Fairview Care Home Ltd

Fairview House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Fairview House is a care home registered to provide accommodation for up to 24 people, including people living with a cognitive impairment. At the time of our inspection there were 19 people living in the home. The inspection was unannounced and was carried out on the 28 and 29 June 2017 by two inspectors.

At our previous inspection in November 2016, we identified three breaches of regulations. The provider had; failed to assess and mitigate risks to the health and safety of people using the service effectively; failed to ensure that the premises and equipment used by people were clean and properly maintained and failed to ensure that sufficient numbers of suitably qualified, competent and skilled staff were deployed in order to meet their needs. At this inspection we found action had been taken and all these areas had been addressed.

People, their families and staff all felt that there had been substantial improvements in all areas of the service over the last six months. These improvements included staffing levels; the atmosphere; the cleanliness of the home; the level of care provided and the overall running of the service.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and their families told us they felt the home was safe. The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way.

Accident and incident records were clear and detailed and these were reviewed daily to see if any immediate action was required and monthly to identify any patterns. This enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.

Risks posed by the environment had been assessed and were being managed appropriately. There was a clear and detailed cleaning schedule in place, which domestic staff and care staff worked to, and daily spot checks were completed to assess the cleanliness of the home.

There were sufficient staffing levels to meet the needs of the people which enabled staff to engage with people in a relaxed and unhurried manner. Staff received an induction into the home, appropriate training and supervision to enable them to meet people's individual needs.

Staff and the registered manager were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments of their competence. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People were supported to have enough to eat and drink and staff supported people, when necessary, in a patient and friendly manner.

Staff developed caring and positive relationships with people, were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain relationships that were important to them.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs.

There was an opportunity for families to become involved in developing the service and they were encouraged to provide feedback on the service provided both informally and through an annual questionnaire. They were also supported to raise complaints should they wish to.

People's families told us they felt the home was well-led and were positive about the registered manager who understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

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.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

People received their medicines at the right time and in the right way to meet their needs.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care plans were personalised and focused on people's individual needs and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

The registered manager's values were clear and understood by staff. There was an open and inclusive style of leadership.

Fairview House

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.

The inspection was unannounced and was carried out on 28 and 29 June 2017 by two inspectors.

Before the inspection, the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people using the service and engaged with five others, who communicated with us verbally as much as they were able to. We spoke with eight family members and two social care professionals. We observed care and support being delivered in communal areas of the home. We 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 spoke with six members of the care staff, the chef, the assistant manager, the registered manager and a representative of the provider of the service.

We looked at care plans and associated records for seven people using the service, staff duty records, three staff recruitment files, records of complaints/compliments, accidents and incidents, policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

At the previous inspection in November 2016 we found that the provider had failed to assess and mitigate risks to the health and safety of people using the service. We also found that sufficient staff were not deployed to meet people's needs at all times and that the provider had failed to ensure premises and equipment were clean and properly maintained. We told the provider they must make improvements and keep us informed about the actions they were taking to keep people safe. At this inspection we found action had been taken and all concerns had been addressed.

People told us and indicated they felt safe. One person described how the staff helped them and said, "The staff look after me well, I feel safe here". A second person told us, "I feel quite safe when they [staff] use the thing [hoist] that lifts me up". A family member said, "I am so much happier and can now say I feel [my loved one] is safe". This family member went on to tell us of the improvements in the care which had resulted in their loved one having a decreased number of falls.

Risks to people were managed safely. The provider and staff actively managed and reduced the risks of people falling. There was a clear policy and procedures were in place to protect people with a history of falls and to mitigate risks of falling. The registered manager had implemented a system to monitor falls and we saw that timely action had been taken when required. Actions included; providing equipment such as alert mats or door sensors which notified staff that a person was attempting to mobilise and contacting healthcare professionals for support and advice when appropriate.

In addition, the registered manager had assessed other risks associated with providing care to each individual. Each person's care file contained risks assessments which identified the risks along with the actions taken to reduce these risks. Risk assessments in place including; nutrition, moving and handling, behaviour and developing pressure injuries. We observed staff providing appropriate individual support for people who were at risk of falls, risk of harm due to behaviours that some people may find challenging and risk of developing pressure sores. Staff members were able to describe actions they took to reduce the risks to people developing pressure sores. We observed equipment, such as pressure relieving equipment being used safely and in accordance with people's risk assessments and manufacturer's guidance.

Accident and incident records were clear and detailed. These were reviewed daily by the registered manager to see if any immediate action was required and then monthly to identify any patterns. This enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.

Risks posed by the environment had also been assessed and were being managed appropriately. Equipment, such as hoists and lifts were serviced and checked regularly. Fire exit doors were alarmed so staff would be aware if anyone had left the building without staff support. There were plans in place to deal with foreseeable emergencies. The provider had a sister home in a neighbouring town, and arrangements had been made to share resources in the event of an emergency. Personal evacuation and escape plans had been completed detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were aware of the action to take in the event of a fire and fire safety equipment was

checked regularly.

A monthly auditing system had been put in place which involved the registered manager and a member of the maintenance team completing spot checks on the home to look at all areas to see what repairs or work needs to be undertaken. Where issues were noted, action was taken. There was a clear and detailed cleaning schedule in place which both domestic staff and care staff worked to; all staff understood their responsibilities in relation to the cleaning schedule. Additionally, domestic staff undertook weekly checks of all mattresses within the home. The registered manager or assistant manager completed daily checks of the cleanliness of the communal areas of the home.

We observed, and staffing rotas confirmed, that there was enough staff to meet people's needs. On both days of the inspection we found the atmosphere in the home to be calm and organised and we saw that staff were available to spend time with people and attend to their needs in a relaxed and unhurried way. Both people and staff told us that there had been an improvement in the number of staff available to provide care since our last inspection. One person said, "One thing they [staff] do, is help us when we need it". Another person told us, "There is staff around to help". A family member said, "There have been vast improvements over the last six months, I am most impressed with the number of and quality of the staff". Staff comments included, "There is definitely enough staff now, things have really improved", "We [staff] now have more time to spend with people", "We don't have to rush people anymore and can give people one to one care" and "There is enough staff at the moment, staffing levels allow people to be more closely monitored". Care staff were also supported by the registered manager, assistant manager and ancillary staff, such as housekeeping, maintenance and a cook. This meant that they were able to focus on providing care and support.

The provider had a clear recruitment process in place to help ensure that the staff they recruited was suitable to work with the people they supported. Staff recruitment files showed that all appropriate checks, such as references, work history and Disclosure and Barring Service (DBS) checks had been completed. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff confirmed that before they started working at the home they completed an application form, attended an interview and were unable to start work until all the relevant checks had been completed.

People received their medicines safely. A person said, "I get my medicine when I need it". Medicines were administered by staff who had received appropriate training and had their competency to administer medicines assessed by a member of the management team to ensure their practice was safe. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought people's consent. Staff remained with people until they were sure all medicines had been taken.

Staff respected people's rights to refuse prescribed medicines and described the action they would take if medicines were declined. There was a procedure in place for the covert administration of medicines. This is when essential medicines are placed in small amounts of food or drink and given to people. However, documentation held in relation to two people who required their medicine to be administered covertly was not robust. For example, there were no detailed covert medicines care plans or risk assessments in place and the care files contained little or no information about medicines being taken covertly and the best way to do this. This meant that there could be inconsistences in the way staff administered medication covertly. This was discussed with the registered manager on day one of the inspection who took immediate action. On day two of the inspection there were clear and detailed risk assessments and care plans in place in relation to covert medicines.

Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. On viewing the MAR chart no gaps were identified; this indicated that people had received their medicine appropriately.

Information was available to guide staff when administering 'as required' medicines, such as pain relief, to help ensure they were given in a consistent way and suitably spaced. A person said, "They [staff] will give me something if I need it". The registered manager also completed monthly spot checks on prescribed topical creams. This helped to ensure that topical creams were not used beyond their 'use by' date.

There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines. The registered manager undertook weekly stock checks of medicines to help ensure they were always available to people.

The registered manager and staff had the knowledge necessary to enable them to respond appropriately to concerns about safeguarding people. They had received safeguarding training and knew what they would do if concerns were raised or observed. One staff member told us, "If I had concerns the first thing I would do is ensure people were safe and then report it to the management". Another staff member said, "I would report concerns to the management, I know they would do something; if I wasn't happy with the action they took I would report it to the local safeguarding team". Staff and the registered manager were aware of how to contact the local authority safeguarding team and when this may be necessary. Records confirmed the service reported any concerns to the appropriate authorities.

Good

Is the service effective?

Our findings

People and their families told us they felt the service was effective and that staff understood people's needs and had the skills to meet them. One person said, "I am looked after properly" and a second person told us, "They [staff] are very good, one thing they do do is help me have a wash". A family member said, "I am much more confident in the care now, things have really improved over the last few months. I do feel that [my loved one] gets the care they need". A social care professional told us, "The staff did really well with my client and got them walking again".

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. We saw staff followed these by consulting with relatives and professionals and documenting decisions taken, including why they were in the person's best interests.

People told us that staff asked for their consent when they were supporting them. One person said, "They [staff] let me do my own thing, they don't make me do things I don't want to do". Staff sought people's consent before providing care or support, such as offering to provide support to help them mobilise. We observed staff seeking consent from people living with dementia by using simple questions, giving them time to respond. Daily records of care showed that where people declined care this was respected. One member of staff told us, "I always get the person's consent before helping them". Another staff member said, "If the person refuses care I would leave them a while and ask them again later or get someone else [another staff member] to try".

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether DoLs applications had been made appropriately. We found the provider was following the necessary requirements and where appropriate, DoLs applications had been made and reviewed. Staff had been trained in MCA and DoLS; they were aware of the people that these restrictions applied to and the support they needed as a consequence.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme which included a period of shadowing a more experienced member of staff and the completion of essential training. Staff confirmed that they had received induction when they started work at the service. A member of staff told us, "I had an induction, it was good". Another staff member said, "The induction covered everything". The registered manager told us that the length of the induction varied depending on the staff member's experience.

People and their families described the staff as being well trained and told us they were confident in the staff's ability to provide care. One person said, "They [staff] are very good, they know what to do". A social care professional said, "The staff know what they are doing". Staff told us they received effective and appropriate training. Staff comments included, "We get lots of training", "If we are unsure about something we can always ask for extra training, which is provided" and "We get the training we need". The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, dementia awareness and moving and handling. Staff were supported to undertake a vocational qualification in care and additional training was offered and provided to meet the specific needs of people living at the home. For example, one staff member told us that they had recently had an increased number of people with catheters in the home and catheter training had been provided. A catheter is a device used to drain a person's bladder through a flexible tube linked to an external bag. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, staff supported people to move safety with appropriate equipment when required.

Staff received a range of supervision regularly. Once a month the registered manager completed an observation of each staff member's practice. These observations were documented and discussed with the individual staff member. The registered manager also encouraged staff to complete a written monthly reflection on their practice. These were then reviewed jointly by the registered manager and staff member. One to one sessions of supervision were provided at the request of staff members or when the registered manager wanted to discuss a particular issue with individual staff. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff we spoke with told us they felt supported by the registered manager. Staff comments included, "You can talk to the registered manager whenever you need to, their door is always open" and "The manager is very approachable".

People told us they had enough to eat and drink and that they enjoyed the food. People's comments included, "The food is spot on" and "You can't beat the meals, we get lots of choice". We heard people being regularly offered snacks and drinks throughout the day and we saw that when a person asked for a cup of tea this was immediately provided. Meals were appropriately spaced and flexible to meet people's needs. For example, where a person chose to get up later in the morning breakfast was offered and provided.

People were offered a choice of food at meal times and pictures were used to assist people to make informed choices. Staff confirmed that if people did not like the choices available an alternative would be provided. Where people required special diets, for example, pureed food, a diabetic diet or gluten free food, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for. Staff were aware of people's likes and dislikes and this information was also available to staff within people's care plans and held in the kitchen.

Staff were aware of people's needs and offered support when appropriate. Five people living at the home required support to eat their meals and we saw staff supported people in an unhurried and caring manner. Staff also encouraged and promoted people's independence to eat unaided by cutting up food when required. Where risks of choking or poor nutritional intake was identified people were closely monitored to ensure their nutritional needs were met.

Action had been taken to support people living with dementia to understand their environment and move around freely. For example, toilets and bathrooms were easily identifiable due to large signs, that helped people recognise these rooms. A wall in the dining room had been decorated with photographs personally linked to each person living at the home. These photos included pictures of where they worked or areas they

used to live. Staff used them to prompt conversations and help people reminisce about the past. In addition, staff wore dressing gowns at night when they attended to people. This was to assist people with dementia to be orientated between night and day.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, dentists and GPs. On the day of the inspection an optician was visiting the home to complete in house sight tests for people who required them. All appointments with health professionals and the outcomes were recorded in detail. Where people required specialist equipment to maintain or improve their health or promote their independence such as adapted chairs, specialist beds or walking aids we saw that referrals had been made to appropriate healthcare professionals to support with the provision of these.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People's comments included, "We are well looked after, the staff are marvellous", "I am really happy with the care I get", "I like it here, it's nice and staff are friendly" and "I wouldn't want to go anywhere else". A family member told us, "I have no concerns about the care whatsoever; I can't fault the care at all". Another family member said, "The staff are very friendly and welcoming. I have never heard the staff raise their voice and they always talk to the people in a nice and friendly way".

People were cared for with dignity and respect. Staff were heard speaking to people in a kind and caring way, with interactions between people and staff positive and friendly. Staff knelt down to people's eye level to communicate with them. We heard one person say to a staff member, "You're lovely", the staff member responded with, "Well thank you, you're lovely too". Staff were attentive to people and checked whether they required any support and were happy. For example, one person was walking independently holding on to chairs to support them; a staff member saw this and offered support. The staff member then took both hands of the person to guide them whilst walking; the person showed they were pleased with the support provided. We saw that where people were provided with support, for example to mobilise or eat this was done in a respectful and unhurried way and staff gave clear and simple instruction where needed.

People's privacy was respected at all times. During the inspection we saw staff knock on people's bedroom doors before entering. We also saw that people who were sat in the communal area of the home were offered support and encouraged to visit the bathroom. This was done discreetly by staff members. For example, a staff member sat next to a person and quietly spoke to them about visiting the bathroom to avoid embarrassment. Staff told us they ensured people had privacy when receiving care. Staff explained that this was done by keeping doors and curtains closed.

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

People were supported to be as independent as possible and staff understood people's abilities. Care plans gave clear information about what people were able to do for themselves and when support was required. Comments in care plans included, "I am able to feed myself independently, but may need assistance to cut up my food" and "I now use a frame to walk around the home, I do need reminding to use this". People and families confirmed that the staff only helped when it was needed. One person said, "The staff let me do things myself, but do offer me help". A staff member described how they encouraged one person to be independent with personal care. They explained that the person could do things for themselves if provided with encouragement and a reassuring hand.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identifies people who are important to the person. Family members we

spoke with confirmed that the registered manager and staff supported their relatives to maintain their relationships. One family member said, "I am made to feel very welcome when I visit and can also take the dog to visit". Another family member told us, "We [family] can visit whenever we like, they [staff] never mind".

Good

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person said, "If I am not well they [staff] would always help". A family member said, "Staff are A1, can't fault them. I only have to mention something and it's dealt with straight away". Another family member told us, "I trust the home, the staff will always picking up on things and get medical help when needed".

Staff demonstrated a good awareness of the individual support needs of people living at the home, including those living with dementia. Staff were able to describe the care and support required by individual people and this demonstrated that they know people well. For example, one staff member was able to describe the support a person required with personal care and when mobilising. The information provided was confirmed by another staff member and corresponded to information within the person's care plan. People's care plans contained detailed information specific to each person. They included information about people's preferences, likes and dislikes, described how people wished to be cared for and contained specific individual information to ensure medical needs were responded to in a timely way. Records of daily care confirmed people had received care in a personalised way and in accordance with their care plans. Records were detailed and informative which provided staff with clear and up to date information about people's needs.

Staff understood people's communication styles and ensured they gave people information and choices in a way they could understand. Staff spoke clearly and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

Staff understood the importance of respecting people's choice. Staff were heard offering people choices around what they wished to eat and drink and where people wanted to spend their time. One person said, "I get lots of choice, they [staff] let you do what you want". A staff member told us, "We [staff] will always offer people choices about things; like when they want to get up or go to bed, we don't make them do things they don't want to do, it's about what they want". Throughout people's care files there were comments about providing choices to people in relation to their care. Comments in care files included information about people's preferred time to go to bed and get up and information about people's preference for a male or female staff member for personal care. People and staff confirmed that people received the gender preferred to support with personal care.

Care and support were planned proactively and in partnership with people, their families and healthcare professionals where appropriate. The registered manager completed assessments of people before they moved to the home to ensure their needs could be appropriately met. Care plans were reviewed monthly or more frequently if people's needs changed. Families told us that they were fully involved in the development and reviews of care plans. A family member said, "I am often invited in to talk about [my loved one], and for updates". A second family member told us, "I can look at [my loved one's] records and charts and can talk to staff about the care at any time". Within people's care files there was a relative communication sheet. This showed that family members were fully involved and informed of any changes in their loved one's health

and wellbeing. One family member said, "We always get a phone call if [our loved one] is unwell or if there is anything they [staff] think we need to know".

People were provided with mental and physical stimulation through a range of varied activities. Activities were provided to people both in groups and individually. People and their families told us that they felt there was enough to do. One person said, "I don't get bored" and another person told us, "There are things going on, but we don't have to join in. I prefer to read my books". A family member told us, "There is enough going on in the home, [my loved one] really enjoys singing and this is provided". Activities included reminiscence, games, music, armchair exercises, quizzes, films and arts and crafts. Fairview House was in the process of increasing its links with the local community and an activities coordinator had been recently employed to support with this. There had recently been a visit from local school children who recited their own poetry to the people living at the home and people were able to access a Holy Communion service within the home if they wished.

People and their relatives were encouraged to provide feedback on the quality of the care they received and were supported to raise concerns if they were dissatisfied. The registered manager sought feedback from people and their families on an informal basis when they met with them at the home, during telephone contact and during resident and relative meetings. People and their families felt able to approach the registered manager and staff at any time. Their comments included, "The registered manager is really approachable", "They [staff and the registered manager] will often ask me if I have any worries about the care" and "I am kept up to date about things".

The registered manager also sought formal feedback through the use of quality assurance survey questionnaires sent to people, their families and professionals annually. Regular resident and relative meetings were held to give people the opportunity to discuss any issues and concerns or share ideas about the running of the service. We saw that action had been taken in relation to feedback received. For example, following information from people in relation to the menu a new menu had been put in place and one person had requested a hat stand with a variety of hats on and this was put in place within five days of the request.

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. People and their family members knew how to complain if they needed to and felt that any concerns or complaints would be listened to and addressed effectively. One person said, "I would just talk to the manager if I had a complaint". A family member said, "I don't need to complain but they [the registered manager and the provider] respond quickly to any concerns I have had".

Good

Is the service well-led?

Our findings

People and their families told us they felt that there had been an improvement in the service over the last six months and that they would now describe the service as well-led. A person said, "It's pretty good now". A family member told us, "Things have definitely got better since about February, everything has improved; the staffing; the atmosphere; the cleanliness; the care and the organisation". Another family member said, "Things seem much more robust and organised". A third family member said, well run? Yes, I think it is". A social care professional told us they did not have any concerns over the management of the home.

Staff members told us that they felt that there had been improvements in the service and the staff morale over the last six months. One staff member said, "It's much more relaxed now and the atmosphere is so much better. It's a nicer place to work". Another staff member told us, "It's much better run, more organised and I feel that staff support each other more". A third staff member said that, "things have definitely changed for the better, things are more organised and we have more staff we [staff] have time to spend with the people".

There was a clear management structure, which consisted of a registered manager, assistant manager and senior care staff. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. Staff members' comments included, "The manager is supportive, they help when we need it", "The registered manager is approachable, they will listen to our [staff] ideas", "I think we are valued" and "The manager encourages us to approach them if we have any issues.

Quality assurance systems were in place to monitor both the safety of the environment and the quality of the care provided. Routine checks and audits were regularly carried out for a range of areas to enable the registered manager to monitor the operation of the service and to identify any issues requiring attention. The registered manager and the assistant manager carried out regular audits which included infection control, the cleanliness of the home and care plans. They also carried out an informal inspection of the home during a daily walk round. Where issues or concerns were identified action was taken. There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures, equipment and fire safety.

The registered manager's vision and values for the service were built around providing people with person centred and individualised care, promoting people's independence and ensuring care was always about the person. The registered manager also said that they were aiming to provide seamless specialised dementia care in a family orientated environment. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the values and vision. Staff were aware of the vision and values and how they related to their work. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided and these were taken seriously and discussed.

The registered manager acted in an open and transparent way. There was a robust duty of candour policy in place and we saw that this was understood and followed. For example, we saw copies of letters that had been sent to people or their family members following an incident or accident occurring.

The registered manager had begun to form links with other registered managers on the Isle of Wight and had started attending monthly management meetings. She found this supportive and helpful. These meetings allowed information and ideas to be shared in relation to providing effective care and to keep up to date with any changes to best practice guidance. The registered manager had also engaged with a social care professional from the Clinical Commissioning Group (CCG) to enhance the service.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the reception area and on the provider's website.