Care Quality Commission

Mulberry Care Homes Limited

Astley Grange

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

The inspection of Astley Grange took place on 9 February 2016 and was unannounced. We had previously inspected the home in January 2015 and found it to be requiring improvement overall. There were breaches of the Health and Social Care Act 2014 regulations in relation to person-centred care, dignity and respect and staffing. During this inspection we found that significant improvements had been made.

Astley Grange Care Home provides nursing and personal care for up to 40 people, some of whom may be living with dementia. On the day we inspected there were 37 people in the home, 18 of whom required nursing care.
There was a registered manager in post on the day we inspected. 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.

We found that people and relatives felt safe as they were supported by well trained and competent staff. Staff were able to explain how they would act on any concerns noticed through either incorrect practical care or through a change in a person's mood. Staff told us that learning was shared where things had gone wrong previously and this helped them to understand their role and expectations for their performance.

The home had comprehensive risk assessments in place based on someone's individual needs which identified actions to take to minimise such risks wherever possible. We saw staffing levels were suitable for the needs of the people in the home and that this was altered depending on needs.

Medication was administered, recorded and stored in line with requirements and staff ensured people accessed health and social care support when needed.

The home was compliant with the requirements of the Mental Capacity Act 2005 and staff demonstrated a good understanding of how to gain someone's consent and the reasons for this. We observed people supported at mealtimes and encouraged to ensure an adequate fluid intake in between meals. Thorough records were kept where people were nutritionally at risk.

Staff were observed to be kind, considerate and compassionate, keen to spend time with people rather than just undertake tasks, which is what we had observed frequently at the previous inspection. They made every effort to gain people's consent and seek their views or their families' where necessary. Staff upheld people's privacy by acting discreetly when offering assistance with personal care tasks and ensuring they always acknowledged people when they passed them.

The home had made progress in relation to activities and was aware that more needed to develop. It was evident they had made a real effort to seek a better understanding of what people wanted and this was reflected in the care records which were comprehensive and specific to that individual. The home sought to

learn from when complaints had been made and this was evident at both an individual and group staff level.

The registered manager and registered provider were visible throughout our inspection and spent considerable time in the communal areas. This was endorsed by people and relatives who spoke highly of them. The service had been transformed because they had considered the importance of effective quality assurance which unpicked all aspects of the service and continually sought improvement by asking people and their families for ideas of what else could be achieved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and relatives told us they felt safe and staff were able to describe what action they would take if they were concerned about the people living at the home.

We found risk assessments were completed with reference to people's specific needs and care plans created as a result of this to how these risks should be minimised.

Staffing was appropriate for the needs of the people in the service on the day we inspected and medication was stored, recorded and administered in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were competent and knowledgeable, supported by effective training and regular supervision which promoted reflection on their own performance.

The home had complied with the requirements of the Mental Capacity Act 2005 and its associated Deprivation of Liberty Safeguards. Staff demonstrated a practical understanding of assessing someone's capacity and enabling them to make decisions.

People received support with their nutritional and healthcare needs as required.

Is the service caring?

Good

The service was caring.

We saw staff were caring, kind and compassionate, genuinely interested in people and spent time with them as individuals.

People's consent was sought as often as possible and their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

Staff demonstrated a sound knowledge of people's needs which indicated they were person-centred in their approach.

We saw improved levels of engagement for both individuals and groups.

Care records mirrored the practical care we observed and complaints were taken seriously and seen as an opportunity to learn.

Is the service well-led?

Good

The service was well led.

People and staff had confidence in the registered manager and registered provider. Both were visible and approachable.

Staff were supported with regular and informative meetings which promoted the values of the home. We observed high morale amongst staff which stemmed from the improved attention to quality assurance throughout the home.

Astley Grange

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 inspection took place on 9 February 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

We had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did look at notifications we had received and contacted the local authority contracts team for information.

We spoke with four people living in the home and seven of their relatives. We spoke with eight staff including two carers, one senior carer, a member of the domestic staff and one of the maintenance team, the nurse on duty, the registered manager and the registered provider.

We looked at three care records including risk assessments, three staff personnel records and additional supervision notes, minutes of staff and resident meetings, complaints and audits including safeguarding, accidents, and medicine administration records.

Good

Is the service safe?

Our findings

We spoke to two relatives and they told us "We feel our relation is safe here. We have no worries. We have been encouraged to visit any time, day or night." A different relative also said "I can come any time I want and see my relation in private. I feel they are very safe here and I wouldn't hesitate to speak to staff if I had any concerns."

We asked one member of staff if they felt people were safe. They said "Yes, people are safe because we have all the relevant risk assessments and all staff understand what may be abuse. I would be happy to report directly to the local authority and speak to the manager here." They stressed that "all staff are aware of the whistleblowing policy if they needed to raise any concerns and this is something I remind all staff of when I supervise them."

One member of staff we spoke with was able to explain how poor moving and handling technique may result in harm to someone and how this would be treated as a safeguarding concern. This staff member was aware of how to raise such a concern with the registered manager 'who would initiate an investigation.' This staff member had received training in safeguarding and felt confident as to how to they would handle any concerns. A different member of staff also explained the importance of knowing people well so they could detect if there were any changes in their behaviour. They told us "it's important to build a relationship so we can gain their trust." They were also able to explain the safeguarding process.

The registered manager showed us all the safeguarding records and how they had handled them appropriately. They demonstrated how they had dealt with a recent medication error by an agency nurse and how they were disappointed that this had arisen as they had ensured the nurse only worked with permanent staff to minimise the risk of such errors. In this instance they had ignored the permanent staff's guidance. One staff member told us how staff had learnt from a previous incident where a person living in the home had made an allegation which was later proved unfounded. It had been stressed to staff the importance of accurate record keeping so that it was clear what had been said and to avoid the possibility of inaccurate information.

We looked at the home's risk assessments and found they were detailed and reflected specific needs. The home had completed bed rails assessment and where the person lacked capacity to agree, they had been signed by their lasting power of attorney. We found that where someone was nutritionally at risk the home had developed a care plan which was reviewed on a monthly basis. People's nutritional intake was recorded on the daily records and also in a food and fluid chart kept within each person's room. These were scrutinised daily by the nurse in charge and any concerns addressed in conjunction with the care staff and other professionals as required.

One member of staff told us about risk assessments in place for "falls, mobility and bed rails." We saw completed hourly bed rails checks of people who were in bed much of the day. These checks included ensuring that the rails and bumpers were correctly fitted and working properly. They were also aware of the fire evacuation plans in place for each person. The registered manager advised us these were reviewed

monthly and we saw evidence of this. Another staff member said the home had all the necessary equipment which was checked regularly including slide sheets and slings. They told us "everyone has got their own slings as we are aware of the need to limit cross infection."

During lunchtime we heard one person ask if their belt was fastened properly in their wheelchair. The staff member checked and reassured the person it was. This demonstrated that staff were aware of the importance of providing reassurance but were also acting in accordance with the safety requirements for safe moving people safely.

We saw detailed falls risk assessments and completed accident logs. These had been reported to the Care Quality Commission where required. The falls risk assessments evidenced someone's abilities in relation to their mobility considering the impact of both their physical and mental health. In one assessment we saw 'has restricted physical mobility as does not lift their feet all the time.' This had been used to complete a care plan identifying specific needs for this person such as 'staff to ensure their walking frame is in easy reach' and 'one member of staff to provide assistance when the person asks to use the toilet by giving clear instructions and reassurance.'

It was evident in other care plans we saw that environmental factors and equipment had also been considered and were focused on that person's specific needs. In one risk assessment we saw it noted '[name]'s way of acknowledging what is being asked of them is normally by repeating what they have been asked by the person.' This shows the home had taken time to consider the detail of how to best engage with people, especially where their capacity fluctuated. These measures all showed the home had considered how to minimise the risks as far as possible for each individual.

One person living in the home who had moved from the residential to nursing section told us "I see staff a lot and they are always very helpful." One relative told us "I feel there are enough staff. There's always someone around and we have been able to ask various things." A different relative said "Yes, there's plenty of staff and staff through the night. They don't have to wait for ages for them to respond." Staff also told us there were enough staff. One said "There are usually three on the residential unit and one may 'float' between floors." Another staff member advised us that the service used bank staff to cover sickness and indicated this could be as often as once or twice a week.

We looked at staff rotas and found the service had a variable staff ratio depending on needs in the service, especially during the early evening. We saw that agency staff were used but only when staff were on leave and this tended to be for the nursing staff. We saw that all shifts had been covered up until the end of March and the nurse in charge said that team morale was high and staff would tend to cover where needed.

Staff were recruited in line with safer recruitment policies. We saw that references were requested and Disclosure and Barring Service checks were carried out. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. Staff had undergone a rigorous interview which probed their knowledge in relation to working under pressure, dealing with any concerns about either people living in the home or staff working there and infection control.

We observed medication being administered and found this was done as required. Each person had an identification sheet with their photograph and allergies listed. Most medication was in blister packs which were for specific times of the day and cross referenced on the Medication Administration Record (MAR) sheet. Boxed medication had a separate stock level chart to ensure this was being administered correctly and opening dates were recorded on liquid medicines to ensure they were still suitable to give to someone. Medicine was dispensed to each person individually in separate pots after the nurse had checked the

records and marked which tablets they had removed from the packaging.

People were given time to take their medication along with an explanation of what it was for. We observed people being asked if they were in pain and then being offered pain relief. This was duly recorded on the MAR sheet as PRN (as required) medication. Other PRN medicines were also offered to people according to their specific needs. People were offered additional drinks if they were finding their medicine difficult to swallow and each person was observed to ensure all medication had actually been taken. It was then recorded on the MAR sheet that the medication had been taken.

Creams were stored in people's bedrooms and we saw that appropriate application charts complete with a body map had been completed. We saw that controlled drugs were stored and administered in line with the requirements of the Misuse of Drugs Act 1971 and that fridge temperature checks were conducted twice daily.

The home was undergoing an extensive refurbishment programme. We asked the registered provider about the landing at the end of the corridor as it was being used by the maintenance team to cut materials for the refurbishment but it was stressed this was not an area used by the people in the home. The registered manager agreed to ensure they would continue with regular visual checks to ensure all equipment was safely put away at the end of a task. We did also discuss with the registered manager and registered provider that some of the bedding needed replacing as although clean, it looked grey and the duvet had been over-washed leaving it uneven. They agreed to action this immediately.

All cleaning products were stored appropriately and correctly labelled to minimise cross contamination. Routines were in place for the cleaning of the home and related equipment and staff had received the necessary training in regards to infection control.

Good

Is the service effective?

Our findings

One relative said "Staff are confident and well trained. They seem very aware of any changes." Another relative visiting the home told us "I feel staff are competent. I've also been asked if I'm happy with everything. All the notes are in my relation's room and we are encouraged to read them."

We asked staff if they received supervision and one staff member told us "every 2-3 months and this is with the registered manager." They also advised us they have access to "good training and mandatory training is updated annually including safeguarding and fire procedure." This was endorsed by a different member of staff who said "I had my last supervision in December 2015 and have had annual appraisals." A further member of staff advised us that "moving and handling training is updated every six months. If we are not confident we can always request additional training which is given."

We saw evidence that staff had received a detailed induction. This had included sessions on understanding safe techniques when assisting someone with moving and handling, how to communicate effectively, recognising and responding to signs of abuse or neglect and their professional development. These records were signed and dated by the employee. All staff underwent a probationary period where their performance was assessed and reviewed. This was conducted alongside supervision. Staff were able to discuss a range of subjects including their performance and how this could be improved, promoting a culture of continual reflection and review.

Supervision notes were made in a positive manner. We saw in one staff member's notes "[Name] is happy with work at present and has no concerns. They've settled in well and works as part of a team." Staff were asked their opinion of training they had received. In one staff member's notes we read "the recent moving and handling training was very good. I now feel much more confident." Another worker had commented on how they appreciated the handouts given after receiving training. We also saw how staff were asked their opinion of 'good care' and how their answers demonstrated their breadth of understanding including areas such as the importance of promoting someone's dignity by 'meeting their oral hygiene needs, ensuring a person had their hearing aids in, and offering people a shave or nail care." Supervision provided staff and the registered manager the opportunity to assess their practice and identify if further training was required.

We saw the registered manager also conducted annual appraisals. These showed that staff were supported in their professional development. In one staff member's record we saw "[Name] is currently studying to NVQ level 3 which is due for completion shortly. They would like to progress further." This was endorsed by the registered manager who emphasised the staff member's keenness to learn. The staff member had written "I'm happy to be given the opportunity to work as part of a team. I will keep myself up to standard and deliver a high standard."

We also checked training records and found that staff had regular training in topics including health and safety, fire safety, infection control, mental capacity, dementia care and end of life. Much of the training had completed worksheets and an evaluation with a completed test. This showed the service was keen to promote a high quality of learning and evaluate its effectiveness.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw evidence that two people had a Deprivation of Liberty Safeguard in place and that there were no specific conditions attached. The home had also applied for DoLS for other people in the home where they lacked capacity and were awaiting the outcome of these applications.

The registered manager was able to explain how someone's capacity was determined based on their ability to understand and retain information in regards to a specific decision and we found capacity assessments were detailed. Specific information about how people communicated was also recorded to enable staff to ensure they tried as far as possible to seek someone's consent before offering support. We saw in one care record "[Name] has minimal or irregular communication and uses blinking and hand gestures." The capacity assessment looked at a person's behaviour, cognition, emotional and social wellbeing along with any specific diagnosis, ensuring they were person-focused. One staff member told us that some people had an Independent Mental Capacity Advocate (IMCA) where they had no family to advocate on their behalf.

One staff member was able to explain how someone with a diagnosis of dementia may need further support due to their fluctuating mental capacity. This may mean "they need extra observation if mobilising as they may not be steady on their feet but think they can walk unaided." Another staff member told us "I try and offer people choice such as what they want to watch on TV, wear or eat." A further staff member emphasised that all 'complex decisions are made in someone's best interests' and was able to explain how these were logged in the care records.

We asked people what they thought of the food. One person told us "The food is nice. You get a choice." Another person living in the home said "I've previously raised issues about the food but it's much better now." One relative we spoke with told us "The girls make sure they eat and their weight is stable," when referring to their relation. Another relative said "The food is nice, it's really nice." We noted that the home had been awarded the local authority's 'Healthy Choice Award' in 2015 for good standards of food hygiene and healthy food options.

We saw a choice of two meals on the menu board in the dining room with a selection of drinks and kitchen staff were aware of who required fortified food or had other specialist dietary requirements. We saw completed food and fluid charts where there was a particular concern about someone's intake which detailed accurate quantities. The home regularly weighed people and followed this up with referrals to the GP or dietician where required.

Most people had their meals in the communal dining area which was laid out with tables seating four people. Where people needed assistance this was offered on a one-to-one basis and staff took their time supporting people. Staff shared information discreetly about someone's blood sugar levels which showed their awareness of supporting someone with diabetes.

People were offered choice, and someone was offered a bit of each of the meals as they couldn't decide.

Another person was offered an alternative to the meals on offer and encouraged to eat by different members of staff including the registered manager who took their time to chat and pass the time of day. We saw that people had access to juice in the communal lounges throughout the day and during the lunchtime meal were shown both jugs of juice to enable them to make their own choice. People in their rooms were also supported in a timely manner and staff had a robust system in place to ensure everyone had their meals.

We found that one person who had only been admitted to the home the previous week had already had their dietary requirements logged with staff as one member was able to tell us "they like bacon and eggs for breakfast and fish and chips on a Friday." This was reinforced by the relatives of this person who said all their relation's food intake was recorded in their file. We also saw involvement from the dentist in arranging some new dentures for this person. A different relative told us "My relation has had their eyes tested since admission here and is now scheduled to have a cataract operation." This showed the home responded quickly to people's needs.

We spoke with a visiting nurse who advised us "Staff are always around and very professional. Records are always current." We observed people had appropriate pressure relief equipment in place and it was being used correctly. Records showed that people nursed in bed were offered regular pressure care relief and charts were completed demonstrating what time and action had been completed. Staff explained the importance of effective pressure care and this was evidenced that no one had a pressure sore in the home on the day we inspected. Skin integrity was assessed on each personal care intervention and any concerns noted with senior staff. People had access to all other health and social care services as required and this involvement was detailed in their care records.

Good

Is the service caring?

Our findings

One person living in the home told us "I see staff a lot. They are all very helpful." Another person said "Staff are kind and I feel listened to." A further person we spoke with told us "[Name] comes in for a natter now and again. They're all very nice." One relative who visited almost daily told us "Staff are very good and I can't grumble." Another relative said "Staff are kind and compassionate. If I've ever noted a problem staff respond promptly." A further relative said "I do feel my relation has been choice over their care as they don't always want to engage and staff respect this." The same relative informed us that their relation was always "clean, shaven and their clothes were clean."

We observed care staff throughout the day showing kindness and consideration to people in the home. People were supported to do things in their own time such as when mobilising or eating, and there was no sense of urgency. We found the atmosphere was improved greatly from our previous inspection as staff were focused entirely on interacting with people living in the home rather than the tasks they had to complete. In the upstairs lounge towards the end of the morning we observed one carer sitting with one person just holding and stroking their hand. In the middle lounge we saw another carer talking to someone about their family. This level of interaction again showed the progress the home had made in developing caring relationships.

We saw one carer support someone using a zimmer frame. They gently directed the person to keep hold of it and to turn round slowly, talking to them quietly and in a friendly manner the whole time. One staff member we spoke with was aware of people's different cultures. They told us about one person in the home did not have English as their first language but staff used the person's family and some of the staff who could speak the same language to communicate with this person. Through this regular communication and sharing of information they were able to develop and understand that person's needs and preferences.

One staff member sought out someone who was still in bed through their choice late morning and asked them if they would like to join in the morning's activities in the dining room. This was duly facilitated. A visiting relative told us "Staff knock and ask what time they want to get up. They can stay in bed if they choose." It was evident through our discussions with staff that they knew people well, both in relation to their previous history and current events.

One staff member told us that a person's keyworker updated care plans monthly to ensure they still reflected that person's needs. We spoke with one person living in the home who had been involved in that process as they were able to tell us what was in it. We spoke with another person in their room whose room was not particularly personalised but they informed us this was their choice. This showed the service was engaging with people as far as possible to be involved in planning their own care provision.

We spoke with relatives and asked them if they felt people's consent was being gained. One relative told us "Staff have spoken with us at length and they know what my relation has to have." We saw completed consent forms signed by the person in the home or their relative where they had the authority to do so through having been granted a lasting power of attorney. This was then reflected in the person's capacity

care plan.

We observed people's dignity being promoted. During the meal times people were addressed by name and their attention was always sought prior to any conversation. The nurse assisted one person with wiping their face after receiving some medication and ensured they were comfortable before leaving them. Another person started coughing as their food had gone down the wrong way and a member of staff immediately offered them a drink and tissue, and stayed with them until they had recovered.

We saw staff knocking on bathrooms doors asking if people needed any assistance prior to entering, thus promoting their privacy. If someone needed assistance with their personal hygiene we observed staff asking discreetly and sensitively, gently guiding people to the appropriate facilities. People were encouraged to use a wipe before eating their meal and one person who was unable to remember they had just done this was reminded gently by staff of this and encouraged to eat their meal. One staff member said "When bathing people we always ensure minimal exposure and cover people with towels" and "if a person is safe using the toilet we encourage them to buzz when they need assistance to afford them some privacy."

Staff told us about one person who was receiving end of life care and this was reflected in their care plan. One staff member said "We look at supporting their specific needs, ensuring their comfort and wellbeing as far as possible."

Good

Is the service responsive?

Our findings

One person living in the home told us "There's always someone going past the door, checking if you're OK. I can get tea and coffee whenever I want and staff do spend time with me. I can have my hair and nails done every week if I wish." This person's relatives said "My relation does struggle due to poor vision and sometimes finds making greetings cards a bit challenging but they do join in. We always find them in clean clothes." We spoke with this person's keyworker who was able to explain how it was important for this person to look nice and how their poor vision impacted on their activities and so they spent as much time as possible trying to encourage them on a daily basis.

Another relative told us "Care is personalised to meet my relation's needs which is pretty good. Each floor usually has the same set of staff so they get to know people well." A further relative said staff had already liaised with them about their relation's preferences despite being a recent admission. One staff member had identified "They don't like getting up early and we supported them with this." The relatives told us this sharing of information had continued each day they visited and felt communication was very good. This demonstrates the home was making positive steps to get to know an individual.

One staff member was able to tell us about a person who liked to go to bed early and they ensured this happened, and another individual whose faith was important to them so staff ensured they had access to their personal effects when needed. They also said "Activities have improved over the past year and people have more choice. We do go out in the summer months and enjoy the garden and pub lunches." Another staff member was bi-lingual and used their other language to talk to people in the home.

We were advised there were two people who shared the role of activities co-ordinator but they were both unavailable on the day we inspected. However, another member of staff was supporting people with some colouring activity in the dining room after breakfast. We observed positive interaction between people in the home and the staff member who was being supported by two students from the local college. We saw an activities timetable on display outside the dining room which had a rang e of activities for morning and afternoon including arts and crafts, soft pin bowling, board games and story-telling. The registered manager was aware of the difficulties of trying to engage everyone and so was encouraging staff to have one-to-one time with people to ensure all had the opportunity just to chat and be listened to.

We looked at care records which were electronic. Key information required for events such as hospital admissions was kept in paper form. People's personal details were stored with a photograph which was dated. Key details were recorded such as the GP and family contacts along with any specific information such as their faith and any allergies. There was an assessment summary of someone's needs which identified their communication abilities, capacity and consent agreement to sharing of information, mobility, skin integrity, personal care support, nutritional and medication needs amongst others. All these areas then had specific care plans generated which reflected what level of support was required for each aspect. These had an attached graph indicating the level of support required, i.e. where it was in the red zone this meant that more support was required so staff could see at a glance that they needed to familiarise themselves with this person's needs.

Each care plan focused on particular elements. In one case we saw the evacuation plan for someone in the event of a fire and this detailed their response to loud noises, their level of confusion and how agitated they may become alongside the practical details of the most effective method of evacuation for them. This was reflected in the mobility plan which specified how the person actually walked such as not lifting their feet thereby placing them at a higher risk of falls. Details of the method and assistance needed for this person was recorded. We saw that in relation to nutritional needs people's cultural and religious requirements had also been considered.

We noted in one care plan that someone's engagement levels with an activity were recorded. It said "[Name] shows they are enjoying music by tapping their foot." This was someone who had limited communication abilities and this information showed staff had observed and understood how this person responded. One staff member told us "The electronic record has improved access to a person's record and they are now more up to date." All care plans were reviewed on a monthly basis to ensure they reflected that person's needs and more often if there was a significant change.

One relative we spoke with said "I've never had to make a complaint but I wouldn't hesitate if I had any concerns and I feel the manager would listen." Another relative also said "I would approach staff if I had any concerns but I never have." The registered manager advised us they had only received one complaint over the past year and this had been resolved by a conversation and apology and followed up with a response by email. We saw this and found it was an appropriate and timely response. The registered manager was keen to point out they had an open door policy and encouraged relatives to raise any concerns immediately.

One relative said "I have completed a survey and we are invited to relatives' meetings. Anything raised is usually dealt with promptly. We picked up that ordering wasn't done right in that certain things kept running out such as bananas and yoghurts but this has now been resolved." Another relative said they were asked on each visit if there were any issues and they felt this showed the home was keen to ensure they were providing good care.

Good

Is the service well-led?

Our findings

We spoke with two relatives who had recently chosen the home for their relation. They told us "We feel it's a really good home and we've seen others. The owner came to see our relation in hospital before they admitted them. So far, it's brilliant." Another relative said "The manager is visible and there are always senior staff present." A further relative told us "I feel the atmosphere is much more positive and open. It's a lot better than it was – a total turnaround." Another told us "I have every confidence in the staff."

One relative said "The service is more structured. It needs a good team to make a good structure and the staff are much better." They continued "The owner is more involved. We see them every time we come. We are very happy with the changes to the leadership and the environment." One staff member also said "We make a good team and try our best to meet people's needs."

We saw evidence of regular meetings with people and their relatives in the home. These had an agenda and detailed questions asked by people. People were encouraged to raise any issues and were reminded on the complaints policy. It was clear that the home were endeavouring to be open and honest where there were problems such as a lack of activities due to the sickness of staff but also how they were trying to address this issue. We felt through our observations that this had been improved in terms of both group and individual interaction.

There was also feedback that families felt the environment had improved over the past six months and that people in the home contributed to change such as with the menus and entertainment the home brought in. In the latest meeting minutes from 5 January 2016 it stated "The residents are happy with their care and feel that staff are friendly, helpful and treat them with dignity and respect." People were also reminded to report any concerns immediately.

There was good level of communication between staff working in different areas of the home. While we were speaking with one member of staff, a colleague came over to them and said they were going on their break but relayed what they would be doing on their return. This showed the home understood the importance of effective communication to deliver quality care to people and staff respected their colleagues to ensure they all knew each other's location and intentions. On another occasion we observed a staff member knocking on the door of a person living at the home and checking with the person and staff in the room that all was fine as the person appeared agitated. Knowledge about people and events affecting them was shared continually and discreetly throughout the day showing that staff understood the importance of being informed. It was also recorded formally twice a day at shift handovers. This openness and transparency all helped promote a shared vision and objective.

We asked staff how they felt working in the home. One told us "It is very positive. It feels much better. There are lots of staff who are better trained and they are working as a team much better. We have worked hard on improving communication." Another said "I enjoy working here."

One staff member told us "The manager and owner are very approachable and we often have meetings in

the home. If neither are around then the nurse on duty takes the lead." Another told us "Things have improved since I started. It wasn't nice at all but I feel the manager and provider are doing a good job. They are very supportive and approachable. We receive positive feedback form families." A further staff member told us "I feel I have the right support. I feel able to go to the manager and report any concerns or ask for further training." The registered manager advised us they also undertook shifts on occasion to minimise the use of agency nurses and to ensure they saw how the home was running from a day to day perspective. This meant that staff would appreciate the registered manager's input more as they could see they had direct experience.

We saw that staff had regular staff meetings. These were detailed in content ranging from expectations about staff conduct to specific instructions as to what constitutes effective infection control. Throughout all the minutes it was stressed about the importance of treating people with dignity and respect, and working together as a team. It was clear that staff had a voice in these meetings and that actions were followed up. These values and principles were observed throughout the day we inspected.

We asked staff what they felt the values of the home were and one said "to offer choice and person centred care. We try and look at each person holistically. We are also undergoing an extensive refurbishment to improve the physical environment." We felt this was an accurate reflection of our observations.

We spoke with the maintenance team who advised us if anything got damaged or broken this would be replaced immediately by the registered provider. This view was endorsed by the registered manager who said "The owner is very responsive and quick to act. The owner often checks the welfare of people." We saw records that all equipment had been serviced and was checked regularly as required to ensure it was safe to use. There were also completed cleaning rotas for all the equipment.

The registered manager told us their key achievements were "looking after people and treating them as individuals and that staff were more aware of their roles and took ownership as to how they performed. I listen to what people say and respond." We saw that a survey had been sent out in November 2015 to relatives and health professionals and 19 questionnaires had been returned. All the comments were positive about both the staff and the home.

We asked staff how they know they are providing quality care. One staff member told us "We ask people in the home if they are happy with the care and try to sort out any concerns." Another said "We get feedback from families and people living here. We also ask other professionals."

We found the home had improved its auditing processes. There were completed audits for infection control citing any infections and how these had been treated, bed rails and bumpers (which were also checked hourly by staff and recorded on a log sheet), medication, mattresses and pressure sores. The medication audit looked at records, storage, stock levels and included an observation of the actual medication round. This meant that the registered manager and registered provider had set up systems to identify possible issues and had a system in place to deal with any concerns.