

Landona House Limited

# Tollesby Hall Nursing 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected Tollesby Hall Nursing Home on 22 September and 3 October 2017. The first day of the inspection was unannounced which meant the provider and staff did not know we would be visiting. We informed the provider of our visit on 3 October 2017.

Tollesby Hall Nursing Home provides both personal and nursing care to a maximum of 55 people. The service supports younger adults, people who have a physical disability and older people. At the time of the inspection there were 53 people who used the service.

Tollesby Hall Nursing Home is an established service, which had been previously registered under a different provider. This is the first inspection of the service under the new provider.

The service had a 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a strong presence of health care professional involvement at the service, which ensured people experienced a high level of care and support that promoted their health and wellbeing. People and relatives were extremely complimentary about the care and support received. It was clear from speaking with the registered manager, staff, relatives and hearing from professionals that the registered manager and provider were committed to achieving excellence in the provision of care.

End of life care was exemplary. The registered manager worked closely with other healthcare professionals to ensure people received excellent end of life care. Relatives consistently praised end of life care.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medicines, were regularly checked. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

People and relatives told us there were enough staff on duty to meet the needs of people who used the service. In general we found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with people. We did note some gaps in employment history, however the registered manager and provider had resolved this by the second day of our inspection.

People were supported by a team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and the registered manager monitored this to make sure all staff were up to date with their training requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received diets tailored to their specific needs and were able to choose meals of their choice. Staff supported people to maintain their health and attend routine health care appointments.

Relatives and professionals were extremely complimentary about the care provided, particularly about the care people had received at the end of their life. People's privacy and dignity was respected.

Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information to enable staff to meet people's care needs. People and relatives were actively involved in care planning and decision making. People who used the service had access to a range of activities and leisure opportunities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the manager and provider, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to report any concerns about the safety of people who used the service.

The provider made the appropriate checks on any new staff to make sure they were suitable to work with people.

Risks to people were assessed and managed. Medicines were managed safely.

Good 

### Is the service effective?

The service was effective.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and acted in the best interest of people they supported.

Staff had the knowledge and skills to support people who used the service. Staff told us they were well supported and had received regular supervision and an annual appraisal.

People were provided with a choice of nutritious food. People were weighed on a regular basis and nutritional screening took place.

People were supported to maintain good health and had access to healthcare professionals and services.

Good 

### Is the service caring?

The service was exceptionally caring.

People were extremely well cared for. People and relatives were consistently complimentary of staff and the support they provided. People were treated with respect and their independence, privacy and dignity were promoted.

Staff interacted with the people in a way which was particularly knowledgeable, kind, compassionate and caring.

Outstanding 

Staff took time to speak with people and to engage positively with them. People were consistently involved in conversations and reviews about their own care and contributed to making decisions with the help and support of staff and other health professionals.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a range of activities and outings.

People were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

### **Is the service well-led?**

**Good** ●

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

# Tollesby Hall Nursing 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 22 September and 3 October 2017. The first day of the inspection was unannounced which meant the provider and staff did not know we would be visiting. We informed the provider of our visit on 3 October 2017. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service, this included notifications submitted to the Care Quality Commission by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority commissioners of the service and other health care professionals to gain their views of the service provided.

We had not asked the provider to complete a 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.

During the inspection we reviewed a range of records. This included four people's care records including care planning documentation and medicines records. We also looked at four staff files, including recruitment, supervision, appraisal and training records; records relating to the management of the service and a wide variety of policies and procedures.

We spoke with staff, which included the provider, registered manager, the clinical lead, a senior care assistant, a nurse, the activity co-ordinator, the administrator and generally to care staff. We spoke with nine people who used the service and seven relatives. We spent time observing staff interactions with people

throughout the inspection.

## Our findings

People told us they felt the service was safe. One person told us, "I definitely feel safe. It was me who asked to come here. The staff are great."

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. Staff had completed safeguarding training. Policies and procedures about safeguarding and whistleblowing were available for staff. Staff understood what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on issues or concerns raised. Staff told us the new provider and registered manager were committed to providing a safe environment for people and had brought about positive changes, for example increased staffing levels, to enable this to happen.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people. However, we did note gaps in employment were not always explored and for one of the four recruitment records we looked at there wasn't a full employment history. We pointed this out to the registered manager and provider who told us they would take action to address this. When we returned to the service for the second day of the inspection the registered manager had explored gaps in employment and obtained a full employment history. The provider told us auditing systems had been updated to ensure the recruitment records of any future new staff were checked to ensure a full employment history was provided.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as falls, nutrition, pressure areas, choking and moving and handling. This meant staff had the guidance they needed to help people keep safe. Risk assessments contained control measures to mitigate against any assessed risks. Staff were knowledgeable about the care needs of people including their risks and when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

People lived in an environment that was safe, secure, clean and hygienic. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection



control practices. One relative thought the occasional tables and outside table would benefit from more frequent washing as they were used on a regular basis and could become sticky and marked. This was pointed out to the manager who told us they would take action to address this.

Arrangements were in place for the safe and secure storage of people's medicines in accordance with the manufacturer's guidance. The room used for medicine storage was neat and tidy, which made it easy to find people's medicines. The room temperature in which medicines were stored was monitored daily to ensure medicines were stored at the correct temperature. Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. Only trained and competent staff administered medicines. Regular audits of medicines were completed.

We spoke with people who used the service and their relatives and asked them if there were sufficient staff on duty to ensure people's needs were met. One person said, "They [staff] are always there when I need them. You only have to ask and they will do anything for you." A relative said, "They [staff] check [person] and make sure [person] is turned regularly and pressure areas checked."

We spoke with the registered manager who told us that of the 53 people who used the service 33 people required nursing and personal care and 20 people required personal care only. During the day there were two nurses and nine care staff. At night there was one nurse and four care staff. In addition the registered manager worked during the day Monday to Friday.

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers, electrical installation and the fire alarm. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and were up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular checks were made on the fire alarm to make sure it was in working order and that staff had taken part in fire drills.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

## Our findings

People received effective care and support from staff who were trained and supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively. Staff knew the people they supported well, and this helped ensure their needs were met. One person said, "The staff are very helpful and always willing to help me." A relative told us, "This is a really good home where they [people] get excellent quality care."

Staff told us they were supported in their role and records of supervision and appraisals were evidenced from documentation seen during the inspection process. This process was also confirmed from discussion with staff. One member of staff told us, "We [staff] get lots of support from [name of registered manager] who is extremely supportive."

The provider had systems in place that ensured staff received the training and experience they required to carry out their roles. We were provided with records for the training completed. The majority of training was up to date with any gaps in training planned. The registered manager had a training chart which enabled them to track when training was due to expire. Staff confirmed the training was good and provided them with the knowledge to support people and meet their needs. One member of staff expressed great satisfaction in the provider supporting them to achieve in their learning and development. They told us, "Our training is very good. I asked for years with [the previous provider] if I could do my NVQ [National Vocational Qualification] level 4 but this never happened. With [the new provider] I am now doing NVQ level 5. I was going to buy my own books but [the new provider] has let me borrow theirs rather than having to buy them." Records showed staff had received the training in basic first aid, safeguarding, infection control, moving and handling, medicines and fire safety. The provider told us they were to deliver training on dementia over the coming weeks."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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. We found that the provider had made 28 applications to the local authority about the people who lived at the service because people needed supervision both inside and outside of the home. five people's DoLS applications had been authorised by the local authority and 23 were pending. In this way the provider was complying with the requirements of the MCA.

Staff told us that some people who used the service lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to be made by staff, family and other professionals. However, people's care records did not contain decision specific mental capacity assessments and best interests decisions were not recorded within care plans. We pointed this out to the registered manager at the time of the inspection who told us they would commence work on capacity assessments as a matter of importance.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care. Our judgement was that staff did act in the best interests of the people they supported but that processes had not been followed to formally assess and record this.

On our second visit to the service the registered manager told us they had carried out decision specific capacity assessments and best interests decisions / meetings on all people who needed these. We looked at the records of one person and confirmed this.

We looked at the menu plan which provided a varied selection of meals and choice. Staff supported people to make healthy choices and the chef ensured that there was a plentiful supply of fruit and vegetables included in this. We asked people if they enjoyed the food that was provided. One person said, "The grub is good." Another person said, "The food is very good and there is always a choice."

The registered manager had taken advantage of a training package commissioned by Middlesbrough Council Public Health and delivered by staff from South Tees Hospitals NHS Foundation Trust. This training was designed to improve nutrition whilst reducing the costs of supplements. As part of this process menus had been reviewed and slight changes had been made to ensure the menu was nutritious. People had received nutritional screening to identify if they were malnourished or at risk of malnourishment and early intervention was taken to fortify foods (A fortified diet describes meals, snacks and drinks to which additional nutrients have been added through foods such as cream, butter, milk and milk powder to increase calories.)

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist and their doctor. The registered manager said that they had excellent links with the doctors and community nursing service. Visits from healthcare professionals were recorded in care records and detailed outcomes of these visits.

The service had benefitted from major refurbishment. All communal areas had been decorated with different colour themes. The provider told us they had undertaken research and in particular looked at the importance of colour in the design of dementia specific residential care by Debbie de Fiddes (a dementia design specialist). People and relatives complimented the improvements to the interior of the service. One person said, "The lounges are beautifully decorated and full of colour. Bright and cheery that's what they are." A relative said, "There has been lots of improvements in the decoration. [Person who used the service] often says we will go in the pink room." We did note there was limited signage to identify lounges, dining areas, the hairdressers, showers, toilets and bathrooms. We pointed this out to the registered manager who

told us they would take action to address this. When we returned on the second day of our visit new signage had been purchased and was displayed in the relevant places.



## Our findings

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, this was reflected in the care and support that people received. People told us they were extremely happy and that the registered manager and staff were exceptionally caring. One person said, "They [staff] do for me. They are cheery and helpful." One relative told us of an occasion which demonstrated staff were caring. They explained the family of a person who used the service had been going through a 'Remember When' (a nostalgia magazine of memories, photographs, and reminiscences of our area in days gone by.) They continued to explain a staff member had observed how much the person had enjoyed this magazine and when next on shift brought in two of their own copies of 'Remember When' for the person and relatives to enjoy. This relative told us this showed the staff member was caring.

As part of the inspection process we contacted visiting healthcare professionals and looked at compliments. Healthcare professionals highly praised staff at the service on their wound care. One healthcare professional wrote, 'I have visited one of my patients today in your care home. I previously visited [person] in [their] previous care home to give specialist advice on treating [their] pressure ulcers. I am writing to commend you [registered manager] and your staff, as there has been an outstanding improvement in [person's] pressure wounds in a short time. Staff have followed the wound plan as provided to a very high standard and therefore the wound is much improved. [Person] appears not only physically but psychologically but happier and healthier in [their] new environment. Well done to everyone a remarkable achievement.'

Another healthcare professional wrote, 'Having worked with residents in Tollesby Hall, I feel the impact of the staff delivering outstanding care towards each individual is unique, person centred and delivered in a manner that families and professional alike identify with and appreciate that each resident is recognised as an individual.'

A strong ethos around effective partnership working was in place and it was clear excellent working relationships had been forged with many professionals from the local authority and NHS. Healthcare professionals consistently praised the registered manager, staff and care provided at the service. One professional wrote and told us, 'Community matrons and district nurses visiting Tollesby all speak highly of the care residents receive and are made to feel welcome and respected as professionals.' The service had received another recent compliment from another visiting professional. They wrote, 'I am writing to positively acknowledge staff's approach when I visited this morning. [Names of staff] offered a wonderful approach with a resident who appeared initially anxious to being hoisted. They worked well as a team with confidence and competence and this was apparent with the resident's calmer response. They [staff] were

efficient whilst offering strong reassurance.'

End of life care was exemplary. The registered manager told us how they worked closely with other healthcare professionals to ensure people received excellent end of life care. On the first day of the inspection a relative had returned to the service to thank the registered manager and staff for the end of life care a person had received. They said, "This was a difficult time and staff were absolutely brilliant. They didn't only look after [person] they looked after us." They told us how relatives had been encouraged, supported and accommodated to stay overnight. They also said, "The brilliant care and support meant so much to us [family]."

Another relative wrote and told us, 'From the outset the staff there demonstrated the holistic, individualised and consistent care for us all which contained all the key features of excellent palliative care. This was true for ALL the staff in their team, whether housekeeper, nurse or manager. They always treated [person] with dignity and respect and there was never any delay in administering any interventions. They understood [their] needs as a person whilst also acknowledging [person's] place in our family. They involved us appropriately in [person's] care whilst also maintaining the boundaries necessary for professional nursing. Towards the end they went above and beyond their duties in caring for us all, even setting a table for us in the dining room so we could eat together as a family, enabling us to stay overnight when necessary, and accommodating all that we asked for. I know from experience that the care [person] and we received was equal to that of any hospice.'

This relative told us they returned to the home on the anniversary of the person's death and were treated 'like family'. They also told us, 'They [staff at the service] turned what could have been a terrible time into an immensely positive one and that quality has only grown since their acquisition by a new owner who appears to be reinforcing this ethos with full support for the staff and material resources.'

Staff showed kindness and compassion when speaking with people who used the service. Throughout the inspection we saw people were living in a calm and relaxed environment. People and relatives told us on numerous occasions that the service felt homely. One person said, "This is a lovely place. All the staff are very caring." Another person said, "I do what I want when I please. I was lonely at home, but I'm happy here." Staff took their time to talk with people and showed them that they were important.

We observed that staff and people had developed strong and meaningful relationships, and staff were able to tell us about people's backgrounds, preferences and interests. Care records had information about people's histories and background including education, family, social network, culture and individual preferences. Staff understood people's preferences and respected them. We heard staff address people by their preferred names and we saw staff supporting people the way they wanted.

There was a strong, visible, person centred culture. People were involved as much as they were able to be, with the care and treatment they received. Staff asked people for their consent before they provided any support and asked if they were comfortable with the support being offered. For example, when staff assisted people moving from a chair to a wheelchair. Staff were observed treating people with compassion and kindness. Staff were observed telling people what they were doing and completed tasks at people's own pace. All staff knew what was important to people such as how they liked to have their care needs met.

Throughout the inspection we saw various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. Staff were polite, friendly and caring in their approach to people. When one person became lost and confused staff reassured them and steered them in the direction of the lounge so they could speak with other people. On numerous occasions throughout the inspection we saw staff

provided gentle touch and reassurance to people. This showed staff were caring. When one person was distressed a staff member sat next to them and stroked their hand. We saw how this brought comfort and reassurance to the person. These examples showed that staff were knowledgeable about each individual and were able to use this knowledge to have meaningful interactions with people in a very caring way.

The service had received many compliments. One read, 'We have witnessed high levels of patience, understanding and support for [person] and all [their] family. The kisses and cuddles you all gave during [their] stay were heart-warming.'

It was clear from speaking with the manager, staff, people, relatives and hearing from professionals that the provider was committed to achieving excellence in the provision of care.

There were many occasions during the day where we saw staff and people who used the service engaged in meaningful conversation. People and staff had a good rapport and engaged positively with each other. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. This showed us that that people were treated with dignity and respect and this promoted their well-being.

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

We looked at care plans to see how people had been involved in decisions about their care. Examination of records confirmed that people were involved in making decisions about their care and treatment on an on-going basis. One person who used the service who had limited communication exchanged regular emails with the registered manager to ensure they received care and treatment that was acceptable to them. Peoples lifestyle, religious and personal choices were respected by the staff, people were supported to continue their preferred way of living.

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day.

Information on advocacy was available for anyone who required this and was displayed around the service.

## Our findings

People and relatives told us they felt the service provided personalised care. One person said, "They [staff] are marvellous. I want for nothing and I am well taken care of." A relative said, "The nursing care here is really good. They [staff] do a very good job."

We saw people received person centred care. This meant the service put people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome. During discussion, staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. During our visit we reviewed the care records of four people, which included people's personal preferences, likes and dislikes. We saw people's needs had been individually assessed and plans of care drawn up. For example, the nutrition care plan for one person clearly described their feeding regime via a percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube is passed into a person's stomach to provide a means of feeding when oral intake is inadequate. Another care plan detailed how the person needed to be supported with their mobility and how the person needed regular changes of their position to prevent them from developing pressure damage. This meant staff were provided with the written guidance to ensure people's needs were met.

Healthcare professionals complimented the registered manager and staff regarding care plans. One professional wrote, 'Having visited Tollesby Hall on a professional basis lately, I would like to say that the electronic care plans were very informative and easy to navigate. All staff were very knowledgeable about the residents that I visited and nothing appeared too much trouble for any of them.'

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

The service employed an activity co-ordinator who worked to ensure people who used the service took part and enjoyed meaningful activities. People and relatives told us there was a plentiful supply of activities and entertainment. One person said, "There's always something or other going on in here."

People and relatives told us about activities and outings that people had taken part in. This included baking, trips to the cinema, music therapy, bingo and gentle exercising. People and relatives had recently enjoyed an afternoon tea. The chef had prepared a variety of sandwiches, scones and cakes which were beautifully displayed on tiered stands. People and relatives told us the event was very enjoyable. We saw photographs



which confirmed the event was well attended and enjoyed by all.

The service had a minibus which was driven by the handyman and a volunteer driver. People had enjoyed trips out to Coulby Newham shopping centre, garden centres, trips out to the countryside, seaside and more.

The registered manager told us about the 'Make a Wish' scheme. People using the service were asked to write down one wish. This could be ideas for the home, any individual or personal requests, suggestions for improvement or any ideas for trips out and activities. One person had made a wish for the service to purchase an outside bench and this had been accommodated. This person told us how much they appreciated the bench. They said, "On a morning I sit in the garden for an hour and then come back in for my cup of tea at about 11am. I enjoy doing that." The registered manager told us they had informed people and relatives of the 'Make a Wish' scheme in the most recent newsletter and was waiting for more requests to fulfil.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. The registered manager told us any form of dissatisfaction was taken seriously. There had been minor complaints since the registration change of the service which had been immediately acted upon. We spoke with people and relatives who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. One person, "[Registered manager] is ever so approachable." A relative told us, "[Registered manager] is very approachable and very easy to talk to. I would have no problems at all if I needed to make a complaint."

The service had received many compliments. One read, 'Thank you will never be enough. The care given to [name of person] was the highest possible. The support given to family was second to none. I [relative] will never forget my time spent with you all because it wasn't sad. I had one of my best days with [name of person] while [they] were in your care, and I was grateful for that. Thank you all so very much.'

## Our findings

People who used the service and relatives told us they liked the registered manager and they were very approachable. One person said, "[Name of registered manager] is absolutely lovely. [They] are so kind." Another person said, "[Name of registered manager] is very helpful to everyone." One relative said, "[Name of registered manager] is lovely and so approachable. [They] will go out of their way to make sure everything and everyone is happy and cared for." Another relative said, "[Name of registered manager] fills you with confidence and [their] door is always open for you to go and have a chat."

Relatives also spoke highly of the provider and told us they were a regular visitor to the service. One relative said, "[Name of provider] always says hello to [person] when [they] visit." Another relative said, "[Name of provider] told us right from the start that [they] wanted this to be a home where people felt cared for and they are cared for."

Healthcare professionals spoke highly of the registered manager. One wrote and told us, 'I myself do not know [name of manager] but I have certainly heard a lot about [them]. [In a previous job] [registered manager] was respected and the service was well-led and I often hear the words this wouldn't have happened in [name of manager's] reign. [Their] professionalism and high standards are well known to a lot of the staff and they all continue to comment on the transformation of Tollesby Hall.' Another professional wrote and told us, 'The manager at this care home is very receptive and open, [they] ask all residents and their families to discuss any concerns with [them] so [they] can manage them effectively in a timely manner.' Another wrote, 'Families that I have worked with have all spoken very highly about [name of manager] and [their] staff advising that [manager] is always accessible and proactive. I myself have witnessed the professionalism and individual approach from [name of manager] and all of [their] staff including domestic, kitchen staff and the administrator.'

Staff told us the service was well-led and the registered manager was extremely approachable and supportive. One staff member said, "[Name of registered manager] is firm but fair and residents always come first. [They] are supportive to residents and staff. [Name of registered manager] never just works 9am until 5pm, [registered manager] works all hours and is up and down helping us and the residents. I have never worked before for such a supportive manager."

The registered manager and provider were visible throughout the inspection. They were both familiar with all people using the service and their needs. Staff told us morale was good and they put this down to the involvement of the registered manager and the support they gave one another. They also told us they

worked as a team and that the registered manager was visible and worked with them on shift. We observed a warm and friendly atmosphere and it was evident that the registered manager and staff team were working hard to ensure people received a good quality service.

The registered manager and staff had a clear vision, to deliver a high quality service to people, and this was demonstrated by all staff. We found the culture of the home was positive. It was evident that the registered manager had a passion and people who used the service were at the centre of everything they did or planned to do. The registered manager told us, "Our culture is very very good. We [staff] are supportive of each other. I want to be the best at what we do. Healthcare is changing and we have to be creative and flexible and roles have to change so we are fit for purpose."

The provider had a quality assurance system to check the quality and safety of the service. The registered manager carried out a number of quality assurance checks, in areas including medicines, infection control, care planning, health and safety and staff files to monitor and improve the standards of the service. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality. We saw that the registered manager made unannounced visits to the service during the night to check on staff, care and service provided.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to talk about medicines, training, supervision, policies and procedures, infection control and any news relating to the provider. Meetings for people who used the service and relatives had also taken place. These were used to introduce new staff, activities and entertainment and for people and relatives to share their ideas and contribute to the running of the home.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.