

HC-One Limited

Ashington Grange

Inspection report

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Ratings

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| 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 6 and 7 November 2017 and was unannounced. A previous inspection, undertaken in July 2015, found there was one breach of legal requirements but rated the service as 'Good' overall. We carried out a further focussed inspection in February 2017 where we found the home had dealt with the breach and was meeting all regulations.

Ashington Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide support for up to 59 people over three area. The lower floor predominantly supported people with nursing care issues. The upper floor is divided into two units, one supporting males and one supporting females, who have a cognitive impairment or mental health issue. At the time of the inspection there were 51 people living at the home.

The home had a registered manager who had been registered since February 2015. 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 told us they were safe living at the home and staff had a good understanding of safeguarding adults procedures. The registered manager was able to describe lessons learned from previous safeguarding events. Maintenance of the premises had been undertaken and there was evidence of safety checks and risk assessments being carried out. People had emergency evacuation plans in place. Accidents and incidents were monitored and reviewed.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills. Some people and staff members told us there were times when more staff would be helpful, but overall there were enough staff at the home. We found minor issues with the recording of some medicines at the home, which were addressed immediately. We found the home to be maintained in a clean and tidy manner.

Staff had an understanding of issues related to equality and diversity and what it meant for people using the service. They told us they had access to a range of training and updating and records confirmed this. They confirmed they had access to regular supervision and an annual appraisal. The registered manager described how technology was being used to enhance care delivery.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We found some the registered manager had system in place to review and resubmit DoLS applications. People were asked for their consent on a day to day basis. Where this was

not possible there was evidence of best interest decisions being made.

People were happy with the quality and range of meals and drinks provided at the home. Special diets were catered for and kitchen staff had knowledge of people's individual dietary requirements. Risks associated with diet and weight loss were monitored.

People told us they were happy with the care provided. We observed staff treated people patiently and with due care and consideration. We observed staff had positive interactions with people throughout the time of the inspection. Staff demonstrated a good understanding of people's individual needs, preferences and personalities. People and relatives said they were always treated with respect and dignity. Relatives told us they were regularly involved in care decisions.

People's health and wellbeing was monitored and there was regular access to general practitioners, dentists and other specialist health staff.

Care plans were detailed and related appropriately to the individual needs of the person. A range of activities were offered for people to participate in. The service had two dedicated activities co-ordinators, who also had an understanding of how to engage people with a cognitive impairment. Formal complaints in the last 12 months had been addressed appropriately. The majority of people and relatives told us they had no reason to raise concerns.

The registered manager told us regular checks on people's care and the environment of the home were undertaken. The area manager also visited the home to undertake checks, speaking to both people who used the service and staff. Relatives, staff and visiting professionals had a positive view of the registered manager and the way she ran and developed the service. Staff felt well supported by the registered manager, who they said was approachable and responsive. Records were largely up to date and well maintained. The home was meeting legal requirements related to its registration through the display of its current quality rating and ensuring the CQC was notified of significant events.

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.

The service had appropriate systems in place to deal with safeguarding issues and demonstrated how lessons had been learned from such events.

Risk assessments were in place regarding the environment and care delivery. There were sufficient appropriately recruited staff available.

Medicines were managed appropriately, although some records were not always clear. The home was clean and tidy.

Is the service effective?

Good ●

The service was effective.

Records confirmed training was up to date and staff confirmed they received regular supervision and appraisals. People's choices were incorporated into care delivery.

Appropriate processes had been followed in relation to Deprivation of Liberty Safeguards applications. People's consent was established in an appropriate manner or the use of best interests decisions was instigated.

Kitchen staff had a good understanding of specialist dietary needs. Some elements of the home had been adapted to support people with a cognitive impairment.

Is the service caring?

Good ●

The service was caring.

Relatives and visiting professionals praised the care and described it as very good. We witnessed good relationships between people and saw staff that were supportive and compassionate.

Relatives told us they were involved in determining and reviewing people's care needs. People were supported to access

a range of health services to maintain their wellbeing.

People's dignity was supported and their right to privacy respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected people's individual needs and were reviewed and updated as people's needs changed.

There were a range of activities available for people, taking place both in the home and in the local community. Activities staff considered the needs of people living with a cognitive impairment.

Complaints had been dealt with fully and appropriately. Where appropriate people had end of life care plans in place.

Is the service well-led?

Good ●

The service was well led.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were effectively monitored. The registered manager had a vision for how the service should deliver care.

Staff talked positively about the support they received from the registered manager and said she was approachable. Professionals commented on the positive effect the registered manager had on the service.

The registered manager supported staff in maintaining skills and knowledge. Records were well maintained and up to date.

Ashington 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 6 and 7 November 2017. The first day of the inspection was unannounced.

The inspection team consisted of one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used their comments to support our planning of the inspection.

We spoke with three people who used the service to obtain their views on the care and support they received. We also spoke with eight relatives and two health professionals, who were visiting the home at the time of the inspection. Additionally, we spoke with the registered manager, a registered nurse, a senior care worker, two care workers, a cook, an activities co-ordinator and the home's senior housekeeper.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. During the inspection 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 talk with us. We reviewed a range of documents and records including; five care records for people who used the service, 16 medicine administration records (MARs), five records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings with people who used the service or their relatives and a range of other quality audits and management records.

Is the service safe?

Our findings

At our inspection in July 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and relatives told us they felt the care delivered by the service was safe. One relative told us what their relation had told them, "They said, 'I'm alright in here; it' okay. The girls are very nice.'" Another relative told us, "Here, everything is noticed. They make sure they are comfortable."

Staff had a good understanding of safeguarding issues and the registered manager had dealt with any potential safeguarding matters in an appropriate manner. She told us how she had reflected on one recent safeguarding issue and as a result had worked with staff and external professionals to develop a different care approach to one person's particular behaviour.

Risk assessments were in place, both for the operation and environment of the home and regarding people's individual care. Individually people's weight, falls risk and skin integrity were regularly monitored and reviewed. Safety certificates for areas such as fire safety and lifting equipment were available. Fire drills were regularly undertaken. Accident and incidents were recorded and reviewed and action taken where necessary. For example, following a number of falls one person's care plan had been reviewed to increase observations of them throughout the day.

The registered manager spoke about lessons learned from various incidents and issues. She spoke about how one person had been moved between floors because of increasing nursing needs. She felt that on reflection this had not been the best option for the individual, who was then cared for in unfamiliar surroundings, and would think very seriously about what action to take if a similar event occurred.

People, relatives and staff told us they felt there were enough staff on duty, although there could be times when things seemed 'a little stretched.' One person told us, "I would say that they could do with a few more. If you use the Nurse Call button, sometimes it takes a while to get answered. They do the best that they can." Comments from relatives when asked if there were enough staff included, "There are only two staff on the Female Unit (1st Floor) and I have always thought there should be three on here, because sometimes it takes two staff to manage one resident"; "Every time I come I see members of staff available"; "Yes and No. Sometimes when they are all confused together (Male Unit 1st Floor) they could do with more help. Because you know they (residents) all have their own moments" and "I think so." Staff told us there had been some issues with deployment during the summer, but felt things were improving now. Staff and the registered manager told us several new staff had recently been recruited.

At the previous inspection we had found staff recruitment processes had been safe and appropriate. At this inspection we found recruitments practices remained safe and effective.

At the previous inspection we had found medicines were managed safely and effectively. At this inspection we found some minor recording issues, particularly around the positioning of transdermal patches.

Transdermal patches are placed on the skin as an alternative method of delivering medicines, particularly pain relief. We checked medicine administration records (MARs) and counted stock which showed these medicines had been administered but that recording was not always up to date. We spoke with the registered manager and nurse about this. Both agreed they would address the issues and remind other staff about the importance of recording. With this exception we found medicines were appropriately managed, administered and reviewed.

We observed the home to be clean and tidy throughout. At the time of the inspection work was being undertaken to renew and upgrade the laundry area. Appropriate alternative arrangements were in place during this work. People and relatives told us the home was always clean. One relative told us, "Their room is always spotless." The senior housekeeper told us, "I love it; everything about my job. The best bit is the residents, they always come first."

Is the service effective?

Our findings

At our inspection in July 2015 we rated this domain as "Requires Improvement." This was because the service was not meeting the requirements of the Mental Capacity Act 2005. We carried out a focussed inspection in February 2017 where we found the home was now meeting this regulation and rated the domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Care records showed people's care needs and choices were assessed and support delivered in line with these needs. Relatives told us, "We were told we could bring in their personal bedding and items from home to make it more personal. They settled quickly and were not agitated or weepy at all" and "At the last care home they lost nine hearing aids and their glasses. They always have them here; it's not been an issue. They are always clean and are wearing their clothes. They have referred back to the SALT team (Speech and language service). They were losing weight but they have done their best to build them up here." The registered manager spoke with us about how they had used new technology to improve people's care and experiences. She told us how they have used a company to bring virtual reality experiences into the home. She said one person had always liked cats and so through virtual reality goggles had been able to experience 'visiting' a cat café. We noted in another person's records how through the use of virtual reality they had been able to experience visiting the seaside.

Some people living at the home had diverse needs in respect of the seven protected characteristics of the Equality Act 2010 namely; age, disability, gender, marital status, race, religion and sexual orientation. We spoke with staff about their understanding of equality and diversity. Staff had a good grasp of the issues regarding this area. One staff member told us, "Just because people are different, they should all be treated the same." Staff told us they had not encountered any discrimination, both when working in the service and when accompanying people out into the community. They told us they would address the issue if such a situation arose.

At the inspection in July 2015 we had found staff had access to a range of training and development processes. At this inspection we found this continued to be the practice and staff confirmed they had undertaken a range of recent training. Records confirmed there was good uptake of mandatory training. Mandatory training is that which the provider feels is essential for staff to undertake their duties. Staff told us, and records confirmed regular supervision and annual appraisals took place. One relative told us, "We can't fault the Grange, staff wise, and the nurses. And I'm not getting paid to say that."

At the previous inspection we had found that people were supported to access appropriate levels of food and drink. At this inspection we found this remained the situation. People commented, "Oh yes. If you really don't like it (the food) they will bring you something else"; "Yes it's there when I want it. I can help myself (to drinks). I can go to the kitchen (servery in resident areas) there's no restrictions that I know of. I can make a cup of coffee if I want to, but the girls are usually there to do it for you" and "I am not a big eater and I am a bit picky with my food but I still get enough to eat." Relatives told us, "My (relative) loves the food. Fruit and bananas come up and Sunday dinners are fantastic"; "They absolutely love the food"; "Yes. They will put

food into their hand because they walk all the time but they are gradually getting them to eat at the table"; "They have enjoyed the food. I think so yes, they always have a good dinner" and "The food is second to none. I come at Christmas and have my meal here." People's weight was regularly monitored and risk assessed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found people were appropriately supported to give consent or where they were unable to give informed consent then a best interest decisions had been undertaken. For example, we saw in one person's file their family had requested bedrails should be used. A best interest review had taken place with the outcome being that the use of these was deemed not appropriate and alternative actions would be investigated to keep the person safe. Where people were receiving covert medicines we saw assessments and best interest decision had been made with regard to the appropriateness of this approach. Covert medicines are given to a person disguised in food or drink, because they may otherwise refuse them. Some relatives held lasting power of attorney (LPA) for their relations. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. There are two LPA that can be applied for. One dealing with supporting people's care needs and one dealing with their finances. We saw the service did not always clearly distinguish between LPA for care and welfare and LPA for finance and business. We spoke with the registered manager and administrator about this. They immediately alerted the provider about the issue and carried out check to ensure full information was recorded in people's files.

A number of people living at the home were subject to orders under DoLS. We saw the registered manager maintained a record of when these orders were granted and carried out further assessment or made applications to renew orders in a timely fashion.

The service was decorated in a homely fashion. Toilet doors throughout the home were painted a different colour to help people identify these facilities from other rooms. On the upper floor, where people living with dementia were predominately supported we saw stopping points had been established on the corridors. Stopping points support people who walk regularly to stop and sit for a while. We noted there were no immediate items of interest at these points, such as books or magazines. We spoke with the registered manager about this and she told us she would immediately arrange for such items to be provided. Relatives and staff we spoke with told us the registered manager had improved the overall environment since the last inspection and the decoration was much better.

Is the service caring?

Our findings

At our inspection in July 2015 we rated this domain as "Outstanding." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area. We have rated the service as "Good" in this domain, as we have revised how we monitor and rate levels of care in this domain.

People and relatives told us they felt the care delivered by the service was very good. Comments from relatives with regard to care included, "Yes. They are very good from what I have seen"; "Fantastic. I'd give them 100%. I have had no problems whatsoever"; "They have got to be little angels because no two (people) are the same. They are really nice people here"; "It is wonderful care"; "It's our first experience of a care home and all the things you hear, with a heavy heart, but it was the best thing that could have happened"; "The attitude of this place is totally different (from a previous home). They couldn't do any more for them"; "We've seen all sorts of providers and from that we can tell it is top class" and "I would put it as outstanding. I would give it five stars."

We spent time observing care during the inspection. We found staff treated people politely and in a caring, thoughtful and considerate manner. We overheard a number of encounters between people and staff which supported the view that people were well cared for. For example, we witnessed one person, who had just risen and was in the corridor in their nightwear. Staff immediately responded and escorted the individual back to their room and asked them if they would like to get dressed or have their breakfast whilst wearing their dressing gown. They chose to have breakfast in their room before getting dressed. The staff member told the person this was, "no problem" and whilst supporting them also asked them, "How are you feeling today?" The person then requested a bacon sandwich for breakfast and this was provided for them. We later overheard the same individual telling another member of staff they had then had a second sandwich because they had enjoyed the first one so much. The staff member replied, "Well, a little of what you fancy does you good."

During another observation we noted one person was becoming anxious because their relative was not visiting them on that day. Staff spent time calming the individual, explained to them their relations lived a long way from the home, but said they would help them telephone the relative after then had finished their lunch.

During the inspection 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 talk with us. We spent time observing how people and staff interacted on the upstairs male unit. We found staff were attentive to people's needs and all the interactions we observed were positive in nature. People's choices was respected and their needs supported. We observed staff tended to gravitate to people with more able communications and had less contact with people with more limited communication abilities. We spoke with the registered manager about this and she told us she would speak to staff about ensuring all people received positive contact and support.

Relatives we spoke with told us they were fully involved in their relation's care. Comments from relatives included, "I have had meetings with the Care Manager for the review. They were quite thorough in getting the care plan set up when my (relative) moved over here. I am much happier now they are here. The care that they take here is really good"; "When they came in, in May, we completed questionnaires and things. I know we have an annual review"; "Yes and it's all written down"; "They do involve me. I go to all the meetings and they keep me up to date. If anything happens, they phone me straight away" and "We got a telephone call the other week. They are on the ball at keeping us updated."

At the inspection in July 2015 we noted people were supported to access a range of health service to ensure they maintained their wellbeing. At this inspection we found this continued to be the case with evidence of access to services regarding both physical and psychological support. One visiting professional told us the home made appropriate and timely referrals and always sought additional advice if unsure about anything. One relative told us, "They take care with their medical needs."

Relatives told us there were occasional 'relatives'/ residents" meetings which they sometimes attended. They also told us they could speak to the registered manager at any time. The registered manager told us she held a weekly drop in clinic, but said people mostly just knocked on the door to speak with her. Records of weekly drop in sessions showed there was limited attendance, but where people did raise issues these were dealt with. Comments about meetings included, "Yes. To be fair I don't always come to them because I can see the manager anytime. They write to you about toiletries and stuff and they put notices in with the financial statements"; "I don't know. I came to the one about the manager leaving"; "We don't have many really but we had one about the manager leaving in January." Relatives told us they were always made to feel welcome and the home and well cared for.

Relatives and people living at the home had been asked to complete a questionnaire about their experiences with the service. The most recent questionnaire had been undertaken in June 2017. 11 people had returned questionnaires and all had recorded predominantly positive experiences. 90% had rated the staff as 'Outstanding' for being helpful and polite. With regards to the service meeting their needs, 36% rated the service as 'Good' and 64 % as 'Outstanding.' A similar proportion of responses had been made with regard to the service supporting their privacy and dignity.

23 relatives had also returned questionnaires. With regard to how responsive the service was, 46% rated it as 'Good' and 50% as 'Outstanding.' In terms of meeting needs, 55% said the service was 'Good' and 36% 'Outstanding.'

Information contained in people's care records indicated they had been asked about their particular preferences, likes and dislikes. People were asked about their food and drink preferences, their particular routines and whether they had any preference for male or female care staff to support them. Staff we spoke with were aware of people's preferences and where this information could be found in care records. One relative told us about their relation, "They give him a little drink of Baileys in the evening. And I know they are getting it. At the last home it seemed to be a problem, but it isn't here."

People and their relatives told us their dignity, privacy and independence was supported by staff at the home. We spent time observing how people were cared for during the inspection and noted that where staff supported people with personal care in their rooms the doors were always closed. One person told us, "Oh yes. They shut the curtains if I am having anything done in here." Comments from relatives included, "They are really on top of medical problems. She is always clean and always dressed in clothes that match"; "Yes. They allow him to have independence if he wants to have it" and "Yes. 100%. They know him now."

Is the service responsive?

Our findings

At our inspection in July 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the previous inspection we noted the service was responsive to people's needs, carried out assessments of needs and developed care plans that were person centred and personal to the individual. At this inspection we found this continued to be the practice at the home.

People care plans contained detailed information about their care needs and the individual preferences. Appropriate care was supported through the regular updating of risk assessments, including those associated with weight loss, skin integrity issues and falls. Care plans had been developed to include areas such a communication, with detailed action for staff to follow to ensure people were able to express their views and staff ensured information was given in an appropriate manner. For example, one person was noted to require time to digest and consider information. Their care plan stated staff should explain any new matters to the person carefully and then allow them some time to consider the matter, before returning and agreeing a decision.

Some people were noted to sometimes refuse medicines, or perhaps meals. Care plans contained instructions for staff to follow, including another staff member approaching the individual or returning later in the day to try again. Where there was continued reluctance then care plans indicated GPs or care managers should be contacted. One person, who had an extra mattress by their bed to reduce the risk of falls, was noted to occasionally lie on this mattress, rather than the bed. The care plan indicated staff should make the individual comfortable, including offering pillows and covers. Staff we spoke with were fully aware of people's individual needs and the various approaches that should be taken.

One relative told us their relation had improved since coming to live at the home. They told us, "There was no sign of the behaviour they were showing at the other home. No stress or anxiety. They have improved since being here and their pressure sores have healed."

At the previous inspection we found the service was supporting people to engage in meaningful activities and participate in a range of activities and events. On the first day of the inspection an entertainer was visiting the home, and we observed a number of people engaged in and enjoying the music. The home had two dedicated activity workers. People, relatives and staff all spoke about the summer activities in particular; including trips and to various local landmarks and the fact the home hired a caravan by the sea for two weeks and took different people out for the day, allowing them to have their lunch and tea in a changed environment. Staff confirmed most people, including those with a cognitive impairment or mental health issue were able to go on trips out and visit the seaside caravan. The activities co-ordinator also organised a breakfast club, where people could have a range of breakfast items in a relaxed friendly setting.

We spoke with the activities co-ordinator about how they engaged people with dementia or a cognitive impairment in activities. They told us, "Reminiscence is a great one. A lot of dementia residents like a one to

one chat. Dementia residents are taken out as well. It shouldn't be a boundary for going on a visit anywhere. On a Tuesday there are two members of staff for activities." We also asked them about how they supported people who were more reluctant to engage in activities. They told us, "With coaxing and not giving up on them. We had one lady who didn't want to take part in anything but with gentle persuasion and coaxing she used to ask to go out."

Relatives told us they felt activities at the home were positive and supportive for people's wellbeing. One relative told us how their relation, who had previously been reluctant to go out, had been encouraged by the home to participate and had even been out for a pub lunch. Comments from relatives included, "They are very much supported in that they like to do things. They used to have an allotment so they have allowed them to paint the shed" and "Even the entertainment is good and all the staff join in. There is no hanging back." On the first day of the inspection we witnessed the individual who liked to be outside spending time finishing off painting the shed in the home's garden.

At the last inspection we found the provider had a complaints policy in place and was dealing appropriate with any concerns. At this inspection we found this continued to be the case. There had been two formal complaints within the previous 12 months and both had been dealt with effectively. People and relatives told us they had no need to make a formal complaint and any concerns were addressed. One person told us, "I have tried to complain to the Manager rather than staff, because it is usually about organisational things." Relatives told us, "I've no complaint, not at all. I would definitely recommend the place to others"; "If I have any concerns I go straight to (registered manager's name) or the nurse. (Relative) had a weight loss problem and they looked straight into it and got the dietician to see them." and "Nothing is too much trouble." Relatives said there was no reluctance to raise any issues. They said of the registered manager, "(Registered managers' name) is on the ball and keeps staff on the ball. There is no animosity."

Where appropriate people had in place end of life care plans. Plans detailed any specific wishes they may have around the care and support they wished to receive in these final days. Where necessary, family members had been consulted about this issue or had indicated that formal agreements, such as funeral plans were in place. The majority of people living at the home had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents in place which had been assessed and reviewed by the person's GP. The majority of people also had Emergency Health Care Plans (EHCP) in place, detailing key information for hospitals staff and any wishes the person may have.

Is the service well-led?

Our findings

At our inspection in July 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The home had a registered manager who had been registered with the Commission since February 2015. The registered manager indicated that she was currently working her notice and was due to leave the home in January 2018.

People and relatives told us they knew who the registered manager was and were positive about her role in developing and improving the home. Comments about the manager included, "(Name of registered manager) is very accommodating"; "(Name of registered manager) is very, very helpful" and "She is always there." Visiting professionals were also complimentary about the role of the registered manager at the home. One professional told us, "(Name of registered manager) has done a reasonable job. If there are any issues, staff know she will address it with them. One thing I have noticed is that she manages the home, actively manages. Not like other places where the staff seem to be more in control." Another professional told us, "Generally it is very well run. I like (registered manager) and think she is excellent. She keeps a tight hold on things and they get sorted. (Name of registered manager) makes sure they get sorted. (Name of deputy manager) is also very good, very conscientious."

Staff were also positive about the registered manager's approach. They told us she was supportive and was willing to join in and support staff on the floor. Comments from staff about the management of the service included, "(Name of registered manager) is a very good manager - maybe a little bit too nice. She is not frightened of getting her hands dirty - she will do domestic cover or care, if the need arises. She will cover a nursing shift and worked Christmas day. You can go to her. She is really easy going and has an open door policy"; "Manager is fair, but can be firm also. She is strict if she needs to be. She has helped in the kitchen and hoovered. She has done a bit of everything. She is very approachable and you can go to her with issues. She is a good manager"; "(Name of registered manager) is really good and very approachable. She is friendly but will be firm if she needs to be. She is really good with the residents. She mucks in a lot – she is on the floor not in the office" and "(name of registered manager) is a good manager, oh yes. She is very people and person oriented. She is very good with staff and teaches them as well. She is well respected by the staff. I hope we get a replacement manager as good as (Name of registered manager)."

The registered manager had a very clear vision for what she wanted for the home. She told us her aim was to ensure all the people living there were happy and to ensure the staff team went from strength to strength. She told us she felt it was a happy home and that few people came to the relatives' meetings because they could pop in and see her anytime. She told us there were very few formal complaints and any issues raised were dealt with straight away. She said she was in the process of leaving her current role, but only because of her own family circumstances and was leaving with great reluctance.

The registered manager undertook a range of audits and checks on the running of the home and the quality of care. One of the qualified nurses told us responsibilities were split between the registered manager,

deputy manager and qualified nursing staff, with each taking on specific roles, such as supervisions, care plan updates and medicine ordering. We also noted the registered manager held daily 'flash' meetings with heads of departments or senior staff across the service; to deal with any immediate issues. We viewed a range of documents and audit systems including a daily walk around by the registered manager and medicines audits. We also noted the area manager conducted bi-monthly visits to the home to check on the quality. This also included speaking with people, relatives and staff members. The registered manager was also assessed against a range of key performance criteria, including pressure care and weight loss/ gain. Action arising from these checks and audits were followed up. The registered manager spoke with us about reflective practice and lessons learned.

Nurses working at the home also told us the registered manager had worked with them and supported them in their Nursing and Midwifery Council (NMC) revalidations process. They told us she had helped them to develop reflective practice to both meet the NMC's registration criteria and to improve their overall development. One nurse told us, "She spent a lot of time with us, explaining everything to us and asking us scenarios. After we had done our revalidation she checked it. It was helpful to have her teaching and understanding."

Professionals we spoke with told us the registered manager were good at working in partnership with other services. One professional told us staff at the home made appropriate and timely referrals to their service and that they responded to advice and requests. One professional said, "It can take a lot of work to get them to fill in forms and update plans, but they care about the people they look after. On the whole they update plans when we ask them to. It is easier to work into than other care homes." Another professional stated, "It is a very caring home and I have no major concerns. Staff listen and carry out what I ask."

With the exception of some minor issues with medicine records we found care records and other documentation to be maintained in an up to date fashion and containing good and appropriate detail.

The provider was meeting legal requirements of their registration. The service had notified the Commission of significant events at the home, such as deaths, serious injuries and DoLS applications, as they are legally required to do. The home was displaying their current quality rating at the home and on the provider's website.