Athorpe Health Care Limited

Athorpe Lodge

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The unannounced inspection took place on 2 September 2015. We last inspected the service in June 2014 when it was found to be meeting the Regulations we assessed. In August 2015 a new management team took over the operation of the company.

Athorpe Lodge is a purpose built care home close to the centre of Dinnington. It provides accommodation for up to 90 people in six units. The care provided is for people who have needs associated with those of older people who have a physical need and/or dementia. All bedrooms are for single occupancy with en-suite facilities.

The service did not have a registered manager in post at the time of our inspection, but an acting manager had recently been appointed. They told us they had begun the process to be registered with the Care Quality

Summary of findings

Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Throughout our inspection we saw staff supporting people in a caring, responsive and friendly manner. They encouraged people to be as independent as possible while taking into consideration their abilities and any risks associated with their care. Overall the people we spoke with told us they were happy with how care and support was provided. They made positive comments about the way staff delivered care, the way the home was managed and the general facilities available.

People told us they felt safe living at the home. We saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce any risks were in place to ensure people's safety.

Medicines were stored safely and procedures were in place to ensure they were administered correctly. We saw people received their medications from senior staff who had been trained to carry out this role.

We found there was enough skilled and experienced staff on duty to meet the needs of people living at the home at the time of our inspection. There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated, and their job role, at the beginning of their employment. They had access to a varied training programme that met the needs of the people who used the service.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. The people we spoke with said they were happy with the meals provided and confirmed they were involved in choosing what they wanted to eat.

People told us their needs had been assessed before they moved into the home and we saw they, or their relatives, had been involved in planning their care. The six care files we checked reflected people's needs and preferences in detail. Care plans and risk assessments had been reviewed on a regular basis to assess if the planned care was working, or if changes needed to be made.

People had access to a varied activities programme which provided regular in-house activities and stimulation, as well as in the community. People told us they enjoyed the activities they took part in, but could choose not to participate if they preferred. They were particularly complimentary about 'Butterfly time' which took place daily for a short period of time and involved all the people who lived and worked at the home.

The majority of people we spoke with said they had no complaints, but would feel comfortable speaking to staff if they had any concerns. We saw the complaints policy was easily available to people using or visiting the service. We saw that when concerns had been raised these had been investigated and resolved promptly.

There was a system in place to enable people to share their opinion of the service provided and the general facilities available. We also saw a structured audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed action plans were put in place to address shortfalls.

Summary of findings

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 were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce any risks were in place.

Recruitment processes were thorough so helped the employer make safer recruitment decisions when employing new staff. We found there was sufficient staff on duty to meet the needs of people living at the home at the time of our inspection.

Robust systems were in place to make sure people received their medications safely, this included key staff receiving medication training.

Is the service effective?

Good

The service was effective.

Most staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated the correct processes were being followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed a comprehensive induction and a varied training programme was available that helped them meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice. Our observations, and people's comments, indicated they were happy with the meals provided.

Is the service caring?

Good

The service was caring.

We saw staff were kind, patient and respectful to people, and they seemed relaxed in the company of staff. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained.

We observed that staff took account of people's individual needs and preferences while supporting them.

Is the service responsive?

Good

The service was responsive.

People had been encouraged to be involved in care assessments and planning their care. Care plans reflected people's needs and had been reviewed and updated in a timely manner.

Dedicated activity staff provided a varied programme of social stimulation and themed events, which people said they enjoyed.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with the management team.

Summary of findings

Is the service well-led?

Good

The service was well led.

People we spoke with told us the acting manager was approachable, always ready to listen and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings and regular audits. Action plans were used to address any areas that needed improving.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Athorpe Lodge

Detailed findings

Background to this inspection

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

The unannounced inspection took place on 2 September 2015. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included older people and caring for people living with dementia.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 84 people living at the home. We spoke with 18 people who used the service and ten relatives. We spoke with the acting manager, the clinical lead nurse, five nurses, 16 care staff, the cook and two activity co-ordinators. We also spoke with three visiting health care professionals.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing six people's care records, staff rotas, six staff recruitment and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home, and this was confirmed by the relatives we spoke with. We overheard one person say to a staff member**,** "You are a good one. You always know exactly what to do." This was said as the staff member assisted them to get into their wheelchair.

Staff demonstrated a good understanding of people's needs and how to keep them safe. They described how they encouraged people to stay as mobile as possible while monitoring their safety. We saw care workers moving people using hoists in a safe and reassuring manner. They took time to explain what they were about to do and why this was necessary.

Care and support was planned and delivered in a way that promoted people's safety and welfare. Care records we checked showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. We saw risk assessments covered topics such as falls, behaviour, medication and moving and handling people safely.

Staff described how they would use different techniques to manage any behaviour's shown by people, which may challenge others.One care worker told us, "We find out about the residents history from their family and then we can use the information to distract people and redirect them to something else."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The acting manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. They understood their responsibilities in promptly reporting concerns and taking action to keep people safe, which they had demonstrated by reporting recent concerns to us and the local council.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people. They could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period and later in refresher courses. This was confirmed in the training records we sampled. All the staff members we spoke with told us they would have no hesitation in reporting any concerns about a colleague's behaviour, or any other concerns. One staff member said, "There is no way that I could turn a blind eye to anything like that [someone abusing someone living at the home]. We are in a position of trust here and any one of these people could be our mum or dad."

We looked at the number of staff on duty on the day we visited the home and checked the staff rotas to confirm the number was correct. Overall we saw planned staffing levels were being met and there were enough staff on duty to meet people's needs in a timely way, and keep them safe. On the day of our visit a care worker was sent home as they were ill and we saw the acting manager acted promptly in arranging for agency cover. They told us they had reduced the use of agency staff and aimed to recruit enough staff to enable them not to use agency in the future.

During our visit we saw people's needs were met in a timely manner. People using the service, and the visitors we spoke with, confirmed there was usually enough staff on duty to meet people's needs. A relative told us, "The staff are great, but I don't like it when there are agency staff. They don't seem to have so many now the manager has changed." A visitor we spoke with said, "Its better at this home, there are more staff around to support people." The staff we spoke with also said they felt there was usually enough staff available to meet people's needs.

We found a satisfactory recruitment and selection process was in place. We checked five staff files which contained all the essential pre-employment checks required. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We found the professional qualifications of nursing staff had also been checked to ensure they were registered to work as a nurse. Staff we spoke with described their recruitment experience, which reflected the company policy.

The service had a medication policy which outlined how medicines should be safely managed and we saw nurses and senior care staff were responsible for administering medicines on the different units. We spoke with a nurse and one of the unit leaders on two different units. They described a safe system to record all medicines going in

Good

Is the service safe?

and out of the home. This included a safe way of disposing of medication refused or no longer needed. We checked if the system had been followed correctly and found it had. We observed the nurse administering medicines at lunchtime. We saw they followed good practice guidance and recorded medicines after they had been given.

The clinical lead nurse explained how each member of staff responsible for administering medicines completed a competency assessment to make sure they were following the company policy. This was confirmed by the staff we spoke with and we saw copies of these assessments on staff files. The acting manager told us key staff would also be undertaking additional medication training with Rotherham council by the end of September 2015.

There was a system in place to make sure staff had followed the home's medication procedure. The acting manager told us they had carried out audits on three of the units with a further three underway. This had included checking to make sure medicines had been given and recorded correctly and where possible shortfalls had been addressed promptly. The acting manager told us, "Any bigger issues will be included in the action plan which will encompass all six units." We also saw the dispensing pharmacy carried out periodic assessments to make sure systems were working correctly.

Good

Is the service effective?

Our findings

People we spoke with said staff were caring, friendly and efficient at their job. One person told us, "I'd prefer to be at home but you have to make the best of it, and after all the staff are very kind. Nothing is too much trouble for them." A relative commented, "The staff know and understand what support people need, they are always approachable."

We found staff had the right skills, knowledge and experience to meet people's needs. The staff we spoke with told us they had undertaken a structured induction when they started to work at the home. This included completing an induction booklet and essential training, such as moving people safely, dementia awareness and health and safety. The acting manager said new starters also shadowed an experienced staff member until they were assessed as competent in their role. This was confirmed by the staff we spoke with and records checked. A newly appointed care worker told us, "I had two days training, plus I am shadowing a care worker for at least two days getting used to the routines." They went on to explain that they were not allowed to do any one to one support until they had finished their initial induction. We also spoke with a nurse who confirmed they had received a good induction to the home which had included appropriate training.

The acting manager was aware of the new care certificate introduced by Skills for Care and we saw they were making arrangement to introduce it at the home. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The clinical lead nurse, who was responsible for ensuring staff received the training and support they needed, described how information about what training staff required was being collated and update training was being arranged. Courses booked for September and October 2015 included infection control, Mental Capacity Act, fire awareness and basic life support. The clinical lead nurse also told us about plans to send key staff on other training such as end of life care, stoma care, diabetes and managing the risk of pressure damage. They said these staff would then cascade the training to the rest of the staff.

We saw some staff had also completed a nationally recognised qualification in care at levels two and three. The clinical lead nurse spoke positively about facilitating more staff to complete this qualification. The said this included themselves and the acting manager starting a level five course.

There was a system in place to provide staff with regular support sessions and an annual appraisal of their work. Staff files, and comments, showed supervision sessions had been provided. One of the unit managers described how they used staff supervision to support staff and discuss topics affecting their job role.

Staff we spoke with felt they were well trained and supported, saying they found the support sessions valuable. One staff member said, "I have regular supervisions as well as my annual appraisal. The new manager is great, I can go and ask her anything any time, her door is always open. I've done training in moving and handling and dementia care and I'm really happy because now I'm learning to do audits, care plans and health assessments. I feel really encouraged to climb the (career) ladder." A second staff member commented, "I love coming to work and there is plenty of support if you are struggling."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw care files included mental capacity and best interest assessments and decisions. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We found they had and policies and procedures on these subjects were in place.

At the time of our inspection two people living at the home was subject to a DoLS authorisation. The acting manager told us they were re-assessing people living at the home and liaising with the local authority about further applications. Files checked included documents such as DoLS requirements, power of attorney and Do Not Attempt Resuscitate notifications [DNAR]. All of these documents

Good

Is the service effective?

had been signed for and agreed to. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005 and had received training in this subject to help them understand how to protect people's rights.

The cook told us how people living at the home were involved in selecting menus. They said they were also introducing a 'Food forum' in the near future so people could talk about what they wanted adding or taking off the menu. All the people we spoke with who used the service said they enjoyed the meals provided and were very happy with the choice of food available. One person told us, "Meals are plain cooking. There is nothing fancy, but everything is well cooked. Teatime is my favourite because we can have soup or a sandwich. There is a poached or scrambled egg on toast and we can have jelly and cream."

We observed lunch being served in three of the six units. We saw some people chose to eat in the dining room, while others preferred to have their meal in their own room. However, on one of the units' meals taken to people in their rooms were not always covered to keep them hot and protect the meal. This was discussed with the cook and the acting manager. We were told plate covers and trays were available in the kitchenette on each unit and they would address this with staff.

Dining rooms had a relaxed atmosphere and we saw tables were nicely set with tablecloths, matching table mats and coasters. People had pre-ordered their meal and staff worked from this list. However, we noted that staff had not written the menu for the day on the whiteboard in the dining room. Therefore people were not reminded about the day's menu. Food served appeared well cooked and nicely presented. There were two main course choices offered, but people could also ask for an alternative meal. For example, one person had asked for a jacket potato and salad, which was provided. Another person started their meal but left it, they were immediately offered alternatives and their choice brought for them. We also saw choice was offered with puddings and drinks.

The cook demonstrated a good knowledge about special dietary needs such as blended, fortified and diabetic meals. We also saw specially adapted cutlery and plate guards were available to help people eat independently.

People were supported to maintain good health and had access to healthcare services. The acting manager told us GP surgeries were held every Monday and Friday so people could talk to the doctor about any health issues. We were told how GPs, dieticians and the speech and language team had been involved if there were any concerns about meeting people's dietary needs. We saw people who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk. Daily records had been used to monitor people's food and fluid intake.

Care records detailed any healthcare professionals involved in the person's care. At lunchtime we saw three people being visited by the speech and language therapy team to assess their ability to swallow. They told us staff always made appropriate referrals to them and added that staff were pro-active in identifying people's needs and supporting them before assessments were undertaken. We saw the outcome of their assessment was recorded in people's care files. This made sure the care staff fully understood who had visited each person and how to support them.

The home's décor and furnishings were of a good quality and there were adaptations to create a dementia friendly environment, such as pictures to signpost people to bathrooms and toilets. We also saw memory boxes were being completed to reflect the person living in each room. Efforts have been made to provide sensory material and age appropriate pictures and ornaments all around the home, and there were some homely touches like dressers in some of the dining areas. The home environment was extremely clean and tidy. Communal areas were uncluttered and corridors and walkways were free from any trip hazards.

Good

Is the service caring?

Our findings

People told us they were encouraged to make choices about the care and support they received. One person told us, "The staff are just lovely. I've got a new bed and I was so comfortable. I was still in bed at 9.45 this morning and then I was starting to panic so I shouted. The staff came straight away and said she hadn't disturbed me because when she'd looked in I was fast asleep. Then we had a laugh when I told her I was panicking because I'd forgotten that I'd got one of those buzzer things and I could have pressed that." Another person said, "We are very well looked after here. It's a lovely place and the staff are lovely. I enjoy a bit of banter and some of the staff are good fun."

We saw people chose where they spent their time, with some people choosing to stay in their rooms while others sat in communal areas, and staff respected these decisions. Relatives we spoke with said they could visit without restriction. We saw visitors freely coming and going as they wanted during our inspection visit. They were very involved in supporting their family member by helping at mealtimes and joining in activities. A relative told us, "They look after my relative really well and they do involve us. My sister and I have both been here and helped to bath her and feed her, which is nice for her and us. It makes us feel involved and we can still keep caring for her."

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people, such as talking to them and their families, and reading their care plan. They were able to tell us about individual people's preferences and demonstrated that they knew them well.

People who used the service, and the visitors we spoke with, told us staff involved them in decision making and respected their decisions. They confirmed they had been consulted about things that happen in the home. For example, one person told us, "They were talking about changing some of the features and I said to them, 'think very carefully before you go moving things. You need to ask us if we would like it.' So they did ask everybody and left things where they are."

People living at the home looked well cared for, clean and tidy. Their clothes and hair were well kept and their fingernails were manicured. We saw staff treated people with dignity and the people we spoke with confirmed their or their family member's, dignity and privacy was respected. Staff told us how they preserved people's privacy and dignity by knocking on bedroom doors before entering and closing doors and curtains before providing personal care.

The acting manager told us how everyone who lived and worked at the home took part in 'Butterfly time,' this is time set aside each day for all staff to stop whatever they are doing and sit down and talk to people living at the home. All the people we spoke with felt this was a high quality initiative which was appreciated by everyone. They said it included staff chatting with them or occasionally, having a little dance with them. We saw people were also offered a choice of beverages, tea, coffee, soft drinks and/or a glass of sherry. One person told us, "I really like butterfly time. I don't get too many visitors and when staff are busy I don't like to get in their way, but we always have a good chat in the mornings [at butterfly time]." Another person said, "I like to talk to the staff in a morning and it's always someone different to talk to."

Staff were also full of praise for the programme. One staff member told us, "It's really nice to have the time to really devote to the residents. After all, that's what we are here for and it's the time when we do find out about their lives before they came here, what they did, where they worked and so on. Everyone enjoys it."

Some people were unable to speak with us due to their complex needs; therefore we spent time observing the interactions between staff and people who used the service. We saw staff were kind, patient and respectful to people and they seemed relaxed in the company of staff. We observed numerous examples of warm and kind interactions between staff and people who lived at the home. For example, we saw one person was playing with balloons and they kept dropping them. A staff member quietly pulled up a stool to sit beside them so that they could keep retrieving them for them. On another unit we observed that one person became very weepy after their visitor had left and a staff member immediately went to sit and comfort them and reassure them that their visitor would come back again.

Good

Is the service responsive?

Our findings

People we spoke with said they were happy with the care provided and complimented the staff for the way they delivered care and support. One person told us, "'I get everything I need. I get help showering and my hairdresser comes every week. I can pretty well get up when I want, but they like to do breakfast by 9am. They're not that strict though. This morning I had breakfast at about half past nine." A relative told us, "Before my relative came here, she was always getting UTIs [urinary tract infections] because they didn't make sure she was getting enough liquid. Here, they are really careful. She gets fluids and she is turned every two hours, I would totally recommend this home to anybody."

We saw care interactions between staff and people using the service were very good and focused on the individual needs and preferences of the person being supported. Care workers offered people options about their meal or where to sit, as well as providing the food, drink, or support they knew were preferred. Staff we spoke with demonstrated a good knowledge of people's preferences, which were recorded in the care records we sampled.

Care records demonstrated that needs assessments had been carried out before people had moved into the home. Staff told us information collated had been used to help formulate the person's care plan. People who used the service, and the relatives we spoke with, confirmed they had been involved in formulating care plans and this was evidenced in the care files we sampled.

Care files contained detailed information about the areas the person needed support with and any risks associated with their care. We found care plans had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made if required. Daily records had been completed which recorded how each person had spent their day and any changes in their general condition. We saw records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. Risk assessment tools had been reviewed regularly and reflected changes in people's needs.

The home employed four activities co-ordinators to facilitate social activities and stimulation. One activities co-ordinator told us they aimed to provide stimulation for everyone living at the home, either in one of the lounges or in their own room. We saw there had been regular visits from entertainers, trips out into the community, music and sensory mornings, a sixties disco in the garden and a summer fayre, which was described by a number of people as being really good. Records also showed that people had been baking, had hand massages, manicures, sing-a-longs and taken part in arts and craft sessions.

People said they enjoyed the organised activities and told us about some of the activities they had taken part in. One person commented, "We have had some good times here. We had a disco and I was dancing Gangnam style. One of the staff taught me how to do it. We have had entertainers who get everybody up singing and dancing." Another person told us about going to Meadowhall in a group, which they said they did not enjoy as much as going out locally. They said, "I do go into the village with just one staff member and that is much better. I enjoy that."

The provider had a complaints procedure which was available to people who lived and visited the home. We saw concerns received had been recorded with the detail of each complaint, what action was taken and the outcome, including letters sent to complainants.

The majority of the people we spoke with told us they were very happy with the service provided and said they would feel comfortable raising any concerns with the acting manager or any of the staff. One person told us, "I have no complaints at all. We are looked after very well." However, another person told us they sometimes felt some staff did not take them outside for a cigarette as promptly as others. This was highlighted to the registered manager who said they would speak to staff about this issue.

A relative told us, "I think it's brilliant here. Staff maintain contact with me and always discuss issues around my relative's care because he's not able to speak for himself. I sleep easy at night knowing that he's safe and well cared for." However, two relatives we spoke with, who were otherwise happy with the care provided, told us they felt communication between staff at handovers could be improved. They gave examples of staff either not knowing about something they had reported or not being aware of how their family member's eye condition was progressing. We discussed the concerns with the acting manager who told us new handover sheets had been introduced that aimed to improve communication between staff teams.

Good

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post, but an acting manager had been recently appointed. They told us they had begun the process to be registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People we spoke with were aware that the management of the home has recently changed, which they generally perceived as positive. People who lived at the home said they were happy with the care and support provided, and how the home was run. Relatives also spoke highly of the acting manager. One relative commented, "I'm really impressed with the new manager. We all had a letter saying the owners had changed which makes you a bit anxious, but it seems to be a change for the better. It's nothing I can put my finger on, but the place feels happier." Another relative told us, "This home has a lovely atmosphere. It's very homely. The manager is very easy to talk to. My relative was in another home before but it was nowhere near as good as this one. Even the GP has said that the care here is exemplary."

The staff we spoke with also felt the changes at the home had been positive. One staff member told us, "Obviously we were unsure at first. It was the not knowing that was upsetting everybody, but the new manager is really good even though she hasn't been here very long. Morale is tons better than it was before." Another staff member told us, "'I like working here, the other staff are great and we get good support from the manager, who is always around on the floors." When we asked the staff we spoke with if there was anything they felt could be improved no-one could think of any changes they would make.

During our visit the staff seemed to be well organised. Each unit had a team of staff led by a nurse or a senior member of the care staff. The teams worked together well and people's needs were met appropriately and in a timely manner. The acting manager told us they worked flexibly so they could maintain contact with both the day and night staff. They said they had an open door policy and walked round the home each day to check how things were running and look at handover records etcetera. The acting manager told us their initial aims were to make sure all staff had received the required training, all staff vacancies were filled, and to enhance the residents' experience.

In the past the provider had used periodic surveys to gain people's views on how the home was running. The acting manager said this would continue under the new management with a survey arranged for October 2015. We saw meetings had been held so people using the service and their family and friends could be updated on any changes, consulted about what was happening at the home and share their opinions. A relative told us, "There are regular meetings where people can put forward suggestions. I don't come to them because I'm here almost every day so can easily ask anything while I'm here." Another relative commented, "When the new manager came she had a meeting to introduce herself to everybody, which was nice."

We saw various audits had been used to make sure policies and procedures were being followed. These included infection control, how the kitchen operated, staff training, care files and medication practices. This enabled the management team to monitor how the home was operating and staffs' performance. Where shortfalls were found action plans were devised to address them.

We saw the management team used a matrix to monitor areas such as accidents, incidents and any adverse events. The information was analysed each month to look for any themes or patterns so action could be taken. For example, the acting manager said if someone had a marked weight loss they would make sure an appropriate treatment plan was put in place to address this.