Lovett Care Limited

Goldendale House

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

This inspection took place on 12 and 13 December 2017 and was unannounced.

At the last inspection the service was rated as requires improvement. We found the provider was not meeting all the requirements of the law. The provider had not ensured that people were always safeguarded from abuse and had not ensured that requirements of the law were followed in relation to people's consent to their care and treatment. We had also not received notifications that the provider is required to send us by law.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to ensure they were meeting the regulations. During this inspection we found that the provider had done what they said they would do and were no longer in breach of the regulations.
Goldendale House 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.

Goldendale House accommodates up to 42 people in one adapted building. At the time of this inspection there were 35 people using the service.

There was a registered manager in post at the time of the inspection. 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 were protected from avoidable abuse and harm by trained staff. Risks were assessed, identified and managed appropriately, with guidance for staff on how to mitigate risks. Premises and equipment were managed safely and were kept clean and tidy. Staffing levels were sufficient to meet people's needs and staff had their suitability to work in a care setting checked before they began working with people. Medicines were managed safely. The registered manager had systems in place to learn when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported by trained staff and received effective care in line with their support needs. Staff received regular supervision and observations of their competency. There was a good choice of food, which people enjoyed and they received support to meet their nutrition and hydration needs. The environment was designed to support people effectively. Healthcare professionals were consulted as needed and people had access to a range of healthcare services.

Staff were kind, caring and compassionate with people. People were supported to express their views and encouraged and supported to make their own choices. People were treated with dignity and respect and

their independence was respected and promoted.

Staff understood people and their needs and preferences were assessed and regularly reviewed. Activities were organised by staff and people were supported to participate in activities that were meaningful to them. People's cultural needs were considered as part of the assessment and care planning process. Complaints were managed in line with the provider's policy. Where required people received good support, in line with their wishes at the end of their lives.

A registered manager was in post and was freely available to people, relatives and staff, along with the provider. People, their relatives and staff were involved in the development of the service and they were given opportunities to provide feedback that was acted upon. We found the registered manager and providers had systems in place to check on the quality of the service people received and use this to make improvements.

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 were safeguarded from abuse. Risks were assessed and people's safety was monitored. People were supported by sufficient staff that had been recruited safely. They had their medicines given as prescribed and were supported in a clean environment and protected from infection. The registered manager and provider had systems in place to learn and make improvements when things went wrong.

Is the service effective?

Good

The service was effective.

People were supported in line with legislation and guidance for giving consent to their care and support. People's needs and choices were assessed and they were supported to receive the care and support they needed. They were supported by staff that were knowledgeable and had the skills to meet their needs. People were supported to have their nutrition and hydration needs met and receive a choice of meals. People received consistent care and were supported to live healthy lives with access to health professionals. The building was designed to support people effectively.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion by staff who also provided emotional reassurance when required. People were involved in all aspects of their care and they were encouraged and supported to make their own choices. People were supported to maintain their independence and their privacy and dignity
was respected by staff.

Is the service responsive?

Good

The service was responsive.

People and relatives were involved in all aspects of their care and their needs and preferences were assessed and met. People had access to activities that interested them and their religious and cultural needs were met. People knew how to complain and there was an effective system in place to manage and learn from complaints. People were supported to receive good end of life care when they required this.

Is the service well-led?

Good

The service was well led.

The registered manager understood their role and responsibilities and they were supported by the provider to deliver what was required.There was a positive culture where people, relatives and staff felt able to express their views and we found these were used to drive improvements. People, relatives and staff felt the registered and provider were approachable and involved them in developing the service. There was a range of different agencies involved in providing support to people and this was coordinated and people received consistent care.

Goldendale House

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 12 and 13 December 2017 and was unannounced. The inspection team consisted of two inspectors.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service in the key questions of safe, effective and well led. We found that improvements had been made to these areas and to the quality of care provided.

We used the information we held about the service to formulate our inspection plan. This included information the provider sent us in the Provider Information Return. 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 also reviewed other information we held about the service. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered feedback received from local authority commissioners and the fire service about the services provided at Goldendale House.

We spoke with three people who used the service and six relatives. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with four members of care staff and four visiting healthcare professionals. We spoke with the registered manager and one of the providers.

Some people who used the service were not able to speak to us about their care experiences so we observed how the staff interacted with people in communal areas and we looked at the care records of eleven people who used the service, to see if their records were accurate and up to date. We also 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 with us.

We also looked at records relating to the management of the service. These included five staff files, training records, improvement plans and quality assurance records.

Good

Is the service safe?

Our findings

At our last inspection, we found that potential safeguarding adults' incidents had not been reported to the local authority in line with local safeguarding adults' procedures which meant that suitable investigations could not be carried out to keep people safe. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulation.

People told us they felt safe and we saw that people were smiling and happy when interacting with and receiving support from staff. Relatives told us they were happy with the care delivered at Goldendale House and felt confident their family members were safe. One relative said, "I love it here. My [relative] gets the support they need and they are safe here." Training had been provided to staff to help them safeguard people from abuse. Staff were knowledgeable about safeguarding adults procedures and knew the different types of abuse which may occur, how to recognise signs of abuse and how to report their concerns. The registered manager understood their responsibilities in safeguarding people from abuse and we saw that incidents had been recorded and reported to the local authority when required, so that necessary investigations could be carried out and protection plans implemented when needed. Staff were aware of the systems and processes in place and we saw this was working to ensure that people were protected from abuse.

People's risks were assessed and managed so they were supported to stay safe. When people were at high risk of falls, we found that they had detailed plans in place to manage the risks and that staff were aware of these and followed them to reduce the risk of falls. For example, one person unfortunately experienced a fall during our inspection. We saw that staff followed procedures to ensure their immediate safety and when we checked the person's records we saw they were receiving support in line with their plan and necessary actions had been taken to reduce the risk of falls including accessing equipment, moving the person's bedroom to increase their supervision and a referrals to the falls team had been made. This showed that risks were identified, assessed and managed to help people stay safe.

Some people who used the service displayed some behaviour which challenged staff. Staff were able to tell us how these behaviours were managed to minimise risks to people and we saw that clear risk management plans were in place to guide staff on how to the support the person to reduce the risk of harm to themselves and others. For example, one person's risk management plan highlighted that they do not like to wait at mealtimes, as this could cause them agitation and lead to them becoming distressed. We observed that the person was not supported to the dinner table until their meal was ready which reduced the risk of agitation and showed that staff were following risk management plans to reduce risks and promote people's safety.

We found the provider had systems and processes in place to assess the safety of the environment and equipment used to keep people safe. The provider employed a maintenance person who completed regular safety checks of communal and personal spaces and carried out repairs as required. We found fire safety checks were carried out; people had individual personal evacuation plans which staff understood to ensure people could be safely evacuated in an emergency and the provider had commissioned an independent fire

safety inspection to ensure they were fully complaint with fire safety. Necessary safety certificates were in place and up to date including gas and electricity which showed that environmental risks were assessed and managed.

People told us and we saw that staff were available to support people when they needed it. A relative said, "There is always enough staff. I always see a senior and two or three carers on the floor." We observed that people's needs were responded to swiftly and that call bells were answered promptly. Staff told us they felt there was enough of them to meet people's needs. A staff member said, "I do feel there is enough staff." The registered manager told us and we saw that people's dependency was assessed monthly and this information was used to work out how many staff were required to keep people safe and meet their needs. We saw that the service was staffed above the hours recommended by the dependency tool and that staffing was discussed and reviewed regularly by the management team so that changes could be made when required.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People received their medication as prescribed. We observed that a senior staff member administered medicines to people and they had been trained to do this safely. We saw the staff member sat with one person and said, "Good morning, it's that time again, how do you want to take your medicines [Person's name]?" The staff member gave the person a glass of water they asked for and stayed with them until they swallowed their medicine to ensure they had taken it before confirming this via the electronic medicines system. The electronic system was in place for stock control, ordering and recording administration of medicines. We observed staff using the system and they were able to show us how they used it to administer the medicine safely. There were protocols in place to show staff when to administer medicines on an 'as required' basis and staff needed to confirm they had read the protocol each time they administered an 'as required' medicine. This helped to ensure that protocols were read and followed by staff to ensure medicines were administered as prescribed.

We observed records of controlled drugs were kept and these were accurately completed. Medicine administration was recorded on the electronic system and any late medicines would be alerted to the registered manager. This meant missed medicines were unlikely to occur. We saw the system enabled staff to check stock and showed when new stock was required. The system allowed staff to order any medicines which were running low with the doctor and the pharmacy. We saw medicines were stored safely and securely including refrigerated medicines and topical creams. Since the last inspection, a new system for storing and recording topical creams had been introduced and staff told us this worked better to ensure staff knew expectations and people received their topical creams as prescribed. This meant people received their medicines as prescribed and systems were in place to safely manage medicines.

People and their relatives told us that the service was clean and tidy. We observed that all areas of the home and equipment looked clean and hygienic and saw domestic staff carrying out their duties throughout the inspection. A laundry assistant was employed and worked seven days a week and a relative told us how the laundry was managed effectively to help prevent the spread of infection and manage hygiene. Staff understood the importance of infection control, and we observed them using protective clothing during the inspection. The registered manager told us about the daily checks and monthly audits that were undertaken and we found these were effective. This meant people were protected from the risk of infection and cross

contamination.

The registered manager told us and we saw that lessons had been learned and improvements made since our last inspection. At the last inspection, some incidents of alleged of abuse had not been investigated and reported as required and we saw that a more robust system had been implemented to help prevent this occurring again. The registered manager and provider had recognised that incidents were not being discussed and reviewed at weekly management meetings, only accidents, and incidents were now incorporated into the weekly discussion to reduce the risk of potential safeguarding issues being missed. Additionally, the provider told us that they had a meeting planned with the local authority safeguarding team to help them to further ensure that incidents were referred to the local authority as required and to strengthen the relationship with the team to ensure that people were consistently protected from abuse. Staff confirmed that safeguarding adults was discussed during their supervisions and they had a good understanding of their responsibilities. The provider had commissioned an independent review of the service to help ensure they were meeting regulations and to improve the quality of care provided and they had an action plan in place. This meant the provider had used feedback and analysis of where things went wrong to make improvements to people's care.

Good

Is the service effective?

Our findings

At our last inspection, we found that The Mental Capacity Act 2005 (MCA) had not been followed when people were unable to give informed consent to their care and treatment. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulation.

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. We observed that people were asked for their consent before care was carried out. When people were able to consent to their care plan, they had signed their consent. When people lacked mental capacity about certain aspects of their care, we saw that a decision specific test of their capacity was now carried out, in line with the MCA. We saw that decisions were made in people's best interests when required and these were accurately recorded and shared with staff to ensure that people's rights were protected. The registered manager was working on ensuring that records were clear and up to date in relation to mental capacity for all people who used the service.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that people had been referred for a DoLS authorisation when this was required. 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. One person's DoLS authorisation had conditions attached. The registered manager was fully aware of the conditions and explained how these had been met. This showed that the service was working in line with the current legislation and guidance to ensure that people's rights were protected.

We saw and relatives confirmed that people's needs and choices were assessed to ensure their needs could be met by the service. A pre-admission assessment was completed prior to a person moving to the home and this included consideration of people's communication requirements and whether they needed any specialist equipment. For example, we saw sensors were in place to alert staff when people were getting out of bed to prevent the risk of falls when this was required. When additional support and guidance was needed about how to support people, we saw that support and guidance was obtained. For example, district nurses were involved in developing plans of care to prevent pressure sores and a community psychiatric nurse had been involved in developing a plan to help manage a person's agitation. This showed that people's needs were effectively assessed and guidance was sought when required.

Staff were supported to develop the skills and knowledge to provide effective care. Staff told us they were provided with a thorough induction which included online and face to face training. We saw that a structured induction programme was in place which gave staff the opportunity to ask questions and spend

time shadowing experienced members of staff before they provided care independently. We observed that staff were competent in their roles and sought advice from senior staff members when required. Staff felt well supported in their roles and had access to regular supervision and support from the registered manager and providers. One staff member said, "I am 100% supported." Another told us, "We have supervision, it's often enough for me. We discuss safeguarding, moving and handling, what I can improve on, my skills and my ambitions. It's useful." We saw that the staff supervision schedule had been reviewed and increased to ensure staff had access to the support and guidance they needed. This showed that staff were supported and encouraged to develop their knowledge and skills in order to provide effective care. This meant people were supported by suitably skilled, supported and trained staff.

Staff told us that they attended a handover session at the beginning of each shift, which ensured that they were able to provide a safe and consistent level of care to people. One staff member said, "We work together and know each other's strengths and weaknesses. We encourage each other and have handover each morning which helps us know how people are and what we need to be doing." The handovers ensured that any risks or changes in people's needs were highlighted. Staff also told they were able to use their supervision sessions to raise any concerns or make suggestions about improvements to people's care. This showed that the service ensured that people received consistent care within the service.

People told us they enjoyed the food at mealtimes. One person said, "It's lovely food." People told us and we saw they were provided with choices about what they ate and drank. One person said, "I can have what I want for breakfast but they [staff] know what I like." At lunch time we observed that the provider showed people the options available by presenting two plates of food so that people could see what was on offer and make an informed choice. Snacks were readily available for people to help themselves to including fruit, and a kettle and toaster were available for people who were able to use them independently. Staff could describe people's nutritional needs and how they were supported. We found care plans were in place which supported what we were told. For example, one person was assessed as requiring a pureed meal due to their risk of choking and we saw this was provided for them in a way which still looked appetising. People were not rushed at mealtimes and staff were attentive to their needs. For example, one person was struggling to eat their meal independently and staff noticed this immediately. A staff member said, "Shall I just cut the meat up for you?" which the person accepted and the staff member also offered them the use of a plate guard which helped the person eat their meal independently. This showed that people were supported to eat and drink, in order to maintain a balanced diet.

We saw and relatives confirmed that people were able to see health professionals when they needed to. A relative said, "Staff always contact the doctor if needed, all the time they contact other professionals if they need to." We saw that a number of professionals visited the service on the day of the inspection and they confirmed that staff would contact them when required and follow any advice given. A visiting nurse told us, "Diabetic diets are followed well and people's diabetes is stable, we have no concerns." A visiting physiotherapist told us, "Staff follow our advice. [Registered Manager's name] is responsive to our advice, we said that one person's bed position was risky and she moved the room around the sort it out straight away." The records we viewed showed that people had accessed health professionals such as; community physiatrist nurses, occupational therapist, district nurses and opticians. This meant that people were supported to access health professionals to maintain their health and wellbeing and advice sought was followed by staff.

The service had recently had an extension so some bedrooms and communal areas were brand new while other areas of the home had been redecorated. The whole home looked clean and fresh and was odour-free. We saw there were specially adapted facilities in place to support people. For example, there were assisted bathrooms and shower rooms. This meant people could have their needs for personal care met

safely. People were able to have personal items in their rooms such as photographs and ornaments, however, some people told us they would have liked to have been able to choose the colours of the walls in their bedrooms. One person said, "I thought we would have a choice [about room décor] but I wasn't given one. I'd have liked neutral or grey with a bit of silver but I didn't have chance to say, so I've got green." We observed that bedroom doors were a block colour with room numbers on but people's names weren't displayed and no personalised of bedroom doors was in place to help people who may have some memory loss to find their bedrooms. We discussed these issues with the registered manager and provider who told us they were trying to achieve a 'hotel style' at the home and an environment that people could be proud to live in. They told us they would consider consulting people about the décor and style of the home.

Good

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection the service continued to be caring.

People told us and we saw that they were treated with kindness and respect. One person said, "Staff are lovely and do anything for me. They treat me on the level." A relative told us, "Staff are friendly and caring. They are 'touchy', affectionate but appropriate, I like that." A staff member said, "The care is amazing here. I'd have my Mum in here or I'd come in here myself. I know the [good] care I would get in here." We observed that staff were kind and compassionate in their approach when supporting people. For example, we saw that staff took their time and provided reassurance and encouragement to a person when helping them to move. A staff member said, "Push up from the arm of the chair, bend those legs that's it, lovely!" They smiled at the person and gently encouraged them to help to move safely and the person was smiling and thanking the staff member. This showed that people were treated with kindness and respect.

People told us and we saw that they were given emotional support when they needed it. One relative said, "We can't give you any feedback other than praise [for the staff]. The carers give my [relative] plenty of attention." Another relative said, "Definitely they reassure [my relative] when they need it. They tell me too, if there's anything at all." We saw that one person was upset and anxious because they could not find their handbag. A staff member sat down with them and listened to their concerns. The staff member said, "Let's go to your room [Person's name] and have a look." The person was visibly calmer when staff spent time with them and provided the emotional reassurance they needed as well as acting quickly to relieve their stress. This showed that staff were respectful of and responded to people's need for support and reassurance.

We observed that people were offered choices about their care and support throughout the inspection. For example we saw people were asked where they would like to sit and how they wanted to spend their time. Staff knew how to communicate best with people to help them make choices and we saw staff talked clearly near to a person's ear to ensure they could hear what they were being offered. We also saw that visual choices were offered when required to help people make informed decisions. The registered manager told us how they supported people to access information when they had additional needs. For example, one person was registered blind. The service had considered the use of brail and talking books but these did not work for the person, they preferred to receive information in a quiet area from one person and this was provided for them. Another person did not talk but used hand gestures to communicate their needs. The registered manager told us that picture cards were available at the service but that this person did not like them and was able to communicate effectively using hand gestures. We found that people's care plans directed staff about how to encourage people to make their own choices and decisions. For example, one person's plan said, "offer a choice and see if [Person] beckons towards one more than the other." Staff we spoke were able to explain to us how they encouraged people to people to make their own choices in line with what was written in people's care plans. This showed that people were supported to make choices and decisions about their care.

People's privacy and dignity was maintained and their independence was promoted. We observed staff whispering discreetly to people when they offered whether they would like to be supported to the toilet and

that all personal care was provided privately in people's rooms. People were able to access their bedrooms whenever they chose to and could have privacy by themselves or with their visitors. People looked well presented in clean and matching clothes which upheld their dignity. We found that people's care plans encouraged their independence and detailed what tasks they were able to and liked to do themselves. For example, one person's plan said, "Responds to prompts if a soapy flannel if given to her." We also saw that facilities were available for people to make their own hot drinks and snacks including toast which encouraged people's independence. This showed that staff were encouraged to promote people's independence.

Good

Is the service responsive?

Our findings

At our last inspection the service required improvement to ensure they were consistently responsive. At this inspection we saw that improvements had been made.

People and their relatives were involved in all aspects of their care. We saw that a preadmission assessment was completed before a person moved to the home to ensure their needs and preferences could be met and that regular reviews of care were completed. Relatives told us they were involved with developing plans of care and that they were regularly contacted by staff when there were any incidents or changes in relation to their relatives. One relative said, "Staff always contact me about six to twelve month reviews. We can do it on the phone if I can't manage to get in, so I'm always involved." People's plans contained detail about how they liked to be supported, their levels of independence and their preferences. For example, whether they preferred a bath or a shower and what of personal care they could do for themselves. We saw that some plans contained information about people's life history but other people's life history information was limited, though staff knew people well. Plans were in place to ensure that all people who used the service had detailed plans that included life history information. A relative said, "I feel the staff adapt to each individual. My [relative] is dry, likes banter. I like the staff, they seem to know people." This showed that people and their representatives were involved in care planning and staff knew people well in order to provide personalised care.

People had access to activities that interested them. On the day of the inspection we saw that people were enjoying participating in a ball game facilitated by staff and we saw this created conversation and laughter for people who used the service. A relative told us, "[My relative] loves music and there's plenty of that here. They often have entertainers in, singers that that are appropriate and suitable for people with dementia. [My relative] chooses not to join in with all activities but there are lots available." Some people who used the service enjoyed participating in the running of the home, helping with tasks such as tidying and helping in the kitchen, the registered manager told us how they risk assessed this and facilitated it so that people who used the service could take part in activities that were meaningful to them. People's diverse needs were assessed including their cultural and religious needs. A relative said, "[My relative] is Catholic and had Holy Communion every Sunday." We saw that another person visited their local community church. Staff were aware of people's interests and beliefs and this showed that people received personalised care that was responsive to their needs.

People and relatives knew how to raise concerns and complaints and felt able to do this when required. A relative said, "I've never needed to complain but I can speak to staff. If I raise things, they take notice." Another relative said, "I've never complained but I know how to. If there's any niggles, there is always someone to listen and sort it out whether that is care staff, seniors, the manager or the owners." Information on how to make a complaint was available to people and we saw that all complaints made were recorded and dealt with in line the provider's policy. Action was taken to address people's concerns and plans were put into place to reduce the likelihood of the same concerns arising again. This showed that people's concerns and complaints were listened to and used to improve the quality of care.

We spoke with the registered manager about how they supported people with planning for end of life care. They told us they were not currently supporting anyone but could share examples of how they had in the past. We spoke with some relatives whose family member had received end of life care at Goldendale House and they told us the care was, "second to none." The registered manager and relatives we spoke with explained how the person was supported to be pain free with medicines that were promptly arranged, equipment that was sourced and prompt access to support from specialist palliative care professionals. A relative said, "[My relative]'s end of life was lovely. They [staff] got the right support in place so [My relative] could have what they needed. We were kept fully informed and even the specialist nurses said the care was second to none. We can't fault anything." We found that brief details of people's wishes in relation to their end of life was recorded and that work was taking place to ensure that all people's wishes in relation to end of life were recorded to ensure they received the care they would wish for, when they needed it.

Good

Is the service well-led?

Our findings

At our last inspection the service required improvement because we had not received notifications of important events that are required by law. This was a breach of Regulations 16 and 18 of The Care Quality Commission (Registration) Regulations 2009 (Part 4). Also, systems in place to monitor quality had not identified all of the issues we found at the last inspection. At this inspection we found that the required improvements had been made and the provider was no longer in breach of the regulations.

There was a new registered manager in post since the last inspection, who was previously the deputy manager and knew the service well. The registered manager understood their responsibilities and was supported by the providers to deliver what was required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw that the rating of the last inspection was on display and a copy of the last inspection report could be accessed by people and visitors to the home. Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The registered manager was open and transparent in sharing information about these incidents.

People, relatives and staff told us that the registered manager and providers were approachable and supportive. A relative said, "[Registered Manager's name] is very good, very helpful. She's helped me emotionally." A staff member said, "Management are brilliant. I love [Registered Manager's name]. We get on really well and she gives me the incentive to work. I also get on well with the directors." We saw that the registered manager and provider were visible throughout the home, they knew people well and chatted to them as well as providing care and support when required. They were present during lunch times and throughout the day to enable them to review the day to day culture and working of the home and how staff interacted with people to provide good quality care. There was an open and inclusive atmosphere where people worked together to achieve good outcomes for people. A relative told us, "There are not many places as good as this. The owners are proactive and passionate about good care, they instil that in their staff and I think it shows."

The registered manager and provider had improved the systems in place to monitor quality and safety since the last inspection. Incidents and accidents were regularly analysed by the registered manager and action was taken when required. For example, a falls tracker had been introduced which ensured that people were referred for additional support following three falls. This was discussed and reviewed at weekly management meetings and we saw this was effective as referrals to the falls team had been chased up when required and people had additional support and equipment they needed to reduce the risk of further falls. This weekly discussion of accidents and incidents also helped to ensure that any safeguarding adults incidents were referred to the local authority when required and that plans were put into place to reduce the risk of reoccurrence. This showed that systems and processes in place to monitor the quality and safety of care provided were effective.

People, relatives and staff were engaged and involved in the development of the service. There were regular

resident and relatives meetings, alongside annual surveys which gave people the chance to share their feedback on the quality of the service provided. We saw that feedback was acted upon, for example, menus had been adjusted based on people's feedback and people had been supported by staff to go Christmas shopping when they requested this. A 'You said, we did' board communicated the changes that had been made following feedback. Staff were actively involved and we saw the supervision schedules had been reviewed following the last inspection and staff now received more regular and reflective supervision alongside spot checks to check the quality of care they are providing. A staff member said, "We have spot checks and get feedback all the time. It's good as we don't know unless they tell us how to improve." Staff were encouraged and supported to lake lead roles within the home including a moving and handling champion and food and nutrition champion. We saw that the food and nutrition champion was developing a leaflet for staff specific to the people who lived at Goldendale House and they introduced fromage frais to the snack trolley to meet people's individual needs and preferences. These examples showed that the provider and registered managed engaged people and staff in the development of the service.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, nurses, physiotherapists and hospital departments. The registered manager told us they had good relationships with external professionals and had good support from local doctors. The staff team had regular opportunities to discuss peoples care and they had handover meetings at the start of each shirt. This meant staff provided consistent care and had support from other professionals to improve outcomes for people.