Runwood Homes Limited

Caldwell Grange

Inspection report

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Warwickshire
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Date of inspection visit:
30 April 2019
01 May 2019

Date of publication:
28 May 2019

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?	Outstanding

Summary of findings

Overall summary

About the service:
Caldwell Grange is a residential care home, providing personal care and accommodation for up to 76 people. There were 73 people with frailty due to older age and / or dementia living at the home at the time of the inspection.

What life is like for people using this service:

• People using the service benefited from an extremely well led service. People and their relatives were placed at the centre of the service and involved at every level from pre-admission to throughout them living in the home. People received very kind and responsive person-centred care from staff who were well trained, motivated and supported by a dedicated registered manager who led the staff team to provide the best care they could.
• The registered manager went the extra mile to ensure people's lives were enriched and worked in collaboration with healthcare professionals to ensure people could remain at the service, if they wished to, for end of life care.
• The staff team worked hard to promote people's dignity and prevent people from becoming socially isolated within the care home. Emotional support and dignity were cornerstones of the values upheld by the staff and role modelled by the registered manager.
• Staff supported people to make decisions and relatives were involved in care planning and encouraged to give their feedback about the services.
• Staff understood how to keep people safe and embraced team working to reduce potential risks to people.
• The service was led by a registered manager and management team that were committed to delivering a service which improved the lives of the people living there. Joined-up, partnership working enabled people to maintain their wellbeing.

Rating at last inspection: The last comprehensive inspection report for Caldwell Grange was published on 10 November 2016 and we gave an overall rating of Good. At this inspection we found the service continued to be Good, and in the area of Well Led had improved to Outstanding.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was exceptionally well led Details are in our Well Led findings below.	**Outstanding** ☆

Caldwell Grange

Detailed findings

Background to this inspection

The 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.

Inspection Team:
The inspection team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service. Our expert by experience had personal experience of caring for older people.

Service and service type:
Caldwell Grange is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection took place on 30 April 2019 and was unannounced. We informed the registered manager we would undertake telephone calls to relatives for their feedback on the following day.

What we did when preparing for and carrying out this inspection:
We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from the Local Authority quality monitoring officers. We used all this information to plan our inspection.

During our inspection visit we spoke with ten people using the service, three people's relatives and three healthcare professionals. Some people living at the home, due to living with dementia, were unable to give us their feedback about the service. We spent time with people to see how staff supported them. We also spoke with ten care staff, the activities staff member, the kitchen assistant, the deputy manager, the registered manager and the provider's regional operations director.

We reviewed a range of records, including eight people's care records and medication records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed the area manager's records of their visits to the service; when checks were made on the quality of care provided.

We had telephone conversations with a further eight people's relatives the day following our visit to the care home. We also reviewed additional information that the registered manager sent us at our request, which were examples of events and initiatives that had taken place at the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal regulations were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong:
• Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.
• The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required.

• Since our last inspection, the registered manager had introduced 'safeguarding lessons learnt' and explained this enabled management and the staff team to learn from when things went wrong, to minimise or prevent reoccurrence. The local authority had no concerns about the management of safeguarding incidents at the home.

Assessing risk, safety monitoring and management:
• Risks of harm and injury were assessed and management plans were in place to reduce risks posed to people. One person identified at very high risk of falls had a pressure sensor mat for their armchair which alerted staff if this person moved position.
• Some people were at risk of developing, or having on admission, sore skin. Equipment such as special cushions and mattresses were in place and information was accessible to staff so checks could be made to ensure, for example, mattresses were on correct settings so optimal pressure relief was given.
• Staff understood the importance of repositioning people at risk of developing sore skin and recording any sore or red skin on 'body maps'. The service was part of the 'React to Red' scheme which had provided training to staff to promote healthy skin. One healthcare professional told us, "'React to Red' has had a positive impact on people living here, with no reports of skin breakdown here at the home."
• Some people living with dementia had identified risks of becoming anxious. One person, who had previously owned a dog and found comfort from stroking them, had a dementia care friendly toy pet dog, which staff told us the person found comforting. Pet therapy dogs also visited the home and spent time with people who enjoyed dogs which promoted calmness.
• Spacious corridor areas had been used to create 'mini' lounge areas, reading areas and quiet spaces, which gave people choices about where they spent their time. Staff told us these had reduced levels of anxiety experienced by people, who could freely move about the home if they wished to.
• Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence.
• All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service. Equipment was maintained and there was a fire alarm system that was fit for purpose.
• People had Personal Emergency Evacuation Plans (PEEPS) which detailed information about the level of

support or special evacuation equipment they may require in the event of an emergency.

Staffing and recruitment:
● People, relatives and staff told us they felt there were sufficient staff to safely meet people's needs. Throughout our inspection visit, people's needs were met in a timely way.
● A dependency tool was used by the registered manager to calculate the number of staff required based on people's individual needs. The registered manager told us, "It's important our staffing levels are right for people to receive excellent care."
● The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. New staff worked with experienced staff to understand people's individual needs.

Using medicines safely:
• The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
• Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
• District nurses and / or nurse practitioners visited daily to support people with medicines such as injections, which care staff were not legally able to administer.
• Medicine Administration Records (MARs) looked at had been completed as required and people had their prescribed medicines available to them.

Preventing and controlling infection:
• The service was very well presented, clean and tidy throughout and there were no odours. We received very positive feedback from relatives about the cleanliness of the home.
• Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions, national hand hygiene and personal protective equipment (PPE). We saw staff supported people to cleanse their hands before mealtimes and whenever needed during the day, as promoted by the policy.
• Staff understood the importance of using (PPE) such as gloves and aprons to reduce risks of cross contamination.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: The effectiveness of people's care, treatment and supported good outcomes for people. Legal regulations were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Prior to people moving into the service, the registered manager undertook a comprehensive needs assessment. This was done in consultation with people and their relatives. Where relevant, the nurse practitioner was involved in hospital discharge planning and worked closely with the home's registered manager. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
• A relative told us, "As a family, we were very reluctant for our relative to move into a care home due to national negative publicity. The registered manager came to us, at our home, and patiently answered our questions. The reassurances they gave to us have been met, it's lived up to what were told. Everything is positive."
• The registered manager told us, "Initial assessments are important because I need to make sure not only we can meet the needs of people, but also they will fit in with the people already living here." The provider's regional operations director was supportive of the registered manager's judgements and told us, "It is better to have an empty bed than rush to accept a person whose needs we cannot effectively meet." The three empty beds at the home on the day of our inspection visit reflected this commitment.
• Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. Staff were able to tell us about people's specific needs.

Staff support: induction, training, skills and experience:
• People and relatives felt staff had the skills they needed to effectively support them.
• The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
• Staff undertook additional training to gain skills and knowledge about people's specific needs. The registered manager had completed the 'Dementia Friend Training' and led by example in how to effectively communicate and support people living with dementia.
• Staff were supported through one to one and team meetings. All staff told us they felt 'totally supported' by the registered manager.

Supporting people to eat and drink enough with choice in a balanced diet:
• People were given choices about what they ate and drank. One staff member told us, "We plate two meals and show people, they can point to which one they want. It's easier for people living with dementia to make a choice like that." One person smiled, when shown both choices and said 'both' and their request was met.
• People's dietary preferences were met and respected by staff. For example, vegan food options were

available.
• Staff and the registered manager monitored people's weight, and action was taken when people needed extra calories because of unplanned weight loss.
• People were referred to healthcare professionals when dietary guidance was needed.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:
• People were supported to maintain good health through regular access to health care professionals.
• The registered manager told us, "We are a large care home and work with six local GP surgeries. A nurse practitioner covers five of those surgeries and I've developed a very positive and strong trusting relationship with them."

Ensuring consent to care and treatment in line with law and guidance:
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf, must be in their best interests and as least restrictive as possible.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA applications procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• Care staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care.
• People's capacity to make decisions had been assessed and 'best interests' decisions had been made with the involvement of relatives, staff and health care professionals.

Adapting service, design, decoration to meet people's needs:
• The service was purpose built with a design and décor that met the needs of people living with dementia and / or frailty due to old age. Suitable signage, such as for toilets, helped people find their way about. People had individually decorated bedroom doors with photos or objects important to them to help them identify their bedroom.
• The garden was accessible and enclosed. There were communal lounges and dining areas and a very large 'tea room' where relatives and friends could meet with loved ones, in private if they wished to, and make themselves drinks.
• Spacious corridor areas had been utilised in an innovative way with one area being a 'corner shop' and another being a 'haberdashery'. Themed murals decorated areas contained items for use, such as old- style hats and clothing.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were well-supported, cared for or treated with dignity and respect. Legal regulations were met.

Ensuring people are well treated and supported:
• People and relatives described the care provided as 'very good'. One relative told us, "When my family member moved in they made them very welcome, staff were very kind and supportive." Another relative said, "Before moving in, my family member had been living alone and had become withdrawn. They had a short stay here and loved it, so decided to move in. They are a different person now, so happy. The staff are a fantastic team."
• Positive interactions took place between people and staff. For example, housekeepers took opportunities to engage with people and the administrator showed a kind approach to people who chose to spend time in the reception area.

Supporting people to express their views and be involved in making decisions about their care:
• Relatives told us staff had involved them in their family member's initial assessment to inform their plan of care.
• People were supported to express their views and opinions in ways that reflected their ability to do so. People were involved in discussions about their day to day care, where they spent their time and whether they wanted to take part in planned activities.
• 'Resident meetings' took place and relatives were aware they could speak with the registered manager to discuss their family member's care.

Respecting and promoting people's privacy, dignity and independence:
• Staff were consistently conscious of maintaining people's dignity when helping them mobilise, transfer using a hoist, knocking on bedroom doors and providing cloth aprons at mealtimes.
• Since our last inspection, the registered manager had recognised promoting dignity went beyond the need for staff to knock on bedroom doors. The registered manager told us, "A relative might be giving their family member a hand massage as part of their end of life care, or a staff member might be having a one to one reminiscence chat with someone, a knock on the door might destroy the special moment, so we introduced 'Dignity signs'." During our inspection visit, we saw these used on bedroom doors and one relative told us, "Staff will offer to put the sign on the door when I visit my husband, so we can have some quiet time together."
• Staff promoted people's independence as far as possible. For example, at lunchtime, staff prompted people to make choices and eat their meals, giving support when needed.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: Services were tailored to meet the needs of individuals. Legal regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

• People and their relatives made positive comments to us about the service. Comments included the registered manager being 'excellent' and 'always available'. Relatives described 'nothing being too much trouble for staff' and 'everything being perfect' at the home.
• People had care plans which highlighted individual needs and preferences and included detailed person-centred information. Relatives and visiting healthcare professionals told us staff knew people well and provided individualised support. One relative told us, "I visit every day and whichever staff are on, I see the care and attention to detail is consistent, there is constant individual interactions from staff to people living there."
• Reviews of people's care needs were used to look for ways as to how the service could be more responsive to them. Dementia care research had been used to select a special plate, based on colour, texture and design for a person living with dementia. The registered manager told us they were currently reviewing who else may benefit from special plates.
• The registered manager continuously reviewed how they could ensure the service was responsive to people's needs. For example, they had attended a commissioning event for the service to work with the NHS 'Red Bag' scheme. The registered manager explained 'red bags' supported key information about people and personal items being readily available, which contributed to efficient transfers between, for example, the care home and hospital.
• People's pastoral care needs were met in individual ways.
• The service used innovative ways to enrich people's lives through activities and social events that enhanced their quality of life. Since our last inspection, the registered manager had introduced the 'Forget Me Not' scheme. They had recognised that not everyone enjoyed or was well enough to take part in planned activities or outings and this posed risks to people of social isolation. One staff member told us, "In the past people in their bedrooms received minimal contact with staff, the manager recognised this might make them depressed. Now visiting people in their bedrooms is an essential part of their care, it's not an 'add-on'."
• Activities took place throughout the day and all staff consistently looked for opportunities to engage with people.
• People had information presented in a format that was accessible to them. There was signage, easy read and pictorial prompts which staff used to promote communication. One relative told us they had been distressed at no longer being able to communicate with her husband who was living with dementia. This relative said, "The manager listened and could see it was upsetting me, so they created some picture cards for me. My time with my husband is better now. The manager gave me some personal communication cards and today I showed my husband 'x' (kiss) and he gave me about fifty kisses, it means so much to me."

Improving care quality in response to complaints or concerns:

• There was a robust complaints policy which was shared with people and their relatives.
• The registered manager displayed their contact telephone number in the reception area and told us they were contactable at any time. One relative told us, "It's good to know the manager's always available if we have any concerns when they are not there, and we needed to call them. We've not had to, because everything is great, and the other staff always respond to my relative's needs."
• Throughout our inspection visit, we saw relatives speak with the registered manager. The registered manager had an 'open door' policy and relatives told us she was 'always available'. People and relatives had no complaints and told us they were confident any issue would be addressed immediately by staff.

End of life care and support:
• People and their relatives were supported to make decisions and plans about their preferences for end of life care. Advance planning took account of people's wishes to remain at the service at the end of their life, in familiar surroundings and supported by staff who knew them well.
• People had 'ReSPECT' assessments, where decisions had been made to 'Do Not Attempt Pulmonary Cardio Resuscitation' (DNACPR). Information was discreetly shared with staff about which people had these in place.
• The home did not offer nursing care, however, the registered manager worked in collaboration with healthcare professionals, including the nurse practitioner team. This innovative collaborative working meant visiting nurse practitioners undertook clinical interventions required during a person's end of life care, which enabled people with complex end of life care needs to remain at the home with care and support from the home's care staff.
• Staff had completed training in 'crucial conversations' with regards to end of life and dealing with sensitive conversations and felt confident in supporting people with their end of life care. Staff had also completed training as recommended by the out of hours rapid response team. One staff member told us, "We have excellent support from the nurse practitioners which means people don't have to leave this home when they reach the end of their lives. They arrange special medicines in case they are needed for end of life care and they are on-call 24/7, so we know exactly what to do and where to get support." A nurse practitioner told us, "The staff here ensure excellent end of life care is provided. I support the registered manager with end of life care planning which they review daily. I have every confidence in staff making contact with my team when needed so as to ensure people have pain-free, comfortable deaths."
• Staff and relatives used objects in an 'end of life care box' to comfort and engage with people during their final stages of life. The registered manager explained people can appear unresponsive to loved ones, who found this distressing. Objects included relaxation oils, CDs, textured blankets and hand massage cream enables relatives to have close contact with their loved one in a meaningful way and for people to feel cared for through touch.

Outstanding ☆

Is the service well-led?

Our findings

Well Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care:

• People and relatives gave us excellent feedback about the home and felt they were at the centre of the service. There was an exceptionally high level of satisfaction with the quality of the services received. One relative told us, "Anytime, any day, the manager's door is always open and management are accessible."

• The service was led by a dedicated and strongly motivated registered manager, who with the provider's support strived to deliver the best person-centred care possible. The provider enabled the registered manager to work innovatively, giving them sufficient staffing resources, learning and development so their emphasis could be on continuous improvement.

• The staff team embraced the registered manager's passion and provider's vision to ensure people's lives were enriched and meaningful everyday.

• The registered manager told us, "Over the past eighteen months, I've worked to 'step out of the box' to ensure people's individual holistic needs are met. Rather than just 'good care' I want people to always have real personalised care and for their experience living here to be excellent."

• The registered manager had involved people, relatives and staff in developing numerous projects and themes to enhance people's experiences of living in the home. For example, April 2019's, theme of the month was 'Reducing Isolation' which staff had identified as important to prevent people becoming withdrawn, unhappy and potentially loosing their appetite. Ideas were discussed, implemented and embedded as part of the culture of the home so that preventing risks of people becoming socially isolated was part of the day to day routine.

• There was constructive engagement with staff and relatives who were offered opportunities to feedback on care practices observed. For example, the registered manager encouraged votes for staff who had been seen to innovatively take opportunities to reduce isolation so practices could not only be learned from but also celebrated in the staff team.

• Since our last inspection, the registered manager had implemented 'lead champion roles' for staff; based on staff's skills and interests. For example, the head housekeeper had completed the NHS 'Back to Basics' infection control and prevention so they could role model learning from this, as a result staff now supported people to cleanse their hands before meals. Staff were proud of their lead roles and sharing information and learning so people living at the home benefitted from their skills.

• The registered manager took opportunities to lead by example to her staff team. One relative told us, "When my family member needed changing and I told the manager, she did not ask a carer to do, she came herself and did it. She is a good role model to staff."

• The registered manager ensured staffing practices met their expectations by working alongside them,

where they demonstrated best practices. For example, during lunchtime, they assisted people with their meals and said this helped them develop relaxed, positive relationships with people, and discreetly observe staff's support of people, so performance was continuously reviewed.
• There was an attitude of respect and inclusion within the culture of the home. For example, the registered manager recognised and respected the service as people's home. They linked arms with one person living with dementia and asked if they would like to help show us around their home.
• Relatives told us they did not need to use the provider's 'Tell us Now' comment box to give feedback, because they were involved in the development of the service and their family member's care. One relative told us, "I can just speak with the staff, the manager or phone them anytime if I need to give any feedback. There's no need to fill a form in here."
• The registered manager actively sought to communicate and provide information for people, relatives and staff members. The home's large reception area was utilised to share monthly information about trips out, the home's newsletter and how to give feedback on staff observed to be going 'the extra mile' in implementing dignity. Relatives spoken with said it was a useful place where they could read information and see what was happening in the home.
• The registered manager actively sought opportunities to work with other bodies and individuals to improve the quality of care and reduce the need for GP call outs, ambulance calls and hospital admissions. A nurse practitioner told us these had dropped by over 50%. They told us the registered manager's collaborative working had had "a massive positive impact on people's wellbeing." The registered manager had in addition completed a nationally recognised qualification in end of life care.
• The registered manager had worked with a nurse practitioner to increase staff's confidence to equip them in recognising changes in people's needs so health interventions could take place at the home, where people felt comfortable and knew staff.
• The service had been accepted as part of the pilot project 'MIRA LIFE' in conjunction with the NHS. Staff were being trained to take basic clinical observations, such as a person's pulse, and results would be digitally shared with clinicians. The purpose of this was to identify any clinical changes in a person's wellbeing, so early intervention could be given in the care home and avoid emergency admissions to hospital. The registered manager told us, "I think staff embracing this is a reflection on how their confidence has grown and also we accept people are better off, as far as possible, remaining here with the staff they know."
• The management team attended local Provider Forums to share experience and local hospital events on skin care. Initiatives were shared with the staff team to ensure current practices were followed at the home.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:
• The whole staff team had a detailed understanding of their roles and responsibilities toward people living in the home and embraced further learning and developmental opportunities, so people received the best care and support possible.
The provider facilitated 'registered manager' meetings which ensured opportunities were offered to managers to share their practices and learn from one another. The registered manager told us, "Sharing can give me fresh ideas for this home that I may not have thought of, and something that is going really well here, I can share with other managers so they can try it."
• The registered manager wished to increase attendance at the home' s 'resident and relative meetings'. They told us, "Because people and relatives see me all the time and always stop to chat, attendance at the meetings is a bit low. It would be a great opportunity for sharing, support and further updates on plans for the home. So, from May 2019, I'm introducing themed meetings around food, which might tempt people and their relatives as a bit of a social gathering rather than 'meeting' focused."
• The provider had very robust systems and processes to monitor the quality of the services provided which

the registered manager implemented in detail. The registered manager undertook audits and looked for continuous ways where improvements could be made. For example, the registered manager had expanded the way they undertook their analysis of falls, to implement NHS guidance on 'react to fall' and Age UK fall prevention exercises were used. Staff members formed a 'falls prevention team' and actions taken had reduced people's individual risk factors and promoted people's safety.

• The registered manager was supported by a regional operations director and told us, "[Name] started at the beginning of 2019 and they are very supportive. We share the same vision for the home." The regional operations director undertook unannounced visits to the home and undertook checks on audits completed to ensure compliance with regulations.

• Feedback from healthcare professionals about the management of the care home was very positive. One healthcare professional told us, "This is now one of the best local residential care homes."

• The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were systems in place to notify CQC of incidents at the home.