Meadows Edge Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Meadows Edge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for up to 45 older people and people living with dementia. There were 37 people living in the home at the time of our inspection.

We inspected the home on 25 October 2018. The inspection was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

At our last inspection we found shortfalls in the auditing of service quality. As a result, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Reflecting this and other concerns, the overall rating of the home was Requires Improvement.

At this inspection we were pleased to find the breach of regulations had been addressed. Some shortfalls in the management of people's medicines aside, service quality in all other areas had also improved and the overall rating is now Good.

Staff worked alongside local health and social care services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control although action was required to ensure the management of people's medicines was consistently safe.

Staff worked together in a mutually supportive way and communicated effectively, internally and externally. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. There were sufficient staff to meet people's care and support needs without rushing. Staff provided end of life care in a sensitive and person-centred way.

Staff were kind and attentive in their approach. People told us they enjoyed the food and drink provided. There was a programme of regular activities and events to provide people with physical and mental stimulation.

In her short time in post the registered manager had won the trust and respect of her team. Throughout our inspection she demonstrated an admirably open and responsive approach which set the cultural tone in the home. A range of audits was in place to monitor the quality and safety of service provision. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. Systems were in place to

promote organisational learning from significant incidents and events. The number of formal complaints was reducing and any informal concerns were handled effectively. There was an ongoing programme of improvement to the physical environment and facilities in the home.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had been granted a DoLS authorisation for 11 people living in the home and was waiting for a further 5 applications to be assessed by the local authority. Staff understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Senior staff documented decisions that had been made as being in people's best interests.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not always managed safely.

There were sufficient staff to meet people's care and support needs.

People's risk assessments were reviewed and updated to take account of changes in their needs.

Effective infection prevention and control systems were in place.

Systems were in place to promote organisational learning from significant incidents.

Is the service effective?

Good

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a record of staff training requirements and arranged a variety of courses to meet their needs.

Staff were provided with effective supervision and support.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People told us they liked the food and drink provided.

There was an ongoing programme of improvement to the physical environment and facilities in the home to reflect people's requirements.

Is the service caring?

Good

The service was caring.

Staff were kind and attentive in their approach.

Staff promoted people's privacy and dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good

The service was responsive.

People were provided with opportunities for physical and mental stimulation appropriate to their needs.

People's individual care plans were well-organised and kept under regular review.

Staff provided compassionate care for people at the end of their life.

Any complaints or concerns were handled effectively.

Is the service well-led?

Good

The service was well-led.

The provider had taken action to address the areas for improvement identified at our last inspection.

The registered manager had an open and responsive leadership style and had won the respect and loyalty of her team.

Staff worked together in a friendly and supportive way.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

The provider was committed to the ongoing development of the service.

Meadows Edge 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. The 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.

We visited Meadows Edge Care Home on 25 October 2018. Our inspection team consisted of two inspectors, a specialist advisor whose specialism is nursing 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.

In preparation for our inspection we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

As part of the inspection process we also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time observing how staff provided care for people living in the home to help us better understand their experiences of the care they received. We spoke with seven people who lived in the home, one relative, the registered manager, three members of the nursing and care team and one member of the catering team.

We looked at a range of documents and written records including people's care files and staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in the home and that staff treated them well. For example, one person said, "I'm safe with the carers, they check me regularly."

Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or the Care Quality Commission (CQC), should this ever be necessary.

Potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to skin care and mobility. When we looked at the risk assessment documentation in people's individual care records we saw that action had been taken to address risks that had been identified. For example, one person had been assessed as being at risk when eating. Specialist advice had been sought and a range of measures put in place to address the risk. Senior staff reviewed and updated people's risk assessments to take account of changes in their needs. As an additional means of identifying and mitigating potential risks to people's safety and welfare, the registered manager maintained a 'risk register' to record and monitor any issues or concerns which had been identified.

However, when we reviewed the arrangements for the storage, administration and disposal of people's medicines we found these were not consistently safe. For example, when we observed one of the nurses administering people's medicines we noted that the medicines trolley was sometimes left open and unattended in the main lounge. The nurse told us they were keeping an eye on the trolley at all times. However, people who lived in the home, some of whom were living with dementia, were walking in the vicinity of the trolley and the nurse would have been unable to prevent medicines being removed from the trolley. We also observed that one person was left with their medicine to take whilst the nurse was administering medicines to others in the dining room. This meant the nurse could not be sure the person had taken the medicine that had been prescribed for them.

Additionally, at the start of our inspection we were concerned to find a tub of fluid thickening powder on a table in one person's bedroom which was situated on the main corridor of the home. The door was open creating an increased risk that it could have been accessed by other people living in the home. Acknowledging the risk this unsafe storage practice presented to the people living in the home, the registered manager told us she was aware of an NHS patient safety alert issued in February 2015 in response to the death of a care home resident following the accidental ingestion of a thickening powder that had been left within their reach. This alert instructed 'all providers of NHS funded care where thickening agents are prescribed, dispensed or administered' to ensure arrangements were in place to ensure appropriate storage of thickening powder by 19 March 2015. However, later in our inspection we found another tub of thickening powder on an unattended tea trolley in one of the communal areas of the home. The registered manager told us she would take immediate action to ensure the safe storage of thickening powder in the future.

More positively, arrangements were in place to ensure the safe use of any 'controlled drugs' (medicines

which are subject to special storage requirements). We also found that medicine administration records (MARs) were completed consistently for medicines that had been administered from the medicines trolley, although the registered manager agreed to take action to ensure the MARs for any prescription creams kept in people's rooms were also completed consistently to avoid any recording gaps. Protocols were in place for any occasional use 'as required' medicines to ensure they were administered safely and consistently, although the registered manager agreed to take action to ensure fuller documentation was in place for one person who received rapid acting insulin and for another who received some of their nutrition through a tube.

The care home was clean and odour free and the provider had effective systems of infection prevention and control. A staff member had taken on the role of infection control lead and attended information sharing events organised by the local authority's infection control team, to ensure the provider was up to date with best practice in this area. Protective aprons and gloves were stored in various locations around the home to make it easy for staff to access them as required. To help ensure standards were maintained, staff conducted regular infection control audits. Soiled laundry was washed separately although, reflecting feedback from our inspector, the registered manager took immediate action to ensure soiled items were stored separately in the laundry prior to washing. The registered manager also took immediate action to replace some cracked and missing floor tiles near the kitchen which were a trap for grease and dirt.

People told us that the provider employed sufficient staff to meet their needs. For example, one person said, "Help is always available." Similarly, a member of the care team told us, "The staffing is fine." Reflecting this feedback, throughout our inspection we saw that staff had time to meet people's care and support needs without rushing. The registered manager kept staffing levels under regular review and told us that the provider had recently approved her proposal to increase care staffing levels through the introduction of an additional 'twilight shift' from 6 – 11pm. The registered manager also said she was considering increasing the number of staff deployed in the main lounge from one per shift to two. This was to ensure there were always sufficient staff available to safely support and supervise people using this part of the home.

At the time of our inspection the registered manager had been in post for about four months. She said that there had been some staff turnover in the months following her appointment. Commenting on this issue the registered manager told us, "We've had high[er] turnover due to (my) raised expectations [of my staff]. I have [also] got high standards [in recruitment]. I am getting quite picky about who we take on." Commenting approvingly on the registered manager's approach, one senior member of the care staff team told us, "There's been a bit of a clear out. For the better. I've [now] got staff that want to be here."

1We reviewed the provider's recruitment practice and were satisfied that it was safe. Disclosure and Barring Service (DBS) checks had been carried out and references obtained to ensure that the staff employed were suitable to work with the people who lived in the home. Going forward, the registered manager agreed to take action to improve the recording of decisions that were taken as part of the recruitment process.

The provider had a systematic approach to reviewing accidents and incidents. As part of this process of organisational learning, the registered manager had introduced 'reflective' meetings to review any significant incidents to identify if there were lessons that could be learned for the future. Commenting positively on this approach one staff member said, "We sit down with [the registered manager] and go through anything that has gone wrong."

Good

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "I need help to get out of my wheelchair. I always feel safe." Describing the approach of staff in supporting their relative who was living with dementia, one family member told us, "[Name] is difficult a lot of the time but they persevere."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting positively on their own induction a newly recruited member of the care team told us, "On day one I was introduced to everyone [who lived in the home]. On day two the senior got my moving and handling training sorted out and paired me up with an experienced member of staff. I was shadowing her for a couple of days." The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for all newly recruited staff.

The provider maintained a record of each staff member's annual training requirements and organised a range of online and face-to-face courses to meet their needs. Staff were also encouraged to study for advanced qualifications. Describing the registered manager's supportive approach in this area, one staff member said, "I'm always up for bettering myself. I will be doing the senior [carer] training soon." Another member of staff told us, "In January I am starting my associate nurse training. [The registered manager] suggested it." The registered manager was herself undertaking a 'developing managers' course run by the local care providers' association.

Staff received regular supervision and appraisal from senior staff. Staff told us they found this beneficial. For example, one senior staff member said, "I had [a supervision] a couple of weeks ago [from the registered manager]. It was a lot better than supervisions I have had in the past. More thorough." The registered manager said she was in the process of changing the provider's approach to recording supervision to make it a "live document" that could be updated by the supervisor at any point. She also told us that she would continue to conduct personally all annual appraisals, as she found this a valuable means of spending some quality time catching up with each member of her team.

In addition to their training and supervision, staff had access to a range of publications and other information sources to ensure they were aware of any changes in good practice guidance and legislative requirements. For example, as described elsewhere in this report, infection control procedures were reviewed regularly and updated in line with the local authority's requirements. Additionally, the registered manager had created noticeboards throughout the home which provided staff with information and updates on topics including dementia care; pressure area care and falls prevention. The registered manager also attended meetings hosted by the local care providers' association which she told us was a further source of helpful information and guidance for her and her team.

Staff from the various departments within the home worked well together to ensure the delivery of effective care and support. For example, one member of the care team said, "The communication is great here. You

get listened to [and] your opinion seems to matter. If you've got an issue it gets sorted." Another member of staff told us, "We have staff meetings once a month and a '10 at 10' meeting in the morning to go through any issues of the day with [the registered manager]. Communication is a lot better [now]. Something else that [the registered manager] has improved." Describing her approach in this area, the registered manager said, "To me, it's all about communication. It is one of the biggest things. Knowing what [people, staff and residents] want and what [we are] doing in response. They improve the home, not me."

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. 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 made on their behalf must be in their best interests and as least restrictive as possible. Describing their approach in this area, one staff member said, "It's basically giving the residents as much choice as possible. Not taking it away from them."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the provider had been granted a DoLS authorisation for 11 people living in the home and was waiting for a further five applications to be assessed by the local authority.

Senior staff made use of 'best interests' decision-making processes to support people who had lost capacity to take some decisions for themselves. For example, for personal care and the use of bed safety rails. Although we were satisfied that that people's rights under the MCA were properly protected, the registered manager agreed to amend the documentation used to record best interests decisions to make it clearer who had been consulted in the decision making process and whether any alternative approaches had been considered.

Almost everyone we spoke with told us that they enjoyed the food and drink provided in the home. One person said, "The breakfast and lunch choice is good." Another person told us, "We choose our lunch in the morning. We get two choices. There's always something I like." Kitchen staff were aware of people's individual likes and dislikes and responded accordingly. For example, one member of the kitchen team told us, "It's [mainly] cereal and toast for breakfast [but] I did a cooked breakfast [this morning] for someone who asked." One person commented, "They know I don't like gravy and that's never a problem."

Staff were also aware any particular nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, kitchen staff were aware of people who followed a soft diet or who needed their food to be pureed to reduce the risk of choking. Reflecting feedback from our inspector, the registered manager took immediate action to improve the recording of what people on these special diets had eaten, to evidence more clearly that they had been offered a choice.

Despite the generally positive feedback we received on our inspection, the registered manager was in the process of making changes to the lunchtime food provision in the home. At the time of our inspection, lunch was 'home cooked' from fresh ingredients on only two days each week. On the other five days, pre-prepared frozen meals supplied by a specialist catering company were used. The registered manager told us a new chef had been appointed recently and that when they started working in the home, the use of frozen meals would end and people would be offered freshly prepared food at every mealtime.

From talking to people and looking at their care records, we could see that their healthcare needs were

monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and therapists. Commenting positively on the proactive approach of staff in alerting them to any health issues concerning their relative, a family member told us, "[They] are good at giving us updates."

Since our last inspection, the provider had made improvements to the physical environment and equipment in the home to ensure they were suitable for people's needs. For example, a secure outside courtyard with a soft 'fall safe' floor covering had been created to enable people to sit outside independently. Commenting on this initiative, one person said, "I really like the courtyard. It's a nice place to sit now it's been finished." Under the leadership of the registered manager, large photographic murals had been placed in communal corridors to provide a point of interest and conversation. Talking about one of the photographs, the registered manager told us, "One lady says it reminds her of Stickney [where she grew up]." The registered manager told us that the owner of the home was very supportive of this and other developments. Commenting on one recent purchase she said, "I have just spent £2500 on [new] cups and plates. [The owner has supported] everything I have asked for [since I arrived]."

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. For example, one person said, "The staff are quite excellent, friendly and helpful. I like all of them."

Describing her philosophy of care, the registered manager told us, "I expect all of the staff to treat people with the utmost respect. [I tell them] it's not just a job. It's more than a job. The first thing I do [when I come to work in the morning] is go up to the lounge and talk to the residents. Before I get bombarded with things."

The registered manager's personal commitment to supporting people with compassion in a person-centred way was clearly understood by staff and reflected in their practice. For example, describing their knowledge of the personal preferences of some of people living in the home, one member of the care staff team told us, "Not every resident has the same care. One person we'll help get washed completely. Others [are more] independent and just like a shave." Commenting appreciatively on the attentive approach of staff one person said, "The care staff are good. [They make time to] have a chat." Another person told us, "'I have a good laugh with [the staff]." One staff member told us, "I love helping … the residents."

Staff also understood the importance of promoting choice and independence and reflected this in the way they delivered care and support. Describing the way they encouraged people to exercise choice and control over their personal care, one staff member said, "We ask people what they want to wear and [offer the] choice of a bath or shower. They can have one whenever they want. [Name] likes one every Monday morning. And sometimes in the evening [name] says, 'Can I go for a bath?' and we take them." Confirming the approach of staff in this area one person said, "I can have a bath whenever I like." Describing their approach to supporting people to maintain their mobility for as long as possible, one member of staff said, "If I feel they can … walk with a frame [but] are reluctant [to] do it, I [encourage them]. Gradually build it up."

The staff team also supported people in ways that helped maintain their privacy and dignity. For example, staff knew to knock on the doors to private areas before entering. Describing their approach to providing people with personal care one staff member told us, "If I start [washing] at the top, I cover the [lower part of the person's body]. I make sure the door is shut and the curtains closed." Bedroom doors were lockable and some people had their own key so they could lock their bedroom door when they were out.

The provider was aware of the need to maintain confidentiality in relation to people's personal information. Care plans were stored securely and computers were password protected. The provider had also provided staff with guidance to ensure they did not disclose people's personal, confidential information in their use of social media platforms.

The registered manager was aware of local lay advocacy services. She told us that she was in the process of sourcing the input of a lay advocate to provide additional support to one of the people living in the home. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

If someone was thinking of moving into the home, the registered manager normally visited them personally to carry out a pre-admission assessment to make sure the provider could meet the person's needs. Talking about the importance of managing this process carefully, the registered manager said, "I am under no pressure [from the owner] to fill beds. I have turned three people away this week. They wouldn't have [fitted with] the mix of people we've got." If it was agreed that a person would be moving in, the registered manager told us that she encouraged relatives to "get the room ready" in advance by putting in furniture, pictures and other souvenirs that would be familiar to the person. When the person arrived, the registered manager prepared an initial care pan to provide staff with information on the person's key needs and preferences. Over the course of the next few days, this was developed into a full individual care plan in discussion with the person and their relatives. Commenting positively one relative told us, "They fully involved me in the care plan."

We reviewed people's care plans and saw that they were well-organised and provided staff with information on the person's life history and their individual wishes and requirements in areas including personal care, nutrition, medication and skin care. Staff told us they found the care plans helpful in their work. For example, one member of staff said, "I think they are good. Very informative." Senior staff had each been allocated a number of care plans to maintain and they reviewed the contents regularly to ensure they remained up-to-date and accurate. Looking ahead, the registered manager said she intended to make further improvements to the care plans. Describing this initiative, the registered manager said, "They are not person-centred enough. I have written a specification for what I want to find [in the care plans] and arranged a training session [next week] for the nurses and seniors."

Staff clearly knew and respected people as individuals. For example, describing the support they had given to one person recently, a staff member told us, "I took one lady to her husband's funeral. She has challenging behaviour … and can get very panicky. But I have the skills and knowledge [to support her effectively]. So I volunteered." Describing some of the changes she had made in her first few months in post, the registered manager told us, "Residents weren't involved enough. It was what worked for the home. That's what I am completely against." Reflecting this philosophy, we noted that bedroom doors in the home had recently been repainted and that people had each been able to pick a colour of their choice. Similarly, the registered manager told us that plans were in place to refurbish one of the communal lounges and that the décor had been chosen by the people living in the home. Commenting positively on the person-centred approach of staff, a relative told us, "All the staff are good, approachable and responsive."

The provider's responsive approach was also reflected in the way staff cared for people at the end of their life. Outlining the support they provided when people were preparing to die, a senior member of staff told us, "We prepare an enhanced care plan [to reflect the person's] wishes. We [encourage] the family to stay over [if they wish]. Last week, one lady's son stayed with her. In a chair by her beside. We provided [him with] food and drink. There was no charge. If someone has no family, staff will sit with the person."

Since our last inspection, the provider had increased the number of hours in the activities team. Two

activities coordinators were now employed who, between them, worked seven days a week to maintain a programme of activities and events to provide people with physical and mental stimulation. This included a knitting club, outings to local pubs, visits from a touring theatre company and entertainers and a series of themed fancy dress parties for which both staff and people living in the home dressed up. With a twinkle in her eye, the registered manager feigned disappointment that we would not be returning for a second day of inspection as we would miss the opportunity to join in the following day's 'Pyjama Party'.

Talking positively about the provider's approach in this area, one person said, "I enjoy knitting and like to have a natter with the others." Another person told us, "I like the singers." Although some people clearly valued the opportunity to join in these communal activities, others were happy to pursue their own individual interests. For example, the provider had recently installed a wall-mounted hose in the courtyard garden to make it easier for one person to water the plants, an activity they particularly enjoyed. Another person made regular use of the home's library and told us, "I like all sorts of books and there's plenty to choose from." Another person still participated in the weekly community art group they had joined before they came to live in the home. Looking ahead, the registered manager told us that she had plans to employ a third activities coordinator who would focus on creating more opportunities for people to remain active in the local community and to maintain daily living skills such as cooking, cleaning and gardening.

The registered manager was unaware of the new national Accessible Information Standard (AIS) which provides best practice guidance in communicating with people in ways that meet their individual needs and preferences. However, she told us she would research the AIS and incorporate it into the provider's approach in the future. In the meantime, during our inspection we noted staff used a variety of strategies in response to people's individual communication needs. Additionally, the registered manager told us that the provider had recently ordered an electronic translating device to enable staff to communicate more effectively with a person who would be moving into the home in the near future. The person was living with dementia and, as a result of their condition, had started speaking in the language of their childhood. Reflecting the importance she attached to staff being able to communicate effectively with the person, the registered manager told us she had delayed the person's admission until the translating device had arrived.

Information on how to raise a concern or complaint was included in the information booklet people received when they first moved into the home. However, the people we spoke with told us they had had no reason to complain. For example, one person commented, "It's really good care, I can't find fault." The registered manager told us that the number of formal complaints had reduced since she had come into post. Attributing this to her commitment to trying to resolve any issues or concerns as quickly as possible, she said, "When I first came, I tried to meet as many relatives as I could. [Now] most come in to [my office] and talk to me. If something is brought to my attention I do like to sort it out. I say to relatives that if things are wrong, please tell me. They are as big a part of the home as anyone." The registered manager kept a record of any formal complaints that were received and ensured these were managed correctly in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People we spoke with told us they thought highly of the home. For example, one person said, "[It's] very good all round." Another person's relative told us, "They're very caring and efficient."

Despite the short period of time she had been in post, the registered manager had established an extremely positive organisational culture and won the respect and loyalty of her team. For example, one very long-serving staff member said, "She is the best manager we've had since I've been here. [When she came] morale was down [but] within the first couple of weeks of her being here, things got better. She's just brought a new energy to the home. She came in when it was needed." Another member of staff told us, "[The registered manager] is one of the nicest managers I've worked for. She is approachable and if you have any issues you can raise them. If she wants to get things done, she'll get things done." Describing her leadership style, the registered manager said, "I am firm but fair. I love [my job] and get up in the morning and look forward to coming to work. I put in 100%. [The staff] are a good bunch [although] I am a bit of a culture shock [for them]. I'm not what they're used to. But they have come a long, long way [already]. Grasping all the changes, taking ownership." She was also committed to maintaining a high level of visibility with people and their relatives. For example, one person commented, "[The registered manager] has a chat with me often. It's good to see her." Throughout our inspection the registered manager demonstrated an admirably open and responsive approach which set the cultural tone within the home. Describing her commitment to candour, she told us, "I am completely against covering things up."

Reflecting the strong but supportive leadership of the registered manager, staff told us they enjoyed their work and felt valued for their contribution. For example, one newly recruited member of staff said, "The staff made me feel welcome. And I had only been here three or four days [when] the manager called all the staff on shift into her office. She praised us … for all our hard work and gave each of us a Terry's Chocolate Orange. I have never [come across] that approach before. I was quite chuffed. It boosts morale. I love coming to work." Similarly, another staff member told us, "I love my job. We are a lot happier now. [The registered manager] is always around. She won't go and sit in her office as she feels out of it!" Reflecting her pride in the performance of the staff team in the months following her arrival, the registered manager had nominated various members of the care team for the annual 'carer of the year' and 'team of the year' awards organised by the local care providers' association. At the time of our inspection, the staff were waiting to find out if they had been shortlisted for the final.

Shift handover sessions, supervisions and regular team meetings were used to facilitate effective communication. Talking positively of their experience of attending team meetings, one staff member said, "It helps sort things out issues. I talk openly. I'm not one to hold back! They allow us to give our opinion."

Since our last inspection, as described elsewhere this report, the provider had made a number of improvements to the home. Looking ahead, the registered manager told us she had "exciting plans" for further, far-reaching developments including offering people and their relatives an individual area in the home's extensive grounds for them to use as they wished. For example, to grow vegetables or to create a memorial garden for a loved one. She was also committed to improving the quality of record-keeping to

address the issues noted elsewhere in this report; to increasing the participation of people and their relatives in the running of the home and to strengthening links with the local community. The registered manager told us that she had the full support of the owner for her plans for further innovation and improvement and that he had told her that he would organise a party if our inspection resulted in an improved CQC rating.

At our previous inspection of the home in July 2017 we identified shortfalls in the auditing of service quality and found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we were pleased to find improvements had been made and the breach of regulations had been addressed.

The provider maintained a range of audits to monitor the quality of the care provided. These included regular care plan; hand hygiene; mattress and building safety checks. The registered manager told us that she had recently delegated responsibility for some of the audits to other members of staff. Explaining the thinking behind this initiative she said, "The senior carers and nurses are now [doing them]. I've done a matrix and they swap every month. So we don't have the same eyes looking at everything." The provider also conducted an annual survey of people and their relatives to gain feedback on the service provided. At the time of our inspection the 2018 survey had just commenced and the registered manager told us she would be reviewing the results carefully to identify any areas for further improvement. Looking ahead, she also told us she planned to extend the survey to include local health and social care professionals who had regular contact with the home.

As required by law, the rating of our last inspection was on display in the home and on the provider's website. The registered manager was aware of the requirement to advise CQC of any significant incidents or events within the home and, since her appointment, had ensured all necessary notifications had been submitted.