

Four Seasons (Evedale) Limited

Evedale Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection site visit took place on 18 January 2019 and was unannounced.

Evedale is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates 64 people in one adapted building across two floors. On the day of our visit 53 people lived at the home. The home is located in Coventry in the West Midlands.

We last inspected Evedale Care Home in November 2017 and gave the home an overall rating of 'Requires Improvement'. The inspection identified continued breaches of Regulation 14 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always receive adequate support with eating and drinking to maintain their health. The provider's quality monitoring systems had not been embedded and therefore, were not effective.

We asked the provider to send us a report, to tell us how improvements were going to be made to the service. At this inspection on 18 January 2019 we checked to see if the actions taken by the provider were effective. A range of improvements had been made and sufficient action had been taken in response to the breaches of Regulations. However, previously demonstrated standards of some aspects of medicine management and administration had not been maintained.

This is the third consecutive time the home has been rated as requires improvement.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People did not always receive their medicines as prescribed because some medicines had not been in stock. Improvements had been made to the level of detail and accuracy of completed daily records. However, further improvement was needed and action was planned to address this.

People felt safe living at the home. Staff were recruited safely and enough staff were available to respond to people's requests for assistance. The use of agency staff had reduced which meant people were supported by staff they knew.

Risks to people's safety and the environment were identified. Staff knew how to manage risks and risk management recommendations made by a health care professional were followed. The home was clean and well maintained. Staff followed good infection control practice.

Care records supported staff to provide personalised care. People and relatives, were involved in planning and reviewing people's care. Staff were caring and kind. Staff respected people's rights to privacy, dignity and independence and supported people to maintain important relationships and make new friendships.

Staff received the support they need to be effective in their roles through an induction, regular meetings and on-going training. People and relatives knew how to make a complaint. Complaints were managed in line with the provider's procedure.

People and relatives shared their views about the home and feedback was used to support continuous improvement. Quality monitoring had improved but further improvement was needed to ensure checks and audits were effective.

The registered manager was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff gained people's consent before they supported people and respected people's decisions and choices.

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 not consistently safe.

People's medicines were not always managed and administered safely. Action was taken to address this. People felt safe living at the home and staff were available to support people when needed. Risks to people's safety and the environment were identified and actions taken to manage and reduce risk. The management team and staff understood their responsibilities to safeguard people from harm. Staff were recruited safely. The home was clean and staff followed good infection control practices.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received induction and training that supported them to meet the needs of people effectively. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The rights of people who were unable to make important decisions about their health or wellbeing were protected. People had the support they needed to meet their nutritional needs and to access health care when needed

Good ●

Is the service caring?

The service was caring.

Staff had a good knowledge of people's needs and how people wanted their care and support to be provided. People and relatives felt staff were caring and kind. Staff supported people to maintain their independence, and they respected people's life style choices and rights to dignity and privacy.

Good ●

Is the service responsive?

The service was responsive.

Care plans provided staff with the information they needed to respond to people's individual needs. People were supported

Good ●

and encouraged to take part in activities. People and relatives were involved in planning and reviewing their care and support. People and relatives knew how to raise concerns and were confident any complaints would be addressed.

Is the service well-led?

The service was not consistently well-led.

The home had a stable management team who had worked with the staff team to make significant improvements. People, relatives felt positive change had taken place and were very satisfied with the service provided and the way the home was managed. Staff felt supported and valued by the management team. The provider's systems to monitor, review and make improvements to the quality and safety of service were not consistently effective.

Requires Improvement 

Evedale Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection visit took place on 18 January 2019 and was unannounced. The inspection team consisted of two inspectors, a nurse specialist 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 service.

Before our visit we looked at the information we held about the home, for example statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

We 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 us some key information about the service, what the service does well and improvements they plan to make. During our inspection visit we found the information contained in the PIR reflected how the home operated.

Some people who lived at Evedale had limited verbal communication and were unable to tell us in any detail about the service they received, so we also spent time observing how they were cared for and how staff interacted with them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. This was so we could understand their experiences of the care they received.

During our inspection visit we spoke with seven people, six relatives of people and 12 staff, including nurses, care staff, activities, domestic and catering staff. We also spoke with the registered manager and regional manager and a health care professional.

We looked at six people's care records and other records related to people's care, including medicine records, daily logs and risk assessments. This was to see how people were cared for and supported and to

assess whether people's care delivery matched their records. We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records of the checks the provider and management team made to assure themselves people received a good quality service.

Is the service safe?

Our findings

At our last inspection safe was rated 'Require Improvement' because regular high use of agency staff (temporary staff provided by another organisation) affected the continuity of care people received. Furthermore, some records relating to the safe administration of medicine and risk management were not always fully completed. At this inspection the use of agency staff had significantly reduced and some improvements had been made to the completion of records. However, previously demonstrated standards of other areas of medicine management had not been maintained. The rating remains 'Requires Improvement'.

Medicines were not consistently managed and administered safely. People told us they received their medicines when needed. However, medicine administration records (MARs) showed some people had not received their medicines during the month of January because they had not been in stock. One person's medicine to prevent anaemia had been out of stock for seven days. Another medicine usually prescribed to aid urination was prescribed for two people but had not been available in the home for between three and nine days. Prescribed medicines were available on the day of our inspection.

Nurses had made daily telephone calls to the GP and the dispensing pharmacy to obtain the out of stock medicines. However, they had not escalated this to the management team so people's prescribed medicines remained unavailable.

People had not experienced any ill effects as a result of not receiving their medicine. However, we were concerned about the significant potential effects medicine not being available could have on people's health and well-being.

The registered manager assured us immediate action would be taken, including sharing information with the local authority safeguarding team. The day after our inspection, the registered manager provided comprehensive details of the actions taken.

People's medicines were administered by trained staff and regular observations of their practice were completed to ensure staff remained competent. One person told us, "The nurses are good at giving tablets out." Previously, some records for medicines administered via a patch applied directly to the skin did not include the date, time, and where on the person's body the patch has been placed. Recording this information ensures these types of medicine are applied safely in line with good practice recommendations. At this inspection records contained the necessary information.

However, other records including those to show the application of creams and lotions and for medicines prescribed on an 'as required' basis lacked detail or contained gaps. Some protocols for 'as required' medicines did not include the minimal time between doses and the maximum dose to be administered in a 24-hour period. This information is important to ensure people do not receive too little of too much of this type of medicine. Despite these omissions our discussions with staff assured us creams and lotions were being applied and nurses knew when to give people their 'as required' medicine.

People told us they felt safe living at Evedale and there were enough staff to meet their needs. One person explained they felt safe and secure because staff were 'always about'. Another person said, "If I need help I press my buzzer staff come to me quickly to make sure I am okay." A relative told us they were confident their family member was 'in safe hands'.

When we asked staff if there were enough of them on each shift to meet people's needs safely. One commented, "Now we have our own staff (not agency) things have really improved. We are working as a team." Another explained the provider had increased the hourly rate of pay staff received if they worked overtime. They added, "I think they [provider] want to make sure the residents [people] get continuity. It's working."

The provider's recruitment procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. The provider checked staff's suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at the home until all pre-employment checks had been received.

Staff had attended safeguarding training which included the types of abuse a person could experience and how to raise issues with the registered manager and other agencies. One staff member said, "If someone was withdrawn or was acting out of character that could indicate fear and potential abuse." Another said, "We tell a nurse or the manager. I'm 100% confident if I raised an issue action would be taken to protect the person." They added, "If nothing was done I would tell the regional manager or you (Care Quality Commission).

The registered manager had a good knowledge of safeguarding procedures and their responsibilities. Where information of a safeguarding nature was known to them they had made timely referrals to the local authority safeguarding teams so safeguarding concerns could be investigated.

The provider's systems identified risks to protect people from harm. Risk assessments provided staff with the up to date information they needed to provide care in the safest possible way. For example, one person was at risk of falling out of bed. Their assessment instructed staff to ensure the person's bed was lowered to the ground and falls mat placed beside it. Staff explained this was to minimise the risk of injury to the person if they rolled out of bed.

Daily checks had been introduced to ensure staff recorded the actions they had taken to manage risks. For example, to show when people had been assisted to move their position to reduce the risk of their skin becoming sore. The clinical lead added, "Any omissions can now be quickly identified and addressed." The premises and equipment were safe for people to use. Safety checks minimised risks such as periodic safety checks of water, fire equipment, gas and electrical equipment in line with safety guidance.

Emergency plans were in place if the building had to be evacuated for example in the event of a fire. Staff understood the provider's emergency procedure and the actions they needed to take to keep people safe in the event of an emergency. The provider's fire evacuation procedure was on display throughout the home and directional signage guided people, visitors and staff to the nearest fire exit.

Accidents and incidents were recorded and timely action had been taken to support people and prevent reoccurrence. The provider completed a monthly analysis across all their services to identify patterns or trends. When things had gone wrong outcomes and findings were shared at meetings with registered managers to ensure lessons were learnt.

The home was clean and well maintained. One person commented, "It is always spotless here. My room is cleaned every day." Staff had received training and followed good infection control practices throughout our visit.

Is the service effective?

Our findings

In November 2017, we rated this key question as 'Requires Improvement'. We found a continued breach of Regulation 14 of the Health and Social Care Act Regulated Activity Regulations 2014. Meeting Nutritional and Hydration needs. This was because records relating to malnutrition and dehydration had not been maintained and agency staff did not understand people's nutritional needs. Furthermore, the advice of health care professional had not always been followed by staff.

During this visit we found improvements had been made. The provider was no longer in breach of Regulation 14 and the rating has changed to 'Good'. People's views about the food provided at the home were mixed. Most people told us they enjoyed their meals and had the opportunity to inform menu planning. We saw the chef spent time chatting with people about their likes and dislikes to assist in devising future menus. In contrast one person described the food provided as 'dodgy'. They said, "It's not very nice sometimes..."

Staff, including the chef, demonstrated a good knowledge of people's nutritional needs. They knew who was diabetic and who needed to consume a high calorie diet because they were at risk of losing weight. People had access to a range of hot and cold drinks, fresh fruit and snacks, including those fortified with extra milk, cream and butter to increase their calorific value.

At lunchtime staff supported people living with dementia to choose what they would like to eat, by showing them two plated meals. This enabled people to make a choice based on what they could see and smell. Other people used picture menus to make their selections. Where people required a pureed meal each element of their meal was individually piped onto the plate to ensure they retained their colour and individual flavour. For example, fish was piped in the shape of a fish. Staff were available to provide the support people needed in an unhurried way.

People assessed as being at risk of choking or weight loss received specialist support from dieticians and speech and language therapists (SALT). Health care specialists risk reduction recommendations were fully documented and known to staff. For example, prior to assisting a person to eat, one staff member raised the bed head so the person was correctly positioned to eat their meal. The staff member understood this was important so the person did not choke

Most food and fluid records had been accurately completed to show what and how much people had eaten and drank, including additional snacks and high calorie milk shakes. The registered manager had already identified the shortfalls in some records and action was being taken to address this. They said, "I check all the records and they are much, much better. I have met with staff individually to explain the level of detail to record. We will get there."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager understood their responsibilities under the Act. They had submitted applications to the local authority (supervisory body), to authorise DoLS in line with the legislation. This was because some people had restrictions placed on their liberty to ensure their safety.

Staff had received MCA training and demonstrated they understood the principles of the Act. One staff member told us, "You have to assume everyone has capacity to make decisions unless proven otherwise. Even if they don't have capacity to make every decision you have to check each time." Staff sought consent from people before providing assistance. For example, one staff member asked a person if they would like assistance to have a wash and get dressed. The person replied, "Yes, I am ready for your help."

Care records contained information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who had the legal authority to make decisions in the person's best interests.

People were confident staff had the knowledge and skills they needed to meet their needs. One person told us, "They [staff] go on training I know that because they tell me. That's good, they know what they are doing." A relative described staff's knowledge and skills as 'excellent'. Throughout our visit demonstrated they were skilled and confident in their practice.

New staff received the support and training they needed when they started working at the home. This included, working alongside experienced staff, reading people's care records and starting the Care Certificate. One member of staff described their induction to the home as 'really good'. The Care Certificate assesses new staff against an agreed set of standards during which they have to demonstrate they have the knowledge, skills and behaviours expected of specific job roles in social care sectors. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

A programme of on-going training, including equality and diversity, dementia and infection control enabled staff to update and develop their knowledge and skills. One staff member said, "We have online and practical training. I like the mix it suits me because I can learn at my own pace." Staff also had opportunities to completed training in other areas related to people's individual needs, for example catheter care. One staff member explained how completing this training enabled them to identify if a catheter was not draining properly so they could 'immediately' inform a nurse of this.

The management team and staff worked in partnership with other health and social care professionals to support people to maintain their health and well-being. One person told us, "I tell the nurse if I am off colour and they call the doctor if I need to see them." Care records showed people were visited, or attended visits, with healthcare professionals regularly, and as people's needs changed.

The registered manager told us, "Relationships with the dietician and SALT are so much better now because we talk, and can evidence we follow their advice." The strengthening of these relationships was evident because recent positive feedback had been received from a dietician. The registered manager told us, "Staff

were amazed to get such feedback. It blew their minds".

People's needs were met by the design of the building. One person told us, "I like the place, its spacious and I can get around easily. The signs on the doors are good and help me to get where I want to go."

Is the service caring?

Our findings

At our previous inspection the service provided was caring, and at this inspection it continued to be. The rating continues to be 'Good'.

The atmosphere at Evedale was warm and friendly. People told us staff were always caring and showed them kindness. One person said, "The staff are lovely, it's got much better lately. I know them all now, so I am happy." A relative told us staff were helpful and listened to them which made them feel their family member was cared for well.

During our SOFI, we saw staff spent time with people and were interested in what they had to say. For example, a staff member was sat next to a person looking out of the window 'bird spotting' together. The person was laughing and smiling and said to the staff member, "There's one, up there." The staff member gently squeezed the person's hand and replied, "Oh yes, well spotted you have good eyes." The person responded by smiling.

Staff enjoyed working at the home and said they felt the quality of care people received had improved. Comments included, "Care is better because we don't have to tell agency what to do, instead we can spend our time with the residents." "Care is good now, we work together as a team to meet people's needs." and "We are all happy here. We love the residents."

Staff prompted people's privacy and respected their dignity. One person told us their preference for support with personal care to be provided by a female staff member was always met. They added, "It's good, I feel much more comfortable with the ladies, I feel relaxed with them." A staff member told us, "I am sensitive to how people are feeling when I assist them to wash as it's really personal. I make sure people's private parts are covered and doors are closed."

People were supported to maintain relationships that were important to them. Some people had developed friendships with other people who lived at Evedale. At lunchtime we heard one person say, "Here's my mate, we always sit together." People told us their family and friends could visit at any time. Relatives confirmed this. One relative told us they were always greeted 'in a friendly way' by staff and management. People and relatives had access to a coffee lounge where a range of drinks and snacks were available.

The staff team were committed to supporting people to maintain their independence wherever this was possible. We saw one person carrying a cup of coffee to their room. A staff member noticed this and asked the person if they needed any help to carry their drink. The person replied, "No I can do it." The staff member respected this but walked alongside the person chatting and gently reminding them to hold their cup upright, so their coffee did not spill.

Staff understood the importance of promoting equality and human rights as part of a caring approach. One staff member said, "Everyone is welcomed here with open arms. We have had training and we recognise that everyone is different. We respect how people want to live their lives."

People chose how to spend their time and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, some people were up when we arrived at the home, and others remained in bed. During the day some people spent time in their bedrooms, and other people were in the communal areas of the home, which was their preference.

People's records which contained personal information were securely stored and kept confidential.

Is the service responsive?

Our findings

In November 2017 we rated this key question as 'Requires Improvement'. This was because the provider's complaint's policy was not available to people and social activities were limited. Agency staff did not understand people's needs and care plans did not include the detail staff needed to provide individualised care. During this inspection we found improvements in all areas. The rating has changed to 'Good'.

People told us they were supported by staff they knew and who understood their needs. One person said, "I'm very well looked after. They [staff] know what I like." A relative described how the registered manager had spent time working alongside staff to ensure they felt confident following a change to a specific aspect of their family member's care.

Staff were responsive to people's needs. For example, when a person told a staff member they felt cold, the staff member quickly fetched an extra cardigan and helped the person put it on. However, the person said they still felt cold. The staff member responded by placing a blanket over the person's knees. We heard the person say, "That's better, thank you."

Care plans contained information about people's needs, their preferences and life style choices. For example, what people preferred to drink, what hobbies they had and what items of clothing they liked to wear. Where people had specific needs, for example around communication there was guidance for staff on how best to support the person. This meant staff had the detail they need to provide individualised care in line with people's needs, wishes and preferences.

People and relatives were involved in the planning and review of their care. One person said, "Yes, they [staff] come and ask me about what I want and if there is anything that needs to change." A relative told us, "[Person] has only been here a few weeks but I have been asked on several occasions to contribute information. To me that's shows staff want to provide good care."

Staff told us communication in the home had improved since our last inspection and they had time to read people's care records. One said, "We have time to read care plan updates and the nurses give us a good hand over, so we know what has been going on." Care plans had been regularly reviewed, except for one, which had not been updated when a change occurred. Action was taken to address this during our visit.

Staff attended a daily handover meeting at the start of their shift to exchange information about people at the home. Staff told us this assisted them in keeping up to date with people's clinical and care needs. Handover records were used to communicate important messages and listed key information about each person that lived at the home.

Staff spoke about people in a very person-centred way demonstrating they knew people and understood their chosen routines, likes and dislikes. For example, staff understood supporting one person to have a daily shave was a key part of their morning routine because their appearance was important to the person. The clinical lead told us, "You have to know the residents [people] really well because some residents can't

tell you what is wrong but I can tell by little changes in their behaviour."

Previously, opportunities for people to engage in meaningful activities and the budget available to support this was limited. At this inspection when we asked people and relatives about activities they commented, "[Name] enjoys crafts with the activities girl." "and, "They have good activities. There are posters on all boards. The girls come around to let you know what's happening."

One person explained they preferred to spend time in their room. They said, "The girls come and do my nails whilst we have a coffee and a chat." We saw this happened during our visit. Another person told us they had enjoyed listening to the children from a local primary school singing during a visit at Christmas time.

The regional manager was confident that sufficient funds were available to support activities which could be accessed at any time. The regional manager told us monies to purchase equipment or fund events which could not be sourced from the homes budget could be requested from the Provider. They added, "As long as our requests are reasonable and we evidence the benefit for residents the provider will fund."

The home had two dedicated staff members who was responsible for planning and supporting people with activities five days a week. On the day of our inspection interviews were taking place to recruit a third team member. The registered manager explained this would increase opportunities for people to engage in group and individual activities seven days a week.

Previously, we found some people living with dementia on the first floor of the home used dolls as a way of engaged in purposeful activity. However, people's care records did not inform staff they enjoyed being with the dolls, and there was no other equipment such as a pram or cot which people could use to further their enjoyment (doll therapy is recognised as being helpful to some people who live with dementia). During this inspection we saw additional equipment had been purchased and care records updated.

People living with dementia had access to tactile stimulation through a range of objects, pictures and books in the communal lounges and hallways. For example, pegs and brushes, handbags and items of clothing. Tactile stimulation is known to assist in improving general mood, socialisation and can reduce anxiety for people living with dementia.

People's religious and spiritual needs were recognised. Representatives from different faiths visited the home which supported people to practice their chosen religions and celebrate festivals and events that were important to them such as, Easter, Diwali and Christmas. One person told us they enjoyed listening to bible readings and sing hymns when representatives from the church visited.

We checked how complaints were managed. People and their relatives knew how to make a complaint and felt comfortable to do so. Comment included, "I would tell the manager and she would sort out any problems." "I can honestly say the manager rectifies anything straight away." "I spoke to [manager] as I wasn't happy with the agency staff and [manager] asked me to make a formal complaint."

Previously, complaint information was not available to people or relatives. At this visit the provider's complaint procedure was clearly displayed around the home. Improvements had been made to the way complaints were recorded. Six complaints had been received which had been managed in line with the providers procedure. The home had also received many letters and cards thanking staff for their care and kindness and acknowledging the improvements that had been made at the home. One read, "I would recommend you all 100%."

At the time of our visit some people were at approaching the end stage of life. lives. The registered manager explained how when a person died, including outside normal office hours, they returned to the home. They said, "It can be a busy and difficult time for staff and relatives. So, I come in to help and give support and comfort." People's wishes for care at the end stage of life had been considered as part of their care planning and where people had chosen to share their wishes, these had been recorded. For example, one person's end of life plan detailed their choice of funeral director and their wish to be cremated.

Is the service well-led?

Our findings

When we last inspected the service well-led was rated 'Requires Improvement' and there was a continued breach of Regulation 17 of the Health and Social Care Act Regulated Activity Regulations 2014, Good governance. This was because constant management changes affected the quality of service provided, the support and guidance available to staff and the effectiveness of the providers quality assurance systems. A new manager was in post but had not had the time needed to make and embed change.

At this inspection people, relatives and staff told us the improvements made had had a positive effect on their experiences of living, visiting and working at the home. One relative felt the changes were the result of the home having a stable management team and the 'dedication and tireless work' of the registered manager. This mirrored the view of people and staff.

The required actions had been taken for us to remove the breach of Regulation 17. However, further work was needed to ensure all quality audits and checks were effective. The rating remains 'Requires Improvement'.

The provider used a range of audits and checks to monitor and continually improve the quality and safety of the service provided. These had been regularly completed and actions taken when shortfalls were identified. However, some audits were not fully effective and further improvement needed. For example, weekly medicine audits had not identified the issues we found.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Since our last inspection management at a home and at a regional level had stabilised. The registered manager had been in post for 14 months and was supported by a regional and deputy manager. The registered manager described the support they received since taking up post as 'invaluable'. They said, "It has been a difficult road but [regional manager] has been so supportive. I never feel demised." The regional manager told us, "[Registered manager] has had a difficult journey. She is very passionate and determined. It has been an intense learning curve but she has done fabulous. I am very proud of what she has achieved."

People and relatives felt the home was well-managed and the quality of service provided was good. One person commented, "I like the manager...we have a chat. I can't think of any improvements that are needed." A relative described the management team as 'good role models' because they led by example. They added, "I see the manager's chipping in and helping staff. They are always on the floor working and checking."

Since our last inspection staff confirmed morale had improved and spoke highly of the registered manager. Comments made included, "This manager has stayed and got a real grip on everything. They have worked

so hard which has resulted in better care and a happier staff team." "The manager is great, I can approach her, and she listens that's all I've ever wanted in a manager. I cannot fault her enthusiasm. I take my hat off to her..." and, "This manager is very committed. It's been really good to have a consistent manager. Communication and organisation is much improved."

Staff felt supported and valued by the management team because they regularly attended individual (supervision) and team meetings. One staff member described their supervision meetings as 'a supportive meeting to reflect and continually improve.' Another member of staff had been nominated for the provider's ROCK award (Recognition of Care and Kindness). The registered manager told us this was to say, 'thank you' and show appreciation for the 'fantastic' job they were doing.

Throughout our visit the registered manager spoke with people, relatives and staff. They told us they had an open-door policy which had assisted in developing relationships and building trust. They added, "I can't always give or do what I'm asked but they know I will listen, be honest and try my best." The registered manager had a very good knowledge of the people who lived at the home. One staff member commented, "The manager has taken the time to get to know the residents, I mean really know them. That's important."

The provider invited people and relatives to share their views about the quality of the service and any areas where improvement could be made through a quality surveys. Feedback had been used to improve the service. For example, specialist equipment to enhance the presentation and range of choice available to people who required their meals to be pureed had been purchased. This had resulted in some people gaining weight. The regional manager told us, "Provider will fund anything as long as we can show it will benefit the residents [people]."

The registered manager had a very good oversight of the service. They told us, "We have all worked really hard to improve things for our residents [people] but some areas are still not at the standard I expect." Opportunities for development and areas identified for further improvement were detailed in a development plan. This showed the actions needed, how these would be achieved and by when. For example, themed team meetings had been planned which were aligned with individual staff meetings to enable the management team to check staff's knowledge and understanding of issues discussed.

The registered manager kept their knowledge of current social care issues updated. They did this through on-going training, reviewing the CQC provider webpage, and attending meetings with other registered managers arranged by the local authority and provider. The registered manager described these meeting as 'very important' because they provided an opportunity for discussion and learning in a 'safe environment'.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had notified us about important events and incidents that had occurred.

The provider had met their legal responsibility to display the latest ratings within the home and on their website.