Albemarle Rest Home Ltd

Albemarle Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on 15 March 2018. The inspection was unannounced. Since our previous inspection in January 2016 we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from effective to safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

Albemarle Rest Home is a residential care home for up to 24 people, who may live with dementia. 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 accommodation is arranged over three floors, with a lift to the first floor, to support people to move around the home safely. At the time of this inspection, seventeen people were living at the home.

At our last inspection we rated the service as 'good' overall, with a rating of 'requires improvement' in well-led. At this inspection we found the evidence continued to support the rating of good and the improvements required in leadership and governance of the service had been made. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Improvements since our previous inspection included support for the registered manager to access the management information that was kept securely in the provider's office. The registered manager now had access to the internet, which enabled them to understand their professional responsibilities and to keep up to date with any changes in the legislation and guidance for providers.

Premises risk assessments were included in the registered manager's daily checks and any repairs were planned for and undertaken promptly. People and relatives assured us their views were welcomed and taken into account for any planned changes and improvements in the service.

Improvements had been made in supporting staff to attend training and to obtain nationally recognised certificates and qualifications in health and social care. The registered manager and senior staff conducted daily checks of medicines administration to ensure they were managed and administered safely.

Staff were trained to understand, recognise and report any safeguarding concerns, and this reduced the risks of people being harmed. The registered manager checked staff were suitable for their role before they started working at the home and made sure there were enough suitably skilled, qualified and experienced staff to support people safely.

Risks to people's individual health and wellbeing were assessed and their care was planned to minimise the risks. People's needs were assessed using recognised risk assessment tools and staff were trained in subjects that matched people's needs. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences.

People were supported to maintain their health and were referred to healthcare professionals when their health needs changed. People continued to have maximum choice and control of their lives and staff supported them in the least restrictive way possible

People, relatives and staff felt well cared for. Staff understood people's diverse needs and interests and supported them to maintain their independence. Staff respected people's right to privacy and supported people to maintain their dignity.

People were supported and encouraged to socialise in the home and in the local community and to enjoy their lives according to their preferences. People's care plans were regularly reviewed and updated when their needs changed. People and relatives had no complaints about the service.

People and relatives knew the registered manager well. They were invited to share their views of the service through regular, individual conversations with the registered manager. The registered manager regularly checked the quality of the service to make sure people's needs were met safely and effectively.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service has improved to Good.

The provider had made improvements to enable the registered manager to access management information, and information and guidance about their legal responsibilities. Premises risk assessments had improved and resulted in prompt repairs being completed. The registered manager continued to check and maintain the quality of the service through regular audits of people's care and staff's practice and by supporting staff's training. Actions were taken to improve the premises and quality of the service by listening to people's and relatives' views of the service.

Albemarle Rest 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 took place on 15 March 2018 and was unannounced. One inspector and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a 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. We used information the provider sent us in the PIR in our inspection planning.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection visit we spoke with three people who lived at the home, three relatives, four care staff and the registered manager.

Many of the people who lived at the home were not able to tell us in detail about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We observed care and support delivered in communal areas and we observed how people were supported

to eat and drink at lunch time. We reviewed two people's care plans and daily records, staff recruitment records and management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Good

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at our previous inspection in January 2016. The rating continues to be Good.

People and relatives told us they felt safe at the home because there were always staff around to keep them and their possessions safe. People told us, "There is a drawer in my room I can lock valuables away in if I needed to" and "They fitted a lock to my door to prevent others from being able to come into my room." One person told us they could 'come and go as they pleased', because the home was located near enough to walk or catch a bus to the places they liked to go, which promoted their independence.

Staff received training in safeguarding people from abuse and understood the provider's policies for safeguarding and whistleblowing. Staff told us they had no concerns about people's safety or treatment, but would report any concerns to the registered manager. A member of staff said, "I observe and watch. There is no abuse." The registered manager understood their responsibility to notify us of any referrals to the local safeguarding team, but they had not needed to in the previous 12 months. The provider continued to make all pre-employment checks required by the regulations to make sure staff were suitable to work with people in a care environment. Staff told us they had to wait for the checks to be completed satisfactorily before they worked independently with people.

People's care plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. They were regularly reviewed and people's risk assessments were updated when their needs and abilities changed. Staff told us they always had the equipment and supplies they needed to support people safely, which minimised risks to people's individual health and well-being. Staff told us some people were supported with pressure relieving cushions and mattresses, to minimise the risks of sore skin. Staff told us the equipment was prescribed and supplied by healthcare professionals, who explained to staff how to make sure the equipment was maintained at the right pressure for the individual's weight.

People and relatives told us there were enough staff to support people safely. Two people who spent time in their bedrooms told us they rarely used the call bell, but staff responded promptly when they did. During our inspection visit, we saw everyone was supported when they needed support. The registered manager knew everyone's individual needs and abilities and had used their knowledge to decide how many staff should be on duty. They told us staffing was flexible according to people's changing needs. They said, "I watch, observe and work with staff to assess whether there are enough staff to meet everyone's needs. We discuss staffing on a daily basis at handover. If all goes well, we maintain staffing levels." A member of staff told us, "We have enough staff. There are always enough staff. I would tell the manager if there are not enough."

The provider's policies to keep people safe included regular risk assessments of the premises and testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. People told us the fire alarm was

regularly tested and they were confident staff would know what to do in the event of an emergency. One person told us, "They test the fire alarms I don't get panicky as I know they are there for me."

Medicines were managed and administered safely. Medicines were stored in two locked trolleys, or in a medicines fridge in line with the manufacturer's instructions. Medicines were delivered in 'blister' packs', colour coded for the time of day, with an individual medicines administration record (MAR). Only trained and competent staff administered medicines, which minimised the risks of errors. The MAR sheets we reviewed showed medicines were signed for as 'administered' in accordance with people's prescriptions. Staff wrote the date of opening boxed or liquid medicines on the label, to make sure medicines were used within the time period advised by the manufacturer. The registered manager counted every medicine that was received in its original packaging every day, to check that the records matched the amount of medicines left. They had not found any errors in records or administration of medicines in the previous 12 months.

If people continually declined to take their prescribed medicines, the registered manager obtained advice and agreement to give the person their medicines covertly, that is, without the person's knowledge and in their best interests. Records showed that this practice had been suggested by a GP and agreed for one person during their initial assessment of needs. Staff had obtained a medicines 'crusher' to make sure tablets were crushed effectively. Staff were advised that the tablets for this person, administered in this form should only be mixed with yoghurt or cream.

The provider's policies and practices protected people from the risks of infection. The registered manager and a director were the 'lead' staff for infection prevention and control, as required by the Department of Health (DoH) guidance. The registered manager had issued guidance to staff about the frequency for cleaning each room and equipment. We saw the home was clean on the day of our inspection visit, and relatives told us it was always clean and tidy. One relative told us, "The cleaners are meticulous about the cleanliness of the home and meticulous about smells." The environmental health officer had inspected the service the day before our inspection visit. They had awarded the service five stars, the maximum rating for food safety.

The registered manager told us they had not had any concerns related to safety of the premises or equipment in the previous 12 months. Records showed they continued to monitor people's individual risks, accidents, falls and other incidents, to make sure any patterns or trends could be identified. Where more than one fall had occurred in the late afternoon, the manager explained, people were more likely to try to stand up at that time of day without assistance, because, "People continue to do what they did in their own homes, as we do. We stand up to shut the curtains at dusk and prepare for tea."

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in January 2016. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People's needs were assessed before they moved into the home. The registered manager used recognised risk assessment tools, such as the 'Waterlow' tool to assess risks to people's skin. Care plans included actions for staff to take to minimise risks to people's health and well-being, such as checking their footwear was well fitting, or supporting people to bathe at their preferred time of day.

Staff told us they worked with the same people regularly so they understood people's individual needs and preferences. They shared information about people's well-being and any changes in their needs or abilities during the staff handover meeting when the shifts changed, so they were always up to date about people's needs. .

New care staff worked with experienced staff during their induction period, to make sure they had time to get to know people well, before they worked with them independently. Staff told us they read people's care plans to make sure they had a full understanding of people's needs, abilities, risks and preferences for care. A member of staff told us, "We read the care plans because we need to know all the information."

People told us staff seemed to have the skills they needed to support them effectively. One person said, "I do think they are experienced and quite knowledgeable" and one relative said, "[Name] is well treated. The care has been great." Another relative told us they were pleased the staff offered 'armchair exercise' sessions, as their relation's ability to mobilise independently had decreased. Staff told us they had the training they needed to be effective in their practice. Staff's training included supporting people to mobilise using hoists and slide sheets, dementia care and care and assistance with eating.

New staff attended training in the Care Certificate which covers the fundamental standards of care expected of all health and social care staff. For staff whose first language was not English, the registered manager delivered weekly classroom sessions with homework, to assist staff's understanding of the requirements of the Care Certificate. The registered manager ensured staff attended refresher training to maintain their skills and knowledge. Staff were encouraged and supported to study for nationally recognised qualifications in health and social care.

People and relatives told us the food was good and there was always a choice of meals. They told us they could have a drink whenever they wanted one. People told us, "There is a menu for me to make my choices and I have been able to change my mind too", "There is plenty of tea and cake every day" and "I go down to the dining room for lunch, we have drinks at regular times." People's care plans included their food likes, dislikes, preferences and any allergies or specific dietary needs, including their needs for assistance to eat.

At lunch time people were encouraged to eat together in the dining room, which made lunch a social occasion. People were supported to eat with a side table by their armchair, or in their bedroom, if that was their preference. People who needed assistance to eat were supported by staff who sat next to them, spoke words of encouragement and took their time. Some people used 'plate guards' to enable them to eat independently without spilling their meal. The mealtime was not rushed and staff were in attendance throughout, which enabled them to monitor people's appetites and offer second servings of food and drinks. When one person declined to eat the main meal, staff offered them an alternative of soup and sandwiches and showed them the choice of soups from the larder. The person ate their preferred alternative.

Staff monitored people's appetites, drinks and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. People's care plans included details about their medical history and their current medical risks and needs, to enable staff to identify any signs of ill health. Records showed staff made sure people saw their GPs to check whether changes in their mood or appetite were signs of changes in their health. People were supported to attend appointments with healthcare professionals when needed. A relative told us, "The GP and specialist visit [Name] here. Staff ring me if there are any (health) concerns and get [Name] checked."

Staff told us they accompanied people to healthcare appointments, to support people to share information about their concerns, and help them understand the advice from the healthcare professional. A member of staff told us, "We go with them to hospital to speak and listen for them if they have no family. We can explain the symptoms and advice for them." A relative told us staff had offered to accompany them and their relation at a hospital appointment, because they could not drive and support their relation at the same time.

The home was adapted, decorated and furnished to meet people's needs. People told us the layout, adaptation and decoration of the home suited them. They told us they thought there was enough space in the home, for them to socialise or spend time alone. They said they could find their way around unaided and could spend time alone in their room whenever they wanted to. There was a separate dining room and two lounges. We saw people chose which communal rooms they spent time in and most people chose to socialise in the lounge, where shared activities took place. There was a lift to the first floor, for people who did not want to climb the stairs, and a secure, level garden, which people told us they used when the weather was fine.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities under the Act, and when necessary for people's safety, applications had been made to the local authority to deprive people of their liberty. Records showed the manager involved people's representatives when decisions needed to be made in their best interests.

People who had the mental capacity to understand their individual risks, were not unnecessarily restricted. One person told us they went out independently and with friends whenever they wanted to. People made their own decisions about their day-to-day care and support, and staff respected their right to decide. We saw staff offered people choices and sought their consent before they supported them.

Staff had training in and understood the principles of the Mental Capacity Act 2005 and when it was appropriate to restrict a person's liberty. Staff were able to explain which people were able to go out of the home independently and which people were always accompanied by staff to keep them safe.

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection in January 2016, because they felt staff cared about them. The rating continues to be Good.

People and relatives told us the staff were caring and kind to them. They said the staff showed interest in them and in what they had to say. They told us, "The staff are very friendly. It's homely", "The staff have been wonderful" and "I am well looked after, the carers are nice and polite." We saw staff were thoughtful in their interactions with people. They smiled and spoke to people by name and touched people's hands, arms or shoulders to reassure them. When people were supported to mobilise using walking frames and wheelchairs, staff explained the process and spoke encouragingly to them. We heard staff say to one person, "Here you are [Name], hold the frame, just push up when you are ready" and "Keep walking ahead, we'll put the wheelchair behind you. Put your feet up. Is that comfortable? Off we go."

Most staff had worked at the home for several years, so people benefitted from consistent care from staff they knew well. Staff shared the ethos to put people at the heart of the service. A relative told us, "The transition from home to coming to live here was made a lot easier as the carers and everyone involved were so kind, patient and understanding." Staff treated people as individuals and were kind and thoughtful in their interactions with them. Staff told us, "We listen to people" and "Everyone is different. Different preferences"

Risk assessments included assessments of people's ability to understand information, to communicate with others, and their level of sociability and behaviour. This enabled staff to adapt their approach, dependent on the person. A member of staff told us, "Sometimes people get confused and change their minds. I know what they want and what they are like." People's communication plans explained how staff should support the person to understand information. For example, if a person needed hearing aids or glasses, staff were reminded to make sure they offered to check, clean and make the aids available. A member of staff told us, "Some people don't speak, but I watch their face. I know their facial expression and understand from that if they don't want me to do something." Staff told us they were allocated to work with specific people at the start of the day, which enabled them to focus their attention on individual people.

People told us they felt involved in how they were cared for, because they chose how and when they were supported with personal care, eating and drinking. They said staff respected their opinions and views. One person said, "I like it here very much, if you want anything, you ask them and they will get it for you. I feel they look after me pretty well." People's care plans included the person's religion, culture, occupation, family and significant events and invited people to express their sexuality if they wished to share this information. This information helped staff to understand people's habits and motivations.

Staff had training in equality and diversity. They understood the importance of ensuring people had equality in being supported, relative to their individual needs and preferences. Staff came from diverse backgrounds, and spoke different languages as their first language, which helped them recognise the importance of adopting specific strategies to ensure people felt equal. The registered manager said, "You just need to

know your residents. Staff's smile and attitude overcome any language barriers." Staff knew which people needed extra support to express themselves.

People and relatives told us staff were respectful and promoted people's independence and dignity. They told us they were supported to bathe or shower as frequently as they wished. We saw people's clothes and fingernails were clean. Staff spoke discretely with people when they checked whether they wanted to use the bathroom. A relative told us, "From what I saw, staff always treated everyone in a dignified manner and always with respect." People told us a hairdresser visited the home regularly, which enabled them to maintain their appearance. One person told us, "I have had my hair done today. It makes me feel human again."

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection in January 2016. The rating continues to be Good.

People were asked about their interests when they moved into the home. Relatives told us they had been invited to share information about their relation, because it was useful for staff to know how to respond, and encouraged people to maintain their interests and hobbies. Relatives told us they were able to visit at any time.

People's care plans included a brief life history, which included information about the person's work and home life, their important relationships and any cultural or religious beliefs and traditions. This enabled staff to get to know people well and to understand what was important to them. One relative told us, when their relative was cared for in bed, they had suggested radio three should played in their bedroom. They said, "Staff listened and acted upon my suggestion." Another relative told us they felt welcome to bring their dog in to see their relation, which brought pleasure to their relation and to others. They said, "They all seem to love seeing her. Sometimes the dog will find a ball they have been using for a game and she plays with it and the residents like to see it and they laugh."

Staff knew people's preferences for how they spent their time and understood how to support people's diverse needs. We saw staff encouraged people to read books and newspapers and put people's preferred music on in the lounge. The person who requested the music hummed along with the melody. A relative told us they regularly saw staff spent time with people doing jigsaws, nail painting and 'pampering', exercises, balloon throwing games and bingo and said a singer sometimes came and entertained people.

The registered manager told us they did not have a television in the lounge, as it was a 'social space' and could cause disagreements about which channel to watch. People had televisions in their own rooms. They told us, "Saturday is film and popcorn day with staff. We watch special events together, for example, royal events on television. Some people and families highlight in the television guide which programmes they would like to watch. Staff make sure people's television or radio is on their chosen channel. [Name] has classic FM on all night, so they are not lonely."

People who spent time in their rooms said they never felt 'left out' or isolated. One person told us, "The carers stop for a chat. We talk about all sorts. They tell me about their families and we talk about my life. Sometimes they have a singer in. I like to watch nature and gardening programmes. When the weather is better I go into the garden." Another person told us they continued to maintain their previous interests, because they were able to go out independently and with a friend. They told us they went to coffee mornings and talks, church services and for a drink with old friends. We saw people were encouraged to help with household tasks, such as laying the tables at tea time, which made them feel included. A relative told us, "[Name] used to wash up here, when they were more able."

Staff kept daily records of how people were and how they spent their day and shared information about any

changes at the shift handover meeting. People's daily records reflected their care plans and their stated preferences. Relatives told us the staff were good at keeping them informed of any incidents, events or changes that affected their relation. A relative said the level of involvement made them feel like a, "Proper representative." When changes in people's needs or abilities were identified, their care plans were updated by staff. The registered manager regularly checked staff reviewed people's care plans to make sure any changes in their needs and abilities were included in an updated care plan. They told us, for example, one person's night medicine was also causing tiredness in the day and they were sleeping through lunch. The medicines were stopped and they were eating better, but the sleep pattern has been maintained since it had been established."

People and relatives told us they had no complaints, but said they would be comfortable to make a complaint if they wanted to. Everyone said they would be happy to share any concerns with the staff or registered manager, without fear of recriminations. One person told us, "I feel if I had a problem or if I was upset I could talk to her and to the carers." The registered manager told us they had not received any formal, written complaints, but had responded to verbal concerns promptly. They showed us the many 'thank you' cards they had received from relatives. One compliment described the care staff as, 'Thoughtful angels'.

Staff attended training in palliative and in end-of life care to enable them to understand how to support people at the end of their life. The registered manager told us, when people were at the end of their life, "Staff always stay with people if families cannot be with them. We support relatives with food and drinks and they have a buzzer to call us. We could support them with a bed, but they mostly sleep in the chair. Staff hug and support the families as much as the person."

They told us they met with people's families and GP, liaised with other agencies and respected people's and families wishes. They made sure people's families were able to visit and spend time with their loved ones, in a calm and peaceful atmosphere. A relative said they were given lots of support and advice to prepare them for the eventuality. They told us staff had become so close to their relative that they had asked for some photos to remember them by.

Good

Is the service well-led?

Our findings

At this inspection, we found improvements had been made in the leadership and governance of the service since our previous inspection in January 2016. The rating has improved to Good.

Everyone we spoke with told us they were able to express their views of the service with the staff and registered manager at any time, because they listened. They had confidence that their opinions were valued, because any suggestions they made were acted on. One person who chose to stay in their bedroom told us, "The manager comes to visit sometimes. They ask if I am okay and we have a little chat. I feel if I had a problem or if I was upset I could talk to them or to the carers (staff)."

The registered manager told us, "We have offered surveys to people, but they are not completed. We meet everyone and relatives one-to-one and give and get feedback." The registered manager had offered to arrange meetings for people and relatives to meet as a group, but everyone had declined, because they preferred to speak privately about the service. The registered manager explained how people had been invited to look at colour charts and to feel fabric samples to ensure the planned refurbishment of the lounge reflected people's sensory preferences.

Since our previous inspection, the provider had ensured the registered manager had a key to the main office. This ensured the registered manager had access to the management information, which was kept securely in the main office. The registered manager told us they had completed the provider information return together with the provider. The registered manager had access to the internet, which enabled them to better understand and fulfil their legal responsibilities and to keep up to date with any changes in the legislation and guidance for providers.

Since our previous inspection, the registered manager had formalised their daily quality checks of the premises. Their checklist included checking security and safety measures and for any new trip hazards. By recording any identified risks in a 'maintenance log', they were able to be confident that prompt action was taken to minimise risks. The registered manager showed us some floor tiles in the kitchen had recently been replaced, as a result of their daily quality checks. Records showed the maintenance person recorded the 'planned' and 'completed' dates of repairs in the maintenance log.

The registered manager had taken the action they had said they would take to improve support for staff training. Staff were paid for the time they attended training and continued to be supported to obtain nationally recognised qualifications in health and social care. All new staff were enrolled on the Care Certificate programme. The registered manager told us, "Staff training is not so effective when booklet based" and "The Care Certificate is too hard for some staff. I am running weekly sessions for staff who are currently studying for it. We have interactive sessions with homework."

People and relatives told us the registered manager was approachable and seemed genuinely interested in their wellbeing. Relatives referred to the registered manager by their first name. Staff told us they liked working at the home, because, "The manager is a good person. They take the time to explain things to you. I

like them", "They always want to know how people are and about everybody" and "If I needed something I would go to them. They understand what is important."

The manager had been registered with us since October 2010, when CQC was first established. 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. The registered manager understood the responsibilities of being a registered person. They sent us statutory notifications about important events at the service. The ratings of our previous inspection were displayed at the entrance to the home.

Staff told us all they all got on well together and worked well as a team. A member of staff who spoke English as a second language told us, "Senior staff explain any English words that I don't know." During our inspection visit, one of the directors of the service was working in the laundry to cover for staff's annual leave. We saw the registered manager and the director worked with staff at lunchtime, to ensure everyone's needs for support with eating and drinking were met. The registered manager told us, "I have a brilliant team, absolutely brilliant. They care and show respect. Anything they don't know, they ask and I explain."

Staff were observed in practice, because the registered manager frequently worked alongside them in supporting people. Staff attended regular handover meetings and were able to reflect on their practice, because they had the opportunity to consider changes in people's needs and abilities and how people responded to care and support.

The registered manager analysed accidents, incidents and falls and took action to minimise the risks of a re-occurrence for the individuals concerned. The most recent analysis showed there were too few incidents to show a trend or pattern. Falls were related to people's individual risks in maintaining their independence.

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were regularly reviewed and up to date, that medicines were administered safely and that the premises and equipment were clean, safe, regularly serviced and well-maintained.

The registered manager told us they worked in partnership with a local GP practice, which continued with the arrangements that were in place during our previous inspection. A prescribing nurse who worked at the GP practice conducted a weekly 'ward round', with additional visits as and when needed. This arrangement ensured people's health needs were monitored and healthcare support was available promptly. The registered manager told us, "We identify who needs a check-up for the round every Monday. It's brilliant. [Name] is the best surgery."