Springfield Rest Home Limited

Springfield House

Inspection report

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Tel: 01684574248

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on 14 and 17 March 2017.

The provider of Springfield House is registered to provide care for up to 18 older people, including people with dementia. There were 17 people living at the home at the time of our 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.

At our previous inspection visits the provider was required to make improvements to evidence risks to people's safety and wellbeing were identified with risks reduced. We found the provider had taken action to implement preventative measures to identify and reduce the likelihood of similar incidents from happening. Improvements had been made so people had their prescribed medicines available to them and these were administered by staff who had received the training to do this. People had their prescribed medicines available to them and these were administered by staff who had received the training to do this.

Staff knew how to protect people against the risk of abuse or harm and how to report concerns they may have. Risks to people's health and wellbeing were assessed and measures put in place to meet people's needs with safety in mind. This included the staffing arrangements which took into account the care and support people required in order to reduce risks to their safety and wellbeing.

People were supported by staff who showed they were kind and had developed positive relationships with people who appreciated the tactile approaches of staff showing they cared. However, staff practices did not always reflect a personalised approach to meeting people's care needs and at times this showed a lack of respecting people's dignity and privacy.

People's care and support needs were met by staff who had their backgrounds checked before they started work at the home to provide assurances they were suitable to work with people who lived at the home. Staff had a planned induction to prepare them for their role and training and support to ensure they understood and met people's needs effectively. The registered manager had increased staffs' opportunities to gain support through more practical training to effectively carry out their caring roles. Staff appreciated the registered manager's approach to training and the support they provided to staff so they were confident in their caring roles.

Staff understood the importance of seeking people's consent to care and how to support people whose liberty was restricted. Training in the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), was planned to support staff understanding.

People were supported to access health and social care services to maintain and promote their health and well-being. People's changing needs were monitored and reviewed by staff who acted upon these where required so these could be met by the most appropriate healthcare professionals. The monitoring and recording of what people ate and drank was completed. Staff took additional advice from a healthcare professional to ensure this was achieved in the best way to monitor risks to people from not eating and drinking sufficient amounts to stay well.

People were supported to access planned and spontaneous activities. The registered manager told us further work was in hand to improve the regularity of fun and interesting things for people to do which were personalised to meet their individual recreational interests.

People knew the registered manager and they felt they were approachable and visitors to the home felt they were welcomed. The registered manager had introduced more opportunities for people and staff to make suggestions about the services people received. Staff understood their roles and responsibilities and believed the registered manager was trying to make things better for people who lived at the home and staff. The registered manager showed they had an accountable and responsive approach to the issues we identified and was committed to make sure people received good quality care.

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.

Staff knew how to keep people safe from the risk of abuse and the danger of avoidable accidents. Staffing levels were arranged to meet people's needs safely. Background checks had been completed before new staff were employed. People's medicines were made available to them as prescribed and were supported to take their medicines by staff who have been trained to do this.

Is the service effective?

Good

The service was effective.

Staff knew how to care for people in the right way and they had received training and guidance. People were supported to make their own decisions and consent to the care and support they received. Training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been arranged to support staffs understanding. People had been assisted to receive all the healthcare attention they needed and ensure their dietary needs were met.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were at times focused on completing tasks and did not always consider the impact this had on people who lived at the home. At times this practice compromised people's dignity and privacy. Staff supported people's involvement in their care and people's independence.

Is the service responsive?

Good

The service was responsive.

People received support which was responsive to their current and changing needs. People were supported in pursuing their personal interests and activities were provided. Further work was in hand to ensure people had consistent recreation and leisure activities which met their individual interests. Staff knew how to

support people to raise concerns and make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

People who lived at the home and their relatives were encouraged to voice their opinions and views about the service provided. There was good team work and staff had been encouraged to speak out if they had any concerns. The registered manager and provider had systems in place to assess and monitor the quality of the service provided.

Springfield 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 checked 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 14 and 17 March 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise is dementia care.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the provider and the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events which happened which the registered persons are required to tell us about. We used the information from this to help inform our inspection process.

We invited feedback from the local authority and Healthwatch. The local authority contributed to the cost of some of the people who lived at the home and monitored their care. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. We did this so they could tell us their views about how well people's needs and wishes were being met at the home.

We spoke five people who lived at the home and spent time with people in the communal areas of the home where we saw the care and support provided by staff. We used a 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 also spoke with five relatives, four members of care staff, the cook, the registered manager, deputy manager, provider and a health care professional. We sampled three people's care records and nine

people's medication records and monitoring records. We looked at three records kept in relation to staff recruitment and training, accidents and incidents, complaints, compliments and the provider's and registered manager's quality checks which helped them in the running of the service.

We spoke with a further three relatives by telephone about their views about the care their family members received at the home.

Good

Is the service safe?

Our findings

At our inspection visits on 23 and 29 February 2016 we found that risks to people while receiving care had not consistently been identified and assessed before care and support was provided. Before our inspection visits we were made aware of incidents at the home where some people had come to harm after falling and at our inspection additional incidents highlighted people's safety had not been taken into account. This was a breach of Regulation 12 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection visits the provider wrote to us and told us about the improvements they would be implementing. These included reviewing people's care needs and putting new care and risk plans in place, to ensure identified risks to people's health and wellbeing were regularly reviewed and monitored.

During our inspection visits on 14 and 17 March 2017 we found the provider was no longer in breach of the regulation because they had made the required improvements.

People's care needs had been reviewed and risks to people had been identified so their safety was taken into account when staff provided care. The care plans we looked at contained risk assessments for supporting people with their physical abilities and included information on the equipment needed to keep people safe. Staff showed they knew how to operate the equipment required to support people's needs so risks to people from avoidable injuries was reduced.

In addition when risks to people increased, care was reviewed to identify if any changes would keep people safer. For instance, where people's behaviour may place them or others at risk of harm strategies to support people had been identified. For one person this had meant risks of them eating an item used in their personal care had been reduced by staff acting on good practice initiatives to support their safety.

The registered manager had developed a system which assisted them to audit the number of accidents and/or incidents for each individual. We saw this arrangement supported the registered manager to take practical steps to help prevent similar accidents and/or incidents from happening again. For example, we saw when a person's risks of falling had been identified the layout of their room was considered alongside staff's watchfulness in making sure the person regularly used their walking aid.

The provider and registered manager had also used feedback from external professionals to assist them in making improvements so people's safety was not compromised. One example was some windows required to be fitted with new safety latches to prevent them from opening too far. This increased the risk people would be injured or would fall when opening the windows concerned. We saw the windows had been fitted with safety latches. The registered manager told us additional window latches were to be fitted to provide further confidence they were fully complying with the current safety guidance about the type of safety latches which must be in place.

When we inspected on 23 and 29 February 2016 we found the provider had not ensured medicines were always available for people as prescribed by a health care professional. This was a breach of regulation 12 (f) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following our inspection visits the

provider wrote to us and told us they would put a new medicine checking system in place. This would provide an oversight of the administration and management of people's medicines, which included contracting with a new pharmacy to assist in a timely supply of people's medicines.

At our inspection visits on 14 and 17 March 2017 we found the provider was no longer in breach of the regulation because they had made the required improvements.

We saw medicines were available for people as prescribed. We checked with staff that the medicines administration record accurately reflected the medicines people had received and what was available for people to take. We noted people's medicines were regularly reviewed by the doctor so any changes could be made where required. Only staff who had training to administer medicines safely did so. They told us regular checks were made to ensure that they were competent to support people safely. Records we looked at confirmed this. Staff had written information to refer to when people were prescribed 'when required' medicines so risks to people of not having these medicines consistently in the right way were reduced. The registered manager acknowledged the written information for staff to refer to could be improved further and provided us with an undertaking this would be done.

We saw medicines were securely stored and there were arrangements in place to dispose of medicines when this was required. Regular checks were carried out of medicine management which were completed by management team and externally by a pharmacist. We saw action had been taken by the registered manager to address any recommendations made.

We were provided with assurances from staff they had applied people's prescribed creams but they had not always signed the medicine records to confirm their actions. We did not find any evidence to suggest anyone had come to any harm as a result of these recording omissions. However, we did receive evidence from a healthcare professional that the condition of a person's skin had improved due to staff practices. The registered manager had spoken with staff about the importance of recording at a recent meeting. The registered manager took immediate action to provide a further written reminder for all staff.

People we spoke with indicated they felt safe and secure living at the home for a variety of reasons. One person said, "I'm better now I'm here, I've got company here. I haven't got company at home, they're very nice people. I like it here; this is my home from now on." Another person commented, "They're lovely girls [staff]." Relatives with whom we spoke said they were confident their family members were safe living at the home. One relative said they had, "No problems" in regards to safety and/or concerns and added, "The staff are brilliant."

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They knew how to recognise the different types of abuse and had received the relevant training in how to keep people safe from abuse. They understood the responsibility they had for reporting incidents of potential abuse to people and were confident the registered manager would take action on any concerns they raised. We saw from records where concerns had been raised with the registered manager they had taken action to make sure people were safe and their needs had been met. Advice to people who lived at the home and their relatives about how to raise any concerns was provided and displayed in the home for people to refer to.

People who lived at the home and relatives we spoke with had no concerns about the availability of staff in order to meet their safety needs. One person told us, "They are always near when you need them. Look you can see this." One relative said, "There always seems to be staff around when needed" to keep people safe. We did not see people waiting unreasonable lengths of time for their needs to be met which would indicate

their safety was not being compromised. Staff we spoke with believed there were enough staff. One staff member said when staff were away from work due to illness the staff team were, "Good at offering to cover a shift" which meant people had continuity of care from staff who knew them well. The registered manager told us staffing levels were based on meeting people's assessed individual needs and they would alter staffing levels to meet people's needs as required such as, additional staff to accompany a person to an appointment.

Staff told us they were unable to start work at the home until references from previous employers had been obtained. We saw checks had been completed to make sure they were suitable to work with people who lived at the home. Staff recruitment files confirmed what staff had told us and showed people were protected by the provider's recruitment arrangements.

Good

Is the service effective?

Our findings

We saw staff knew people well and how to meet their individual needs. One person told us, "They (pointing to staff) look after me well." Another person said, "They [staff] are good at helping me." Relatives we spoke with were positive in their comments about how staff knew their family members needs well. One relative said, "[Person's name] is given care which she needs due to the staff knowing what to do."

We spoke with two staff members about their experience when they first started working at the home. To help them to get to know people who they supported they worked with other staff as part of their induction programme. Since the registered manager had come into post they had introduced the national care certificate as they recognised the importance of this in equipping staff to care for people in the right way. All staff spoken with felt supported in their roles by the management team and their colleagues. Staff told us they had one to one meetings which gave them the opportunity to discuss any concerns or issues they had, training they needed and to gain feedback about their own performance. The registered manager confirmed what staff had told us. The registered manager also worked alongside staff at times which gave them an insight into whether staff practices were of a good standard.

Staff had received training which was relevant to their roles and this was kept updated. Staff told us the registered manager sourced and encouraged staff to undertake a varied range of training. This included dementia awareness, skin conditions and using specialist equipment to meet people's physical needs. We also saw staff had completed varying levels of recognised qualifications in health and social care so they were trained to a level to meet people's current and changing needs. We saw examples of how staff reflected their knowledge and skills when supporting and caring for people. On one occasion a staff member supported a person who was restless with success by using distraction techniques as they offered the person a cup of tea as they knew this would help the person's feelings of wellbeing.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of staff explaining to a person who lived with dementia why it was advisable for them to drink on a regular basis so that it helped them to stay well. We noted how the person responded positively to this information after which they were pleased to receive a drink. Not all of the staff had received training on the MCA but we saw this was planned and we saw staff understood the importance of seeking people's consent. Records showed that the registered manager recognised the need to consult with key people when a person lacked mental capacity and a decision needed to be made about their care. This was to make sure that important decisions were taken in a person's best interests by people who had the legal right to be consulted. We saw they had liaised with solicitors, health and social care professionals and relatives.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us where people had identified restrictions on their care the registered manager had applied for DoLS appropriately, nine of which had been approved. In the PIR the registered manager comments read, 'These (DoLS) are kept under annual review' and '…a written plan around how the deprivation is managed in the least restrictive manner' had been put in place. We saw where DoLS applications were waiting approval staff worked in the best interests of people to keep them safe. For example where people lacked capacity and were placing themselves at risk by attempting to leave the home, doors were locked to improve people's safety.

People said and records confirmed that they received all of the help they needed to see their doctor and other health and social care professionals. We saw this was the case, for example, a healthcare professional was visiting people on the first day of our inspection. Relatives we spoke with were confident their family members received all the healthcare they needed. One relative said, "I know that the staff do arrange for [person's name] to have the medical care they need because they [staff] tell me each time something is necessary and about what they've done." We saw this was the case as one person was accompanied to the dentist for treatment.

People told us they liked the food they were offered. For example, one person told us, "The food here is alright." They did not feel there was much choice but said, "I've got no complaints." Another person said the food was generally quite good and a further person commented they had enjoyed their lunch.

The registered manager acknowledged within the PIR some of the on-going improvements they were committed to make and the actions which had been taken so far. Their comments read, 'The menu has been completely revamped around the people's stated preferences offering greater choices, where possible fresh ingredients are used. A choice of cooked breakfast is now available daily to all residents.' We saw the registered manager was visible at lunchtime and when they noticed people required assistance they provided this. For example, one person required some assistance to cut up their meat and the registered manager provided this so the person was able to enjoy their meal with comfort.

We saw staff made sure drinks and snacks were made available to people throughout the day. People's needs had been considered as to whether they were at risk of not eating or drinking sufficiently. Where people required their food to be of a certain consistency to meet their particular needs the cook was aware of this. The cook showed they had an in-depth knowledge of the specific needs of people with diabetes, which people benefitted from eating small meals but often and those who were following vegetarian diets.

Requires Improvement

Is the service caring?

Our findings

People provided their comments about how cared for they felt. One person told us, "They're lovely girls [staff]." Another person said, "They [staff] are all okay but can be busy, they work hard." Relatives also told us they were confident their family members were treated in a kind and caring way. One relative said, "I find the staff to be caring and my family member hasn't said anything to the contrary." Another relative remarked, "Overall, the staff are caring."

The registered manager told us in the PIR staff had been provided with training on how to treat people with dignity and respect. However, we saw examples where staff practices in supporting people to maintain their dignity needed strengthening as people had mixed experiences of care. For example, we saw one person showed through their verbal and facial expressions, and body language they were anxious. The person was shouting for someone to assist them with their needs. Staff did respond but this was when they came with the equipment required to support the person to move and not initially when the person was anxious to provide reassurance. Staff we spoke with were able to describe to us how they would support people with their emotions in a respectful and dignified way but on this occasion they had not put this into practice to enhance the person's wellbeing before they went to get the equipment.

Another example was how one person was assisted with their meal by one staff member who stood over a person while supporting them to eat. We spoke with one staff member who recognised staff should be providing people with personalised care which included sitting alongside people when assisting them with their meals. On other occasions we saw and heard staff were not always discrete to support people's dignity or privacy. For example, we saw and heard a person's condition was discussed in front of others. Additionally, there were times when staff were not discrete when speaking with each other and people who lived at the home about individual people's toileting needs. On one occasion we heard a staff member in a raised voice say to one person, "Let's get you changed first."

However, we saw some positive staff communications with people who lived with dementia. We saw a member of staff noticed a person was anxious about their clothes. The staff member provided the person with reassurance and held their hand showing compassion as they spoke with the person about their clothes. We saw the person's demeanour visibly improved. Another staff member encouraged a person with their meal. The staff member had known how to provide the person with the reassurance they needed. A further staff member instinctively provided a hug to one person and said they, "Loved coming in here and talking to them [people who lived at the home]."

Staff recognised the importance of not intruding into people's private space. People had their own personal rooms they could relax and enjoy their own company and/or speak with their relatives and meet with health and social care professionals. We saw staff knocking before going into rooms and making sure doors were shut when they assisted people with close personal care. However, we found one toilet did not have a working lock. We pointed this out to the registered manager who took immediate action so people's privacy was not compromised when using this toilet.

The registered manager showed us they were committed to making improvements to ensure people received personalised care. For example, we saw staff had supported people to personalise their rooms with their own pictures and photographs. Another example was the memory boxes which were placed on the wall outside people's own personal rooms. These were intended to help people living with dementia find their way back to their room more easily and also created a prompt for conversation for staff and visitors. The content of each memory box was personal to each person, reflecting their life history and personal interests before they moved into the home.

However, we saw there were some missed opportunities to provide other caring and interesting features for people to see, pick up and feel, such as rummage boxes containing items of interest for people and tactile pictures to provide sensory interest. The registered manager acknowledged this at the time of our inspection and within their PIR comments which read, 'Improvements to the home to make it more dementia friendly.' Following our inspection the registered manager showed their commitment to providing personalised care and had purchased some items which included a rummage box so tactile items could be easily accessible.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and/or did not have family or friends to assist them to make decisions about their care. These measures included the registered manager having links to advocacy services. Advocates are independent of the provider and provide support to people in expressing their opinions and wishes.

Since the registered manager had come into post they told and showed us they had made sure paper care records which contained private information were stored securely as this had not always been the case. We found staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Good

Is the service responsive?

Our findings

Reflecting their understanding of people's care and support needs, staff clearly knew and responded to people as individuals. Commenting on the responsive approach of staff, one person told us how they were supported to live their life as they wished, "I get up about eight o'clock….I wake by myself….I go to bed about nine to half past nine." Another person said, "They [staff] help me when I need them to." Relatives we spoke with were confident their family member's needs were responded to by staff who knew them well. One relative told us, "[Person's name] has the care they need, which is just right for them. They [staff] know how [person's name] likes things done."

We saw that people had their needs and preferences assessed when they moved into the home. These were reflected in an individual care plan which detailed each person's specific needs and how they liked to be supported. We saw the plans had been developed, and were reviewed, in consultation with people who lived at the home and their relatives where appropriate. One relative confirmed, " I have been invited to review the care plan when it was updated which was useful." One staff member told us, "Handover happens at the start of every shift. If there has been a change in someone's support needs this will be shared and plans updated." For example, staff had made sure they contacted healthcare professionals when people's needs required reviewing and/or had changed. We saw this happened on the second day of our inspection as a healthcare professional came to assess and review some people's health needs.

We saw people were supported appropriately at different times and by different staff. We saw staff provided support and care which responded to people's needs as assessed and planned for. For example, when people were identified with sore skin and or skin wounds community nurses were consulted to promote the healing of people's skin conditions. Another example was staff had noticed a person did not eat their meal and was restless so they used different ways of supporting the person which were successful as they asked for a sandwich. In addition we saw people's weight and skin care was monitored and any significant changes in weight or skin were reported to healthcare professionals so action could be taken to keep the person well. One local healthcare professional who visited the home regularly told us they had developed very a positive relationship with the staff who were always quick to contact them, whenever they needed additional advice or support.

People were supported with their personal care which included making choices about whether they wanted to see the hairdresser. In addition to this we saw two people had long nails when talking about this aspect of responding to people's care, the registered manager described how some people did not like having their nails done and had the capacity to make this choice.

We noted that people's individuality was respected and promoted. We were told that arrangements were in place for people to attend regular religious services to meet their spiritual needs. In addition, the registered manager confirmed in the PIR their intention to, 'Review the information we gather regarding end of life wishes at the end their life to ensure we have a comprehensive package of information to ensure the service users wishes at the end of their life are not only known but also accommodated.' This included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

The registered manager told us there was a rolling programme in place to redecorate the home environment. We saw work was taking place in one of the hallways by the stairs where the rails were being sanded. Work had been undertaken since our previous inspection to create a 'snug' room which we saw was appreciated by people who lived at the home and family members. We saw people liked to sit in this room and one person told us they enjoyed the peace it provided. One relative's comments told us of their appreciation of the 'snug' as it was, 'Cosy and more like a person's living room.'

People had mixed feelings about how they were supported with fun and interesting things to do. One person told us, "I have enough to do." Another person said, "There's not much activity." We saw examples of staff supporting people with social activities. For example, one staff member supported people to have fun with a ball and skittles. People spent time speaking with their visitors and one person became more animated as they happily chatted. We saw there were opportunities for people to watch the television and listen to music. We saw one person sat next to where the music was being played and was tapping their feet which indicated their recognition of the song. We did discuss with the registered manager the impact of the sound from the television and music playing together in the lounge area due to the impact this could have upon people. For example, one person told us they found the lounge area too noisy with all the different sounds. The registered manager acknowledged this and provided us with assurances they would address this.

Information showed people had been supported to take part in a range of leisure pursuits including things such as arts and crafts, quizzes and animals were brought into the home for people's enjoyment. In addition, we noted regular entertainers came into the home to play music and involved people in singing along to their favourite tunes. Although we heard examples where people were supported with things they liked to do for fun and interest we heard from some relative's activities could be further improved upon. The registered manager acknowledged this was an area which they had already identified as one which needed to be addressed and was working to further improve the range of fun and interesting things available on a consistent basis.

Information on how to raise a concern or complaint was accessible and provided to people. We saw people were comfortable in approaching staff during our inspection visits with any issues and/or queries they had and staff were supportive in their approaches when responding to these. Some people who lived at the home would need support in order to raise their concerns and staff told us they would observe people's body language or behaviour to know whether they were unhappy or happy. The registered manager shared with us one complaint which was being investigated and responded to by the provider and the local authority at the time of our inspection so this could be resolved.

Good

Is the service well-led?

Our findings

The provider had a clear leadership structure which staff understood. People we spoke with showed they knew who the registered manager was and we saw they were comfortable in approaching her as they wished. One person described the registered manager as a, "Wonderful woman….she's helped me a lot." Another person showed their fondness of the registered manager as they hugged them. We saw in the questionnaires people had completed the comments made were positive about the running of the home. People comments included, 'Rate home as very good' and 'I'm very happy with it and I like my room.' Relatives we spoke with knew who the registered manager was and were confident in their approach in managing the care and support their family members needed. One relative told us, "We know [registered manager]…she always comes up and tells us what's been happening" in relation to their family member's needs.

Since our last inspection a new registered manager had come in post in April 2016. The registered manager told us the provider was supportive of the service, and offered assistance to them when they visited each week to support them in their role. We found the registered manager had worked with the provider to meet the regulations and make the required improvements which were needed following our previous inspection visit. This was to ensure people received safe, effective and responsive care which was of a good quality. For example, systems had been developed to identify risks to people's safety. This had been successful as incidents which impacted upon people's safety had decreased.

The provider and registered manager had been open and honest with people that they needed to improve the care provided and had displayed their previous inspection report for people to read.

The registered manager showed a very responsive management style. She was also quick to acknowledge and take responsibility for the shortfalls we identified which included the inconsistencies in supporting and respecting people's dignity. The registered manager's open and accountable leadership provided a positive role model for other staff and set the cultural tone within the home. For example, one staff member told us if they ever made a mistake, they would not be afraid to tell the registered manager who would provide them with support to resolve the issue.

Our discussions with the registered manager showed they fully understood the importance of making sure their staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines. Staff were seen to work together in a friendly and supportive way. One staff member said, "I love my job. We work together well as a team. It's a nice place to work." Staff meetings were held and staff told us they felt listened to by the registered manager and other senior staff. Staff told us they felt valued and were enabled to share ideas for the benefit of people who lived at the home.

The registered manager and provider had quality checks in place to monitor the quality of the care provided to people. For example, quality checks of medicines were undertaken so any errors in how medicines were

administered and managed were identified. These quality checks had been effective as improvements to how medicines were managed had been made following our previous inspection visit. Another example was the on-going improvements to people's care plans to make sure these accurately reflected people's care needs together with identified risks to support and guide staff in their roles.

We saw and heard how people were asked for their views about their home as part of everyday life. For example, we saw staff spoke with people about their day and how they were feeling. These prompted people to share what they would like to do and any issues they had. This approach was also adopted by the registered manager who spent a large part of their day with people and staff. In addition, we noted people who lived at the home and relatives had completed questionnaires and attended meetings to invite people to share their views about their care and make suggestions about improvements they would like to see. We heard how staff supported one person to obtain a specialised chair which had reduced their risk of isolation. The person's relatives confirmed their praise for staff involvement in making this happen.

The registered manager showed they cared about people who lived at the home and told us about their ambitions to further improve and develop the quality of the service for the benefit of people who lived at the home. They described to us the improvements to the home environment to enhance people's wellbeing, such as, the 'snug' room which had been created, the redecoration of the dining room and the purchase of new chairs for people in the lounge area. We saw from the compliments received this ethos was appreciated by relatives and external professionals who visited the home. Professionals comments included, 'People well cared for' and 'The staff are very friendly and welcoming and always help with patient care.' One person's comments read, 'I would not want my wife anywhere else. Credit goes to the manager and all staff.'