all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards

protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken the necessary steps to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and there was provision for confidential information to be kept private.

People had been consulted about the care they wanted to receive and had been given all of the practical assistance they needed. When people became distressed they had received appropriate individual support and reassurance. People had been encouraged to pursue their hobbies and interests and there was a system for resolving complaints.

People had been invited to suggest improvements to their home. The service was run in an open and inclusive way, good team work was promoted and staff were supported to speak out if they had any concerns. People had benefited from staff acting upon good practice guidance.

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 knew how to protect people from abuse and they had been helped to avoid preventable accidents.

Staff assisted people to manage their medicines safely.

There were enough staff to give people the support they needed and wanted to receive.

Background checks had been completed before new staff had been employed.

Is the service effective?

Good ●

The service was effective.

Staff knew how to support people in the right way and they had received training and guidance.

People enjoyed their meals and had been assisted to eat and drink enough.

Staff had assisted people to access any healthcare services they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind and considerate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

The service was responsive.

People had been consulted about the care they wanted to receive.

had provided people with all of the care they needed.

had been helped to pursue their hobbies and interests.

were arrangements in place to quickly and fairly resolve complaints.

Good 

Is the service well-led?

The service was not consistently well-led.

Quality checks had not always quickly addressed defects in the accommodation.

People had been consulted about the development of their home.

Staff were encouraged to speak out if they had any concerns and good team work had been promoted.

People had benefited from staff acting upon good practice guidance.

Requires Improvement 

Chestnuts Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 2 February 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with nine people who lived in the service and with three relatives. We also spoke with two care workers, the deputy manager and registered manager. In addition, we met with one of the directors of the company. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Is the service safe?

Our findings

At our last inspection on 8 December 2015 we found that there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that suitable arrangements had not been made for the proper and safe management of medicines. This was because staff had not always recorded every occasion when a medicine should have been dispensed and so it was not clear that people had received all of the medicines that had been prescribed for them. Also, we noted that on some occasions staff did not carefully ensure that people actually took medicines that had been offered to them. In addition, we saw that a cream that had been prescribed for a person had not been stored securely when not in use. Although these oversights had not resulted in people experiencing actual harm they increased the risk that people would not benefit from using medicines in the way intended by their doctors.

After the inspection the registered persons wrote to us and said that they had revised and strengthened the arrangements they used to dispense, record and store medicines in order to address each of the problems noted above.

At the present inspection we found that suitable arrangements were in place to ensure that medicines were managed safely. People who lived in the service were confident about the way in which staff helped them to manage their medicines. One of them remarked, "I always get my medication on time and the staff check that I've taken them and give me a drink to help me get the tablets down." We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them.

These improvements meant that the relevant legal requirement had been met.

People told us that they felt safe living in the service. One of them remarked, "I get on well with the staff who are all genuinely kind and caring people." We noted how people who lived with dementia and who had special communication needs were happy to be in the company of staff. An example of this occurred when we were spending time in the lounge. We observed a person waving to a passing member of staff who then went to sit beside them. The member of staff sat with the person holding their hand and pointing out the arrival of visitors. Relatives were also confident that their family members were safe with one of them saying, "I've always found the staff to be attentive and helpful. It's a small place and has the feeling of being a large family rather than being a care home."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if

they had any concerns that remained unresolved.

We found that people had been protected from the risk of financial mistreatment. This involved senior staff holding small amounts of money received from relatives. They then used these funds to pay for things on people's behalf such as when they saw the hairdresser. We noted that there were records of the various purchases staff had made and that these were supported by receipts to show that funds were being spent in the right way.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames and raised toilet seats. In addition, there was a stair lift so that people could travel between floors in safety and comfort. We also noted that suitable arrangements had been made to enable people to safely and quickly leave the building in the event of an emergency. A relative commented, "I do think that the staff are very alert to safety matters and while it is an old building with nooks and crannies they have all of the equipment they need to care for people."

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved people being referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

People who lived in the service said that there were enough staff on duty to provide them with the individual care they needed and wanted. One of them commented, "I get all the care I need, what more can I say. When you need the staff they're there." Another person said, "When I ring the call bell the staff arrive pretty quickly. You might have to wait at busy times but it's not a major problem as such." We spent some time with a person who lived with dementia and who had special communication needs. We saw them pointing towards a nearby member of staff and smiling to indicate their approval of staff being around and ready to help them. The registered manager told us that they had completed an assessment of how many staff needed to be on duty taking into account how much assistance each person needed to receive. We noted that during the week preceding our inspection all of the shifts planned on the staff roster had been filled. We saw that staff responded quickly when call bells sounded. We also saw that people who were sitting in the lounge quickly received all of the assistance for which they asked. We concluded that there were enough staff on duty because people were promptly offered all of the care they needed.

We examined records of the background checks that the registered persons had completed before two new staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that applicants could demonstrate their previous good conduct and were suitable to support the people in their home.

Is the service effective?

Our findings

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "The staff here are just the best. They absolutely make the place and I couldn't ask for more." Another person remarked, "The staff know my little ways and that counts. I like to be left first thing in the morning to go at my own speed and so they bring me an early cup of tea and don't bother me again until I'm ready to get up." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I'm sure that the staff do indeed know what they're doing because I have the evidence of my own eyes that my family member is well cared for here."

Records showed that staff had regularly met with the registered manager and deputy manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also found that most staff had obtained a nationally recognised qualification in the provision of care in residential settings.

We noted that new staff had undertaken introductory training before working without direct supervision. This training was organised in accordance with the requirements of the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way. In addition, we noted that established staff had completed refresher training in key subjects such as first aid, infection control and fire safety. The registered manager said that this was necessary to confirm that staff were competent to safely care for people in the right way.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. Examples of this was included staff knowing how to correctly care for people who had reduced mobility, were at risk of developing sore skin or who needed extra help to promote their continence. Other examples included us seeing staff correctly following good infection control practices such as regularly washing their hands and wearing disposable gloves when providing close personal care.

At our last inspection we found that people had not always been correctly supported to maintain a healthy body weight. At this inspection we noted that the necessary improvements had been made. These included ensuring that people were offered the opportunity to have their body weight regularly checked using a nationally recommended method. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. We noted that as a result of this one person had been given a high calorie food supplement to help them stay well.

People told us that they enjoyed their meals with one of them remarking, "The meals are very good but I think we sometimes get too much and I don't like leaving food." Another person remarked, "I look forward to having my meals in the dining room but I could eat in my bedroom if I wanted to." We asked a person who had special communication needs about their experience of dining in the service. We saw them point

towards the kitchen and smile in an appreciative way. Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people who needed help to use cutlery were discreetly assisted by staff so that they too could enjoy their meal.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person spoke about this and remarked, "The staff are straight on the telephone if I'm unwell. To be honest I think that they're too eager to call the doctor, still I suppose it shows that they care."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to take a medicine that sometimes they wanted to save for later on in the day. The member of staff quietly reminded the person about why the medicine had been prescribed for them so that they fully appreciated how they would benefit from taking it at the right time. After this, we saw that the person was reassured and was pleased to accept the tablet that had been given to them.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. An example of this was the registered manager liaising with a person's relatives and care manager (social worker). This was necessary because staff had noticed that a person was at risk of swallowing the batteries used in their hearing aid. We noted that as a result of the registered manager's action agreed steps had been taken to support the person to use their hearing aid in the right way.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that three people were being deprived of their liberty at the time of our inspection visit. This was necessary to ensure that they remained in the service so that they could safely receive the care they needed. Records showed that in the case of each person the registered manager had applied for the necessary DoLS authorisation. By doing this the registered manager had ensured that only lawful restrictions would be used that respected people's rights.

Records showed that some people had made legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the registered manager and senior staff. This helped to ensure that suitable steps could be taken to liaise with people who had the legal right to be consulted about the care and other services provided for a person living in the service.

Is the service caring?

Our findings

People who lived in the service were positive about the quality of the care they received. We saw a person who lived with dementia and who had special communication needs sitting with a member of staff smiling and pointing to colourful pictures in a magazine. Another person said, "The staff are very good to me and all of them are kindness itself." Relatives were also confident that their family members received a caring response to their needs for assistance. One of them said, "I've no problems with this home at all. I know that my family member is well cared for here otherwise I would have moved them somewhere else long ago."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. We noted an example of this when a person needed to be supported in a particular way after they returned home after going out with a relative. The member of staff supported the person to take their overcoat off. They then made them a hot drink and chatted with them about where they had been with their relative.

Staff were knowledgeable about the care people needed, gave them time to express their wishes and respected the decisions they made. An example of this occurred during our inspection visit when a person indicated on several occasions that they wanted to spend time in the room where we were speaking with the registered manager and deputy manager. We noted that on each occasion the registered manager warmly welcomed the person into the room. In addition, they tactfully changed the conversation so that they could chat with the person about things that were of interest to them.

We noted that staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. We saw that staff knocked on doors to bedrooms and waited for permission before going in. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that staff had assisted people to keep in touch with relatives by sending presents, birthday and Christmas cards. Speaking about this a person remarked, "The staff help me use the 'phone and if my relative calls me they bring the 'phone to my room and then let me use it in private." Relatives also appreciated this aspect of the service with one of them saying, "There's no clear distinction as such between relatives and staff. It's more of a large family feeling to the place and I don't feel excluded in any way from my family member's care."

We saw that the registered manager had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

We saw that written records which contained private information were stored securely and computer

records were password protected so that they could only be accessed by authorised staff. We noted that staff understood the importance of respecting confidential information. An example of this was the way in which staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We noted that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Is the service responsive?

Our findings

We found that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose how they rearranged some of the ornaments and pictures they had displayed in their bedroom. In another example we saw a member of staff speaking with a person who lived with dementia and who had special communication needs. They used a number of methods to ask the person when they wanted to be assisted to have a bath. These included pointing to the bathroom and making a washing motion with their hands. The person concerned was able to relate to this communication and we saw them indicate that they would like to be assisted to have a bath later on in the day.

People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. We saw an example of this when people were helped to reposition themselves when sitting in their armchair or when in bed so that they were comfortable. Another example was the way in which staff had supported people to use aids that promoted their continence. In addition, people said that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. Speaking about the help they received a person said, "The staff help me a lot every day with all that I need. They're nice about it too and so you don't feel bad about asking them for something."

At our last inspection we found that people who lived with dementia had not always been given the reassurance they needed when they became upset. At this inspection we noted that the necessary improvements had been made in that staff knew how to support people in these circumstances so that they experienced positive outcomes. We saw that when a person became distressed, staff followed the guidance described in their care plan and reassured them. They noticed that the person was becoming anxious because they were not sure if the magazine they were reading was the right way round. A member of staff tactfully checked the magazine and turned it back so that the pages were in the right order. They then sat with the person and leafed through the magazine with them remarking on some of the stories and photographs they saw.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. We noted that people were offered the opportunity to meet their spiritual needs by attending a religious ceremony that was held in the service. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

Records showed that people were supported to take part in a range of social activities including things such as arts and crafts, quizzes and gentle exercises. During our inspection visit in the morning we saw a group of people joining in an activity that encouraged them to do gentle exercises. In the afternoon we saw people

being assisted to pursue more individual activities such as reading and watching television. We also noted that staff made a point of spending time with people who preferred to rest in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. People told us that they were satisfied with the opportunities they were given to enjoy social activities. One of them said, "There's usually something going on here. I prefer to stay in my bedroom but the staff on numerous occasions have asked me if I want to join in."

People said that they would be willing to let staff know if they were not happy about something. We noted that people had been given a complaints procedure that explained their right to make a complaint. We also saw that the registered persons had a procedure which helped to ensure that complaints could be quickly and fairly resolved. Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection. In addition, relatives were confident that they could freely raise any concerns they might have. One of them said, "You see the manager around all of the time and she's a genuinely lovely and kind person. I wouldn't think twice about having a word with her if there was something I wasn't happy about and I know that she'd be lovely about sorting it out."

Is the service well-led?

Our findings

At our inspection on 8 December 2015 we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that suitable arrangements had not been made to assess and evaluate the quality of care provided in the service. This was because the daily assistance given to each person had not been audited as regularly as the registered persons considered to be necessary. In addition to this, other quality checks had not been completed robustly. In turn, these shortfalls had resulted in the persistence of the mistakes we have already mentioned relating to the safe management of medicines, assisting people to have enough nutrition and promoting positive outcomes for people who lived with dementia. In addition, we noted that the registered persons had not always quickly completed repairs to the accommodation. A further problem we found was people not always being offered the opportunity to contribute feedback about how the service could be improved.

Although these oversights had not resulted in people experiencing actual harm they had increased the risk of the service not being able to safely respond to people's needs and wishes.

After the inspection the registered persons wrote to us and said that they had introduced improvements to respond to each of the concerns. They said that additional and more robust quality checks had been introduced to specifically address each of the shortfalls noted above. They also told us that people had been provided with more opportunities to suggest how the service could be developed in the future. The registered persons said that the improvements would be fully completed by 28 February 2016.

At the present inspection we found more robust arrangements were in place to enable the registered persons to robustly monitor and evaluate the quality of the service. Records showed that the registered manager had regularly completed additional quality checks to make sure that people were reliably receiving all of the care they needed. This included checking to ensure that medicines were managed safely and that people were being assisted to have enough nutrition. In addition, we noted that the arrangements in place to promote positive outcomes for people who lived with dementia had been strengthened.

People who lived in the service said and showed us that they were asked for their views about their home as part of everyday life. One of them remarked, "I see the staff every day and we have lots of chats about this and that. I tell them if I think something could be done better and they never seem to mind." We saw a lot of examples of staff consulting with people. One of these was a member of staff chatting with a person about any additional social activities they would like to see available in the service. We also noted that people had been invited to attend residents' meetings at which staff supported people to suggest improvements to their home. Records showed that an example was people being consulted about how they wanted to choose what meals they had. We saw that as a result of this measure changes had been made to the menu to introduce a number of new dishes.

These improvements meant that the relevant legal requirement had been met.

We also found that more detailed checks were being completed of the accommodation. These had resulted

in the most of the defects we found at our last inspection having been put right. However, we noted that further improvements in these quality checks were needed. This was because there were still a small number of defects in the accommodation that had not been quickly put right. These problems included the need to confirm that windows did not open too far and so could be used safely. Other problems were a bedroom that did not have a fresh atmosphere, a toilet frame in a communal bathroom that was rusty and a damaged lock fitted to a bedroom door. The registered manager ensured us that each of these problems would immediately be addressed. They also said that the quality checks they completed of the accommodation would be developed further. This was so that defects such as these could be dealt with more effectively in the future.

People and their relatives knew who the registered manager was and said that they were helpful. Commenting in general on the management of the service a relative said, "Since my family member has lived here they have definitely picked up. I think it's a combination of the company and good food. Certainly, they look better in themselves and I'm very happy with the service." During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a very detailed knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped the registered persons to effectively manage the service and provide guidance for staff.

We noted that staff were being provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always the registered manager or the deputy manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's needs for support were noted and reviewed. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to support people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered persons. They were confident that they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they needed to raise any concerns about poor practice.

We found that the registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager following guidance about how to use colourful objects and different textures in an imaginative way to engage the interests of people who lived with dementia.