Alliance Care (Dales Homes) Limited

The Grange Care Home

Inspection report

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12 October 2017

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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

We carried out an inspection of The Grange Care Home on 10 and 12 October 2017. The first day was unannounced.

The Grange Care Home provides accommodation and both nursing and personal care for up to 40 people. It is an extended, detached older property which has retained many of the original features and is located on the outskirts of the town of Colne. Accommodation is provided on two floors which are linked by a passenger lift. There were 32 people accommodated in the home at the time of the inspection.

At our last inspection on 2 December 2014 the service was rated Good. At this inspection we found the service remained Good.

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

People told us they felt safe and staff were caring; they said they were happy with the service they received. The registered manager and staff were observed to have positive relationships with people living in the home and people were relaxed in their company. There were no restrictions placed on visiting times for friends and relatives. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse

Appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority and people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. People were supported to have 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.

Each person had a care plan that was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and, where appropriate, they were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

People's views with regards to staffing levels varied. Some considered there were enough suitably skilled staff to support them when they needed any help whilst others felt this could be improved at times. Staff generally felt they were suitable numbers of staff available but a lack of flexibility in the team to ensure cover was available for sickness. The staffing levels were monitored to ensure sufficient staff were available. The registered manager followed a robust recruitment procedure to ensure new staff were suitable to care for vulnerable people; arrangements were in place to make sure staff were trained and supervised.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained and supervised to do this safely.

The home was clean, bright and comfortable and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. Some people had arranged their bedrooms as they wished and had brought personal possessions with them to maintain the homeliness.

There had been recent changes to the activities team which meant the provision of daily activities was dependent on the availability of care staff. We noted some activities were being undertaken and we were told recruitment of an activities person was underway. People told us they enjoyed the meals and had been involved in discussions about the menu. They were provided with a nutritionally balanced diet that catered for their dietary needs and preferences.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. People were aware of how to raise their concerns and were confident they would be listened to. Action had been taken to respond to people's concerns and suggestions.

People considered the service was managed well and improvements had been made. There were effective systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remained Well Led.	**Good**

The Grange 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.

This inspection took place on 10 and 12 October 2017. The first day was unannounced. The inspection was carried out by one adult social care inspector and included an expert by experience on the first day. An expert-by-experience is a member of the inspection team who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we contacted the local commissioners for feedback and reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the area manager, registered manager, deputy manager, three care staff and one domestic staff. We spoke with six people living in the home and with four relatives. We also spoke with two health and social care professionals.

We looked at a sample of records including five people's care plans and other associated documentation, three staff recruitment and induction records, staffing rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates, policies and procedures and quality assurance audits. We also looked at the results from the most recent customer and staff satisfaction surveys and at comments posted on an independent review website.

We observed care and support in the communal and dining room areas during the visit and undertook a tour of the home.

Good

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for and said they had confidence in the staff who supported them. They told us they felt safe. They said, "Staff are around keeping an eye on us and making sure we are safe", "Yes, I'm quite secure", "Everyone is very nice. I feel safe living here", "I feel safe", "Staff have never said anything wrong to me; they are quite nice" and "Staff are lovely; we can have a laugh with them." Staff said, "The care is good and people are safe." Relatives spoken with said their family members were kept safe. One relative said any risks were managed appropriately.

During the inspection we observed people were comfortable in the company of staff and were happy when staff approached them. We observed staff interaction with people was kind, friendly and patient.

Staff had safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures to refer to. Staff told us they had received safeguarding adults training and the records we looked at confirmed this. The staff we spoke with understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. Safeguarding incidents had been reported to the appropriate agencies and appropriate follow up action had been taken where necessary.

We looked at how the service managed risk. Environmental risk assessments were in place and there were procedures to be followed in the event of emergencies. Individual risks had been identified in people's care plans and kept under review. Records were kept of any accidents and incidents that had taken place at the service and the information was analysed for any patterns or trends. Body mapping records were used to record any injuries or bruising, however there was no clear indication whether the injury had been resolved or not. The registered manager assured us this would be shared with staff for action.

Training had been given to staff to deal with health emergencies and to support them with fire safety and the safe movement of people. We observed safe and appropriate moving and handling interactions during our visit.

Appropriate employment checks had been completed before staff began working for the service. When agency staff were used, confirmation was received that they were fit and safe to work in the home.

We looked at staffing levels at the home. People's opinions regarding staffing numbers varied. Some people living in the home and their relatives told us they did not have any concerns about the staffing levels or the availability of staff whilst others felt there were not always enough staff on duty. People were happy with the staff team and considered that they received appropriate care and support.

People told us, "My call bell is always in reach and I get a prompt response when I use it", "There are enough staff and they pop around the door", "Yes there are enough staff", "Staff take a bit of time to come" and "No, not when there are some off, but they do their best, that's all I can say you know." Another person told us she had requested assistance from staff and was told by staff, "We are busy."

Relatives said, "There are not always enough staff" whilst another said, "There are enough staff; they are lovely." Staff said, "Sometimes there are not enough staff whilst other days there are enough", "There is not enough flexibility on the staff team to cover sickness and leave. When this happens we don't have enough time to talk to people and start rushing around" and "We are not understaffed. We usually have six care staff on during the day but shortages can be caused by sickness and annual leave. It's difficult to get cover with short notice."

We looked at the staff rotas and found there was a minimum of one nurse on duty at all times with six care staff during the day, four or five care staff in the evening and two or three care staff at night. Appropriate numbers of ancillary staff were available at all times. Shortfalls in the staffing numbers were noted at times. We discussed this with the management team who advised the rotas were incorrect and that cover had been provided either by existing staff or by the management team. This meant the rotas in use were not accurate or reflective of the actual staffing levels and it was difficult to determine actual staffing numbers as changes had not been recorded. The registered manager explained there were two rota systems in use and there was a different rota system held electronically. The registered manager and area manager gave us assurances that one accurate system would be adapted and that staff deployment would be reviewed to ensure consistent staff numbers were available at all times.

The management team told us recruitment of additional care staff for both night and day shifts was underway and would provide more care hours and more flexibility in the staff team. The service monitored staffing levels to ensure sufficient staff were available to provide the support people needed. This was completed through a dependency tool which calculated the number of staff required to meet people's needs in a safe way. During our inspection we observed there was a good skill mix of staff and staff were attentive to people's needs in a timely way. We noted any shortfalls due to leave or sickness were usually covered by existing staff which ensured people were cared for by staff who knew them. There were systems in place to monitor and respond to staff sickness and absence.

We found that there were safe and effective processes in place for the safe management of people's medicines. We observed people's medicines were given at the correct time and in the correct manner with encouragement as needed. One person told us, "I get my medicines on time and my pain relief when I need it. They explain what the medicines are for." Nursing and care staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to.

We looked at eight people's medicine administration records (MARs). We found records were accurate, clear and up to date; medicines were reviewed regularly and regular audits were completed which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. An external audit of medicine management had recently been completed by the community pharmacist; they confirmed there were no serious shortfalls.

We looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas but found the home was clean. People spoke very warmly about the domestic staff. They said, "The cleaners are excellent and very thorough", "Very nice, pleasant ladies, you couldn't fault them" and "They work hard to keep the place clean and tidy." A relative told us, "It always smells nice." Infection control policies and procedures were available and staff had received appropriate training. We noted staff were able to wash their hands before and after delivering care to help prevent the spread of infection and protective clothing, such as gloves and aprons, were seen in use around the home. Sufficient laundry and domestic staff were available and cleaning schedules were completed and checked by the registered manager. There were

monitoring systems in place to support good practice and to help maintain good standards of cleanliness.

There was a key pad code to enter and exit the home; we noted some visitors and people living in the home were aware of the codes. Visitors were asked to sign in and out which would help keep people secure and safe. In April 2017 the environmental health officer had awarded the service a 'five star - good' rating for food safety and hygiene.

Good

Is the service effective?

Our findings

People were happy with the service they received. They told us, "The staff are good; they know me and how to look after me", "I don't think they could do any more. I'm very pleased", "The staff are excellent, cheerful and pleasant. Whatever troubles they might have they leave at the door" and "It is a nice place and I am very happy with everything." Relatives comments included, "The staff are friendly and helpful" and "Thank you for all the help, support and love you have shown to [family member] and to us."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Two of the staff had received specialist training and support to be home based trainers. This ensured training could be provided face to face, at the appropriate time and could be tailored to staff needs.

Staff had completed a nationally recognised qualification in care or were currently working towards one; training and induction was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Nursing staff were provided with additional training and support to maintain their registration and to meet the specialised nursing needs of people living in the home.

We found there were effective systems in place to ensure training was completed in a timely manner. All staff spoken with confirmed their training was useful and beneficial to their role and was delivered face to face in a classroom environment. One member of staff said, "The training is good and supervision and support has improved."

Records showed new staff received an induction into the routines and practices of the home. This included a period of time working with more experienced staff until they were confident they had the confidence and skills to work independently.

Records showed staff were provided with regular supervision and assessments were undertaken to check their knowledge and competence. An appraisal of their work performance was undertaken each year which would help identify any shortfalls in their practice and any additional training needs. Staff told us they felt supported by each other and by the management team. Regular staff meetings allowed staff to express their views and opinions and to be supported and kept up to date.

Regular handover meetings, handover records and communication diaries helped keep staff up to date about people's changing needs and the support they needed. Staff spoken with had a good understanding of people's needs.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. There were policies and procedures to support staff with the MCA and DoLS which were being reviewed. Records showed staff had received training in this subject and staff expressed an understanding of the processes relating to MCA and DoLS.

At the time of the inspection eight DoLS applications had been made to the appropriate agency; the reasons for the authorisation were clearly documented in the care plan. This meant people's best interests or choices would be considered. Nursing and care staff were aware of who was subject to a DoLS as this information was included on the handover sheet.

We observed staff asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one part of the home to another. People's consent in areas such as information sharing, taking photographs and medicine management were recorded in the care plans.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). Records showed decisions had been discussed with people to ensure their wishes would be upheld or to ensure appropriate action was taken in the case of a medical emergency.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "I enjoy the meals very much. There is a choice", "We eat in the dining room, we're not rushed", "I'm vegetarian and they've done everything", "They cater for me very well. Cook says she'll do this, that and the other" and "There is nothing I don't like; there is a lot on the menu to choose from."

During our visit we observed lunch being served in the main dining room, in people's bedrooms and in other areas of the home if they preferred. The dining tables and meal trays were appropriately set and condiments and drinks were made available. Adapted cutlery and crockery was provided to maintain people's dignity and independence. The meals looked appetising and the portions varied in amount for each person. However, we noted the dessert was served at the same time as the main meal which meant some people's desserts were often eaten cold. We noted this had been discussed at recent meetings; the registered manager assured us this would be reviewed to ensure people's meals were served and enjoyed at the appropriate temperature.

During our visit we saw people being supported and encouraged to eat their meals either at the table or in their bedrooms. We overheard friendly conversations between staff and people using the service during the lunchtime period. However we noted one person was left unsupervised for a short time whilst dining in the lounge area; staff were busy in the dining room and with supporting people with their meals in their bedrooms. A relative commented, "There is never any one in the dining room; very rarely a carer in there." The registered manager assured us they would review this. People were offered a choice of meal and snacks, fresh fruit and drinks were offered throughout the day.

Each person had a 'Food Passport' which included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff and

maintained on people's care plans. Records were made of people's dietary and fluid intake where needed although we noted gaps in some of the records that we looked at. We discussed this with the registered manager. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. We found evidence that appropriate referrals were made to a variety of healthcare agencies including GPs, dieticians, speech and language therapists, dentists and opticians. Staff were able to access remote clinical consultations which meant prompt professional advice could be accessed at any time and in some cases hospital visits and admissions could be avoided. Relatives considered their family member's health care was managed well. A relative told us, "They called the GP when needed. I don't have to worry in that respect."

We found appropriate arrangements were in place to ensure the home was maintained and noted improvements to the environment had been made since the last inspection. We found the home was comfortable and warm. Aids and adaptations had been provided to help maintain people's safety, independence and comfort. Most bedrooms were single occupancy and some had en-suite facilities. People told us they were happy with their bedrooms and they had created a homely environment with personal effects. This helped to ensure and promote a sense of comfort and familiarity. Some bedrooms overlooked the gardens. One person said, "I have a nice view and it's important to me. I'm not a long way from home." One visitor said, "The room is fresh and bright and nicely decorated."

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness and were respectful of their choices. People's comments included, "The staff are lovely with me; so caring and thoughtful" and "They treat me like they would one of their own." Relatives described staff as 'patient', 'caring' and 'lovely'. Comments included, "I can never thank you enough for all the care, support, love and laughter", "I am happy with the care my [family member] receives" and "The management and staff are lovely, caring people." A health care professional said, "I have no issue with the care or anything else." Staff told us, "We are all part of an extended family" and "We are working in their home and we need to be considerate of that."

Recent compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. Comments included, "The Grange Care Home was the one for us, the care, kindness and support given is outstanding. The Grange staff are polite, courteous and kind."

Relatives spoken with confirmed they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments or were able to help themselves to refreshments located in the entrance. One visitor said, "I always feel welcome when I come here; staff are polite and helpful. I've been told to help myself to drinks and to make myself feel at home."

The registered manager and staff were considerate of people's feelings and welfare. We observed good relationships between staff and people living in the home and overheard laughing and encouragement during our visit. Staff understood the way people communicated and this helped them to meet people's individual needs.

We saw people were treated with respect and dignity. There were policies and procedures for staff about caring for people in a dignified way. There were also designated Dignity Champions on the staff team who would provide staff with advice, training and support in this area. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. People were encouraged to maintain their independence. They said, "I often go out for a walk; there is no problem with that. I like to be as independent as possible" and "I like to give myself a wash but staff are around to help me if needed."

People appeared comfortable in the company of staff and it was clear they had developed positive relationships with them. We saw people were dressed appropriately in suitable clothing of their choice. One person said, "I wear nice clothes, make up and jewellery." Each person had a single room which was fitted with appropriate locks and people told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. People told us they were able to make choices. They said, "We go to bed when we want and get up when we want", "I can do what I want, they don't stop me" and "Staff respect when I want private time They check on me and make sure I am alright or if I need anything."

People were supported to be comfortable in their surroundings and could be involved in the choices of room decoration. People told us they were happy with their bedrooms, which they were able to personalise with their own possessions. This helped to promote a sense of comfort and familiarity.

We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance how they wished to spend their time and what they wanted to eat. People were encouraged to express their views by means of daily conversations, care plan review meetings, residents' meetings and satisfaction surveys.

People were provided with useful information about the services and facilities available in the home and of the philosophy of care. This helped people to understand the standards they should expect whilst staying at The Grange Care Home. There was information about advocacy services which could be used when people wanted support and advice from someone other than staff, friends or family members.

People's preferences and choices for their end of life care were recorded, where appropriate, in their care plan. People's choices and wishes were kept under review and communicated to staff. The service had developed good links with specialist palliative care professionals and worked closely with the local hospice. All of the nursing and care staff had completed training and were supported to develop their knowledge, skills and confidence to deliver quality end of life care. There were systems in place to ensure staff had access to appropriate end of life equipment, training and advice. One relative had commented, "Thank you for everything you did to make [family members] time with you as comfortable as possible."

Good

Is the service responsive?

Our findings

People were complimentary about the staff and their willingness to help them. People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the management team. People said, "They are very good here; it's alright", "They are very obliging", "If I have any problems I'll tell [registered manager] or [deputy manager]", "If I had any I wouldn't be afraid to say; I feel comfortable. I feel the staff are very understanding" and "I don't have any complaints. I am happy and settled here and I would tell them if things weren't right." Visitors said, "I get chance to speak to the manager if I need to", "I haven't got any concerns or complaints but I know how to raise them. They've just all been so lovely" and "I know who to speak to if I needed to."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was a complaints procedure displayed in a folder in the entrance of the home, which was not easily accessible to people. However, the information guides were also provided in people's bedrooms. People were assured their complaints would be treated in confidence and with appropriate sensitivity

There had been four complaints made about this service in the last 12 months. Records showed appropriate and timely action had been taken to respond to the complaints. The information had been shared with the provider and discussed with staff to help improve the service and to prevent any re occurrence. One complainant commented, "I appreciate your honest findings." We saw eight complimentary comments had been received about the service in the past 12 months.

Before a person moved into the home detailed assessments of their needs were undertaken by the registered manager and a member of the nursing or care staff. Records showed information had been gathered from various sources about all aspects of the person's needs. Most people were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff were able to determine whether the home was able to meet their needs. One relative told us, "I knew the home has a good reputation. I contacted them and was shown around. All my questions were answered."

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. We found good information was recorded about people's likes, dislikes, preferences and routines to help ensure they received personalised care and support in a way they both wanted and needed. The plan provided staff with guidance and direction on how best to support people and to be mindful of what was important in their lives when providing their support. The registered manager assured us people's preferences regarding the gender of staff providing support with personal care would be included in the care plan.

People's care and support had been kept under review and updated on a monthly basis as part of the

'Resident of the Day' process or in line with changing needs. Care plan review days were held and people and their relatives were invited to discuss the content of their care plans. Relatives confirmed they were kept up to date, involved in decisions about care and support and informed when a review was due. Daily records were maintained of how each person had spent their day and these were written in a respectful way.

People were supported to follow their faith and take part in worship services according to their individual beliefs. Gender issues were also considered such as dress, wearing jewellery, visits to the hairdresser, preferences for reading material and daily personal care.

There were systems in place to ensure staff could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and the use of communication diaries and handover sheets.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

The home operated a Wishing Well Programme where people's lives were enriched and staff were challenged with making wishes into a reality. Recent examples included, one person expressed a wish to visit Burnley Football Club as they had done in their younger days; staff contacted the club and the person was able to have a tour of the stadium, have a meal and watch the match. Another person who had been unable to attend a family wedding had wished for a hat to wear. Staff provided a new hat and the person officially opened the summer garden party. The programme helped staff to get to know people and helped people to live life to the full based on their wishes and aspirations.

The results from the June 2017 satisfaction surveys indicated a high satisfaction with the activities provided and people told us about the range of activities they had enjoyed and participated in. However, at the time of our inspection visit we found there had been recent changes to the activities team. People said, "We watch TV and chat to the staff if they have time", "My family takes me out", "What I do is my choice and it's not my choice to join in" and "We used to do so much. It's a shame things have changed. We are getting someone new so I think things will be back on track. They are doing their best." Relatives said, "I wish there was more going on" and "There is no activities coordinator at the moment and a lack of activities. [Family member] is bored silly, there is nothing to do."

We were told one activities person was on leave but would return the week following our inspection visit and another activities person had been recruited but was awaiting return of employment checks. This meant the provision of activities had been reliant on staff availability. Staff told us, "We don't have time to do activities or sit and talk to people properly." However, the registered manager gave assurances the provision of activities would improve.

During the first day of the inspection there were no activities provided on the first day. We noted a stall selling small gifts was set up in the lounge but poorly attended. However, on the second day of our visit a small group of people told us they were looking forward to participating in a game of bingo with staff and an afternoon visit to Bury Market; a film show was planned for the weekend.

People were very much part of the local community and were involved in a number of fund raising events. People told us about the summer garden party named the Teddy Bears Picnic and a charity cycle event to raise funds for Children In Need.

Good

Is the service well-led?

Our findings

People, their relatives and staff spoken with during the inspection made positive comments about the improvements made to the home. They said the management of the home were approachable and the culture of the home was 'nice' and 'friendly'. One person said, "It is a well run home. I get what I need and staff know what they are supposed to be doing." Relatives said, "It seems to run smoothly" and "It's friendly, relaxed, informal." Staff said, "The management here do a good job. Things are much better than they were." A healthcare professional said, "We have a very good relationship with the home."

The manager was registered with CQC in February 2017 and had responsibility for the day to day operation of the service. He was visible and active within the home interacting warmly and professionally with people, visitors to the home and with staff. The registered manager operated an 'open door' policy which meant people living in the home, visitors to the home and members of staff were welcome to go into the office to speak with him at any time.

The registered manager had set out planned improvements for the service in the Provider Information Return. This showed us they had a good understanding of the service and strove to make continual improvements. The registered manager kept up to date by attending local forums and met with managers from other homes within the organisation. The management team were provided with management leadership training; this would help to develop their skills and knowledge.

The registered manager was supported by an area manager who could be contacted at any time to discuss any concerns about the operation of the service. Records showed the area manager regularly visited the service to monitor compliance and was available to talk to staff, people using the service and their visitors. The registered manager provided weekly and monthly reports to the area manager to assist with monitoring the management of the service.

We found effective systems were in place to assess and monitor the quality of the service in all aspects of the management of the service such as medicines management, staffing, accidents and incidents, care planning and infection control. We saw that any shortfalls had been identified and appropriate timescales for action had been set and had been monitored by the area manager. The registered manager also conducted a daily walk around the home to monitor standards; any issues found had been followed up and actioned. In addition the registered manager completed the required quarterly reports for the health commissioners which included an overview of falls, pressure sores, DoLS and infection rates in the home.

People were encouraged to voice opinions informally through daily discussions with staff and management or at the monthly residents' meetings. Monthly luncheon meetings were held where people and their relatives could meet with the registered manager whilst dining at the home. People told us they attended regular meetings. They said, "We can air our views about what we think about different things" and "They ask us what we think about things." Annual satisfaction surveys were undertaken and the results shared with people. The results from a recent survey (June 2017) indicated people and their relatives were satisfied with the service they received. A high level of satisfaction was achieved in areas such as food and dining, the

team, privacy and activities. Areas for improvement included the gardens and car park, furnishings and staff not being available to talk. We noted people's views had been listened to and appropriate action taken in response to the surveys. One person told us some improvements had been made as a result of the surveys.

All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. The philosophy of the home included, 'We are committed to creating a place to work that helps our team members love everyday'. During our inspection one member of the staff team was awarded a bouquet of flowers as they had achieved the 'Employee of the Month'. One member of staff told us, "It's a nice home; a nice place to work" and "We have a good nucleus of staff. I love it here." Regular meetings were held and the minutes showed a range of information had been discussed. Staff told us they were able to air their views and felt they were valued and listened to.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies. Accidents and incidents were recorded and analysed to help identify any patterns or areas requiring improvement. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

We noted the service's CQC rating and a copy of the previous inspection report was on display in the entranceway and on their website. This was to inform people of the outcome of the last inspection.