# Care UK Community Partnerships Ltd

# Echelforde

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Echelforde is a care home without nursing for a maximum of 50 older people, some of whom are living with dementia. There were 46 people living at the home at the time of our inspection.

The inspection took place on 19 April 2017 and was unannounced.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At our last inspection 18 May 2016 we found the provider was breaching legal requirements in relation to safe care, consent and assessments. Staff did not always use appropriate moving and handling techniques, which put the people they were supporting at risk. People's capacity to make decisions had not been assessed, which meant the provider could not be sure their care was being provided in the way they wished. Some staff did not keep confidential information about people's care secure. Care plans had not always been fully completed, which meant staff did not have all the information they needed about the people they cared for.

The provider sent us an action plan telling us how they would make improvements in order to meet the relevant legal requirements.

At this inspection we found the provider had taken action to address these concerns. Staff provided care in a safe way and used appropriate equipment when supporting people to transfer. Staff ensured that discussions about people's care were kept confidential. People were encouraged to make decisions about their care. Where people lacked the capacity to make informed decisions, staff had followed an appropriate process to ensure decisions were made in their best interests. Staff had consulted people and their relatives about their care plans and recorded information about people's life histories, important relationships and interests.

People felt safe at the service and when staff provided their care. There were enough staff on each shift to meet people's needs. Risks to people had been assessed and measures put in place to reduce these risks. Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. People were protected by the provider's recruitment procedures. There were plans in place to ensure people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly to keep the premises and equipment safe for use. People's medicines were managed safely.

People were supported by staff that had the skills and experience they needed to provide effective care. Relatives said staff knew their family members' needs well and provided consistent care. Staff had an

induction when they started work and access to ongoing training, supervision and support.

People enjoyed the food provided and told us there was a good choice of meals. People had opportunities to give their views about the menu and their suggestions were implemented. The registered manager had implemented measures that had improved the support people received to maintain adequate nutrition and hydration.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. Referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. Any guidance about people's care issued by healthcare professionals was implemented and recorded in people's care plans.

Staff were kind and caring and treated people with respect. They were attentive to people's needs and demonstrated compassion in their approach. People had developed positive relationships with the staff who supported them and they enjoyed their company.

People's needs had been assessed before they moved into the home and were kept under review. Care plans had been developed which detailed the support people required and how they preferred their care to be provided.

The range of activities available to people had increased since our last inspection. People had opportunities to take part in in-house activities and outings to places of interest. Entertainers and community groups visited the home regularly and a bar had been installed, which provided a place for people to socialise with their friends and families. People who chose to stay in their rooms were visited by staff to ensure they did not become socially isolated.

Complaints were responded to appropriately and used as opportunities to improve the care people received. The registered manager had encouraged people, relatives and staff to contribute their views about how the service could be improved. This collaborative approach was welcomed by people and their relatives, who said their views were listened to and implemented where possible. Residents and relatives meetings were held regularly and used to keep people up to date with developments at the home.

Staff told us the registered manager was approachable and supportive. They said the registered manager valued them for the work they did and had improved communication amongst the staff team. Staff told us the registered manager was always willing to listen to ideas and put them into practice if they could be shown to improve people's care.

The provider had effective systems of quality monitoring and improvement. Key areas of the service, such as infection control, health and safety and medicines management, were audited regularly to ensure appropriate standards were maintained. The provider's regional manager carried out monitoring visits and produced reports of their findings. Where shortfalls were identified through the quality monitoring process, there was evidence that action had been taken to address them.

## 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.

There were enough staff available to meet people's needs.

People were protected from avoidable risks.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely.

### Is the service effective?

Good

The service was effective.

People received consistent care from staff who knew their needs well.

Staff had access to appropriate support, supervision and training.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

### Is the service caring?

Good

The service was caring.

People had positive relationships with the staff who supported

them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

People were supported to maintain relationships with their friends and families.

## Is the service responsive?

Good

The service was responsive to people's needs.

Care plans were person-centred and were regularly reviewed to ensure they continued to reflect people's needs.

Staff provided care in a way that reflected people's individual needs and preferences.

People had opportunities to take part in activities, outings and events.

Complaints were managed and investigated appropriately.

## Is the service well-led?

Good

The service was well-led.

There was an open culture in which feedback was encouraged and used to improve the service.

There was effective communication between staff at all levels.

The provider had implemented effective systems of quality monitoring and auditing.

# Echelforde

**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 was 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 19 April 2017 and was unannounced. The inspection was carried out by three inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had returned 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 reviewed the PIR before our inspection to ensure we addressed any areas of concern.

During the inspection we spoke with 15 people who lived at the home and three relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not tell us about their experience directly. We spoke with the registered manager and nine staff, including care, activities, maintenance and catering staff.

We looked at the care records of five people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Good

# Is the service safe?

## Our findings

At our last inspection in May 2016 people's care was not always provided safely. Staff did not always use appropriate moving and handling techniques when supporting people. Two staff supported a person to transfer from an armchair to their wheelchair without using the equipment identified in the person's care plan as necessary to support them safely.

At this inspection the provider had taken action to address this concern. Staff provided care in a safe way and ensured that appropriate equipment was used where necessary to support people. People told us they felt safe when staff provided their care. They said staff ensured they were comfortable when using any equipment involved in their care. Relatives told us they were confident staff kept their family members safe. They said staff used equipment in accordance with the guidance contained in their family member's care plan. One relative told us, "They are responsible for the care and safety of my wife and it is done well."

People told us staff were available when they needed them. They said staff responded promptly when they used their call bells. Relatives told us there were enough staff to keep their family members safe. Staffing levels were planned according to people's needs. The registered manager calculated the number of staff required using a dependency tool, which was reviewed each month. Staff told us that there were enough staff on duty on each shift to provide the care people needed. One member of staff told us, "There are more staff than there used to be and I do have enough time to do things properly." Another member of staff said, "There is plenty of time to do things with the residents."

Appropriate checks were undertaken before staff began work. Prospective staff were required to submit an application form with details of referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. All staff attended safeguarding training in their induction and refresher training in this area was provided regularly. The registered manager had notified CQC and other relevant agencies about incidents where necessary.

Risk assessments had been carried out to identify any risks involved in people's care, such as inadequate nutrition or hydration, pressure ulcers or choking. Where risks had been identified, staff had implemented measures to reduce the likelihood of them occurring. For example pressure relieving equipment had been obtained for people at risk of pressure ulcers and repositioning regimes had been implemented. Some people displayed behaviour that challenged staff and posed a potential risk to the safety of others. In order to mitigate this risk, the registered manager had put in place one-to-one support for the person. The registered manager had also involved appropriate professionals, such as community mental health team and the person's care manager, in developing a support plan to meet the person's needs.

Accidents and incidents were recorded and reviewed by the registered manager to ensure appropriate action had been taken to prevent a recurrence. Staff carried out regular health and safety checks on the premises and equipment used in the delivery of care. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. The fire alarm system and firefighting equipment were checked and serviced regularly. The provider had developed a business continuity plan to ensure people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely. Staff made sure people understood what their medicines were for and regularly checked whether they required pain relief. There were protocols in place for medicines prescribed 'as required'. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines. Medicines audits were carried out each month and an external pharmacist checked the management of medicines annually. The provider's own audits and the pharmacist's report indicated that staff were managing medicines safely.

Good

# Is the service effective?

## Our findings

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.

At our last inspection in May 2016 we found the provider was not providing people's care in accordance with the requirements of the MCA and associated code of practice. People's capacity to make decisions had not been assessed, which meant the provider could not be sure their care was being provided in the way they wished. Care plans contained no evidence that meetings had been held to ensure that decisions taken about people who lacked capacity were made in their best interests.

At this inspection the provider had acted to address these concerns. New documentation to be used when assessing people's capacity had been introduced. This documentation ensured that staff completing assessments followed an appropriate process to determine whether or not the person had capacity to make decisions for themselves. Where people lacked the capacity to make a particular decision, there was evidence that an appropriate process had been followed to ensure the decision was made in their best interests. This included recording the views of all those who had been consulted about the decision, including relatives and healthcare professionals. Relatives who had Power of Attorney for their family member's health and welfare told us they were always consulted when any decisions about their family member's care or treatment were made.

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.

Staff said they supported people in a way that encouraged them to make choices about their care. Staff understood that any restrictions should only be imposed upon people where authorised to keep them safe. One member of staff told us, "Most of the people here have dementia and sometimes restrictions are needed to keep them safe but there's a process for that. There has to be a reason why we are doing it." Another member of staff said, "We don't want to make choices for them, we want to encourage them to make their own choices." Where people were subject to restrictions to keep them safe, such as being prevented from leaving the service unaccompanied, applications for DoLS authorisations had been submitted to the local authority.

People were cared for by staff who had the knowledge and training they needed to provide effective support. People told us they trusted the staff who cared for them and relatives said they were confident in the skills of the staff. One relative told us, "I feel that the staff are trained well." Another relative said, "They

seem competent and well trained." People told us they were cared for by consistent staff who they knew well. Due to vacancies on the staff team, agency staff were employed on some shifts. The registered manager recognised the importance of good continuity of care and had made efforts to recruit permanent staff. The registered manager said the service employed regular agency staff, which meant they had developed a good understanding of people's needs and the working practices of the service.

All staff attended an induction when they started work, which included shadowing experienced colleagues before they provided people's care. Staff said the induction process was thorough and had prepared them well for their roles. They told us they had attended all elements of core training during their induction, including health and safety, moving and handling, infection control, fire safety and first aid. One member of staff said of their induction, "I worked with experienced people; I learned a lot from them. I feel a lot more confident now." All new staff were expected to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that care staff should demonstrate in their daily working lives.

Staff attended regular refresher training in core areas and had access to training relevant to the needs of the people they cared for, such as dementia care and mental health. Staff told us the recent dementia training they had attended had improved their understanding of the condition and how they could best support people living with dementia. One member of staff said, "I did training in dementia which I found really useful. I learned what dementia was like and how to approach people and how to understand." Another member of staff told us, "The dementia training was very useful. It helped me understand the residents more."

Staff told us they were well supported in their work by their colleagues and senior staff. One member of staff who had recently started work at the home said, "I'm enjoying it. My colleagues are very helpful. Support has been there for me 100%." Another member of staff told us, "I feel supported. There is good communication and the team leader is very approachable and very supportive." Staff had regular one-to-one supervision sessions with their line manager, which gave them the opportunity to discuss any support or further training they needed. Staff told us supervision sessions were useful and that they felt able to raise any concerns they had. One member of staff said, "I think supervision is a good thing because it gives you an idea of how you are doing. I can say what's on my mind, there's no problem." Another member of staff told us, "They are helpful because I can be told how I should be doing things and show me where I am going wrong. If I need training I will mention that too."

People told us they enjoyed the food provided and that staff knew their likes and dislikes. One person said, "I like the food, there's a good choice." Another person told us, "They know what I like and they will always find me something I can eat." Relatives said their family members' dietary needs were met. They told us staff encouraged their family members to eat and maintain adequate nutrition. One relative said, "The food is fine. My mother is well fed and never hungry. She has a small appetite but there are always snacks and fruit around and I know mum eats them." Another relative told us, "They have changed the menus and swapped things around for the better. There are always plenty of drinks available." A third relative said of their family member, "She is often reluctant to eat but they are very good at encouraging her. They know what she likes and they always make sure they have something available."

We observed that mealtimes were an enjoyable experience for people, with a relaxed and convivial atmosphere. Staff ensured that people who required assistance to eat and drink received this support, including where people chose to eat their meals in their bedrooms. Staff showed people the meal options to enable them to make a visual choice of which they preferred. They told us the registered manager had advised them to do all they could to encourage people at risk of poor nutrition to eat, which included enabling people to see and smell the food before they made a choice. The registered manager had

implemented a number of measures regarding nutrition and hydration that had realised benefits for people's health and well-being. For example 'hydration stations' had been introduced, which provided a range of drinks to encourage people to remain hydrated. The registered manager told us this had reduced the occurrence of urinary tract infections. A variety of snacks were provided throughout the home, which meant people could eat small amounts when they were hungry between mealtimes.

People's nutritional needs had been assessed before they moved into the home and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. Referrals had been made to healthcare professionals, such as a speech and language therapist and a dietitian, if people developed needs that required specialist input. Guidance given by healthcare professionals had been included in people's care plans. There was effective communication between kitchen and care staff regarding any changes to people's diets following input from healthcare professionals.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. People told us staff supported them to see a doctor if they were unwell. Relatives said staff had a good knowledge of their family member's healthcare needs and ensured they received the care and treatment they needed. One relative told us, "The access to healthcare is first rate. The district nurse comes and gives her injections and the CPN [community psychiatric nurse] comes to see her." Another relative said, "They are very good at referring her if need be."

Care plans provided evidence that referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. The outcomes of appointments with healthcare professionals were recorded in people's care plans. Any guidance about people's care issued by healthcare professionals was implemented by staff. Relatives told us that staff had provided good support to their family members to recuperate and regain their independence following illness or injury. One relative said, "When she broke her hip they were so good. They soon had her walking again, which was amazing."

Good

# Is the service caring?

## Our findings

At our last inspection in May 2016 we found some staff did not act in a way that maintained confidentiality. We observed instances in which staff discussed people's personal care needs in communal areas within earshot of other people. This did not comply with the provider's confidentiality policy. We also witnessed two members of staff have a disagreement in a communal area, where it was overheard by the people present.

At this inspection the provider had acted to address these concerns. Staff were kind and caring and treated people with respect. Confidential information was managed appropriately and staff were aware of the need to discuss people's care in private.

People told us staff were kind and that they enjoyed their company. One person said of staff, "I get on very well with them. I have a laugh with them." Relatives told us staff genuinely cared about their family members and ensured their dignity was maintained. One relative said, "Staff are caring. It's their whole manner. After mum broke her hip they rearranged her room to make things easier for her. When she didn't want to get up, they brought her meals to her room." Another relative told us, "They treat [family member] with the upmost respect and dignity." A third relative said, "You can't fault the staff. They'll do anything for [family member]. The cleaners, the catering staff, the laundry staff, they all come and say hello, which I think is important. It makes all the difference."

The atmosphere in the home was relaxed and inclusive and staff spoke to people in a respectful yet friendly manner. It was clear that people had developed positive relationships with the staff who supported them. Staff were proactive in their interactions with people, making conversation and paying them compliments. Staff told us the registered manager had established a philosophy of care that involved staff engaging positively in people's lives. They said this had improved the care people received and empowered staff to involve themselves in people's lives. One member of staff told us, "The manager is very resident-orientated. If he sees people asleep and staff are doing paperwork, he will ask us to stop and interact with them. He says the residents come first." Another member of staff said, "He has told us to engage with people. Just have conversations and engage with them." Minutes of staff meetings demonstrated that the registered manager had encouraged staff to spend more time engaging with people, advising them, "Try and involve yourselves in the residents' lives. Try not to make your work task-oriented." Staff told us this approach had had a positive impact on people's experience of care at the home. One member of staff said, "The residents are happier now, they are more cheerful."

Staff supported people in a kind and caring way. They were attentive to people's needs and took time to ensure they were comfortable. One member of staff heard a person say they felt cold. The member of staff placed a blanket over the person's knees and asked if they would like the member of staff to fetch them a cardigan. One person had fallen asleep in an armchair and their head had lolled forward. A member of staff observed this and placed a cushion behind the person's head to ensure they were comfortable. One person became distressed and staff acted quickly to comfort and reassure them. Staff spoke with warmth and affection about the people they cared for. One member of staff told us, "I love looking after them, showing

them that you really care. Show them that you are part of their family. Be passionate with people; treat them like they are your own family." Another member of staff said, "I do care for them so much. I think of my mum and I feel for them."

People were supported to maintain relationships with their friends and families. Relatives told us they could visit whenever they wished and that they were made welcome by staff. They said they could join their family members for meals and that they were invited to events at the home. Relatives told us staff encouraged them and their family members to be involved in planning their family member's care. They said their views were listened to and incorporated where possible. One relative told us, "I feel very involved in her care planning." Another relative said, "We are very much involved in her care planning. We see a copy of the care plan regularly." Staff supported people to be independent where possible. People's care plans recorded which aspects of their care they could manage themselves and in which areas they needed support. We observed staff encouraging people to be independent, for example when eating and mobilising.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed.

Good

# Is the service responsive?

## Our findings

At our last inspection in May 2016 we found care plans did not record sufficient information about people's lives before they moved into the home. This meant staff did not have access to the information they needed to fully engage with people about their life history or their interests. We also found that opportunities for people who preferred not to take part in group activities were limited.

At this inspection the provider had taken action to address this concern. Staff had consulted people and their relatives about their care plans and included information about people's life histories, important relationships and interests. People told us they were happy with the extent to which they were involved in planning their own care. Relatives said staff sought their views about their family member's care and incorporated their views in people's care plans.

People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. Where needs were identified through the assessment process, care plans had been developed which detailed the support people required and how they preferred their care to be provided. For example, care plans had been developed to address people's needs in relation to communication, nutrition, mobility, continence and end of life care. Care plans were reviewed regularly to ensure they continued to reflect people's needs.

The range of activities available to people had increased. The home employed two activities co-ordinators, who arranged a programme of in-house activities and outings. The programme of activities included quizzes, word games, reminiscence, bingo and a knitting group. Entertainers visited the home regularly, including on the day of our inspection. People also had opportunities to go on outings to places of interest, such as garden centres.

People and their relatives told us there were enough activities to keep people engaged. They said activities were planned to reflect people's individual interests. One relative told us, "They do quite a lot of activities. [Family member] likes music so they make sure she can listen whenever she wants." Another relative said, "I think there are enough activities. [Family member] gets involved when she wants to. She does painting, scrabble and jigsaws."

The registered manager told us they had increased visits to the home from groups within the local community, such as a local school and a local choir, which would give people opportunities to form new relationships. A bar had been installed in the home which staff said provided a place for people to socialise with friends and families. Members of local church groups visited the home to give services for people who wished to attend.

In addition to organised activities, care staff said the registered manager had encouraged them to organise spontaneous activities with people. For example, the weather on the day of our inspection was fine and staff encouraged people to spend time in the garden with them, which they clearly enjoyed. We saw that staff engaged in impromptu activities with people on the units, such as playing games and singing to music.

Activities co-ordinators told us they visited people in their rooms to ensure they did not become socially isolated. They said they offered people manicures, hand massages or simply the opportunity to have a conversation.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. None of the people we spoke with had made a complaint but all said they would feel comfortable raising concerns if they were dissatisfied. One relative told us, "I would know what to do if I needed to make a complaint but I have never had to. They do a fantastic job with her." We checked the complaints record and found that any complaints received had been investigated and responded to appropriately.

Good

# Is the service well-led?

## Our findings

People and their relatives told us the home was well led. They said the registered manager had encouraged their feedback and was willing to implement their suggestions about potential improvements. One relative told us, "The new manager is excellent. We have regular meetings with other relatives. We go over things and within a day we get the minutes. Things happen when we suggest them. For example, we mentioned we would like snacks available for people and a change to the menu." Another relative said, "We have relatives meetings. It's so important. It gives us a chance to air things. It's a forum for discussion and we feel listened to. [Registered manager] goes over all the actions and things that need to be followed up. We have also been asked to complete a survey." A third relative told us, "The manager has had a big impact. I can't speak highly enough of him. He is very approachable and always has an open door."

People had opportunities to contribute their views at residents meetings, which were held on each unit and for the whole home. People were asked about the care they received, the food, activities, the décor of the home and standards of cleanliness. Residents meetings were also used to keep people up to date with developments such as progress with staff recruitment. People and their relatives were also encouraged to complete and return satisfaction surveys. The results of the most recent residents and relative's surveys had been published and contained much positive feedback about the home. People responded that they felt safe at the home and valued the care provided by staff. People and their relatives also provided positive feedback about the activities, the food and the way in which people's dignity was promoted. Where people had identified areas that could be improved, there was evidence that action had been taken to address them. For example, one relative had noted that agency staff were often deployed at weekends. The registered manager had put plans in place to recruit more staff, which would ensure people received their care from permanent staff.

Staff told us the registered manager was approachable and supportive. They said the registered manager was willing to listen to any concerns they had and provide advice. One member of staff told us, "He is very approachable. His door is always open. He is always willing to listen. He will always make time for you." Another member of staff said, "I really like [registered manager]. He is strict but in a good way. I feel supported and I feel I can approach him." Staff told us the registered manager valued them for the work they did and had increased their confidence. One member of staff said, "He makes us feel valued. He appreciates when I do something well." Another member of staff told us, "The manager is very nice. He has improved the training and the team work is better. He empowers us, helps us feel more confident to make decisions."

All staff groups met on a regular basis to discuss the needs of the people they cared for. Staff said the registered manager encouraged their suggestions about how the care people received could be improved. They told us the registered manager was always willing to listen to ideas and put them into practice if they could be shown to improve people's care. Staff said the registered manager observed their practice and suggested ways in which they could improve the care they provided. One member of staff told us, "He spends a lot of time on the units. He observes us, he questions us, he suggests improvements." Another member of staff said of the registered manager, "He has worked his socks off to improve things here. He's always on the floor, he knows all the residents." We observed that the registered manager set a positive

example through their own interactions with people, making time throughout our inspection to speak with people and express an interest in their well-being. The registered manager knew people well and engaged with them in a kind and caring way.

The provider had effective systems of quality monitoring and improvement. The registered manager carried out regular audits, which were submitted to the provider's quality development manager for review. These audits monitored key areas of the service, including infection control, health and safety, medicines management, pressure ulcers and safeguarding referrals. There was evidence that action had been taken where shortfalls were identified. For example, a pharmacy advice visit had highlighted measures the provider could take to improve medicines management and these had been implemented by the registered manager. There was a service improvement plan for the home, which was reviewed regularly to ensure any areas identified for improvement were addressed. The provider's regional manager carried out monitoring visits to the service and produced reports of their findings. The regional manager's visits checked that any actions required from the previous visit had been completed.

The standard of record-keeping was good. Staff maintained detailed daily records for each person, which provided important information about the care they received. These records were person-centred and provided an insight into the experience of the person receiving care. Records such as repositioning and food and fluid charts were accurate and up to date. The registered manager and senior staff had established effective links with health and social care professionals to share information and to ensure they adopted best practice. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.