HC-One Limited

Ashgrove Care Home - London

Inspection report

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Date of inspection visit:
04 July 2017

Date of publication:
26 July 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Ashgrove Care Home – London is a nursing home for older people who are living with the experience of dementia. The home is registered for up to 50 older people. At the time of our inspection 47 people were living at the service. Care is provided over two floors. The provider employs nursing and care staff to support and care for people. The service is managed by HC-One Limited, a national provider of nursing and care homes.

At the last inspection of the service on 7 October 2014 we rated the service Good. The key question of Caring was rated Requires Improvement. We did not find any breaches of Regulation.

This was a comprehensive inspection of the service which took place on 4 July 2017 and the service remained Good.

People were happy and comfortable living at the service. They appeared relaxed and were unrestricted in their access to parts of the home and garden. The staff were attentive and caring and people had plenty to do. They were offered a range of food and drink and were able to make choices about how they spent their time, what they ate and where they went. There was a range of organised activities which people were able to participate in. There was also a number of games, puzzles, toys, colouring books and pens and other resources which people were able to help themselves to and the staff offered them.

Visitors were happy with the service, they felt people were safely cared for. They were free to visit the home whenever they wanted and they felt well informed.

The staff were recruited in a suitable way and they had training and information to help them to understand their roles. They felt well supported and told us they could speak with the registered manager about any concerns they had or any questions about their work.

The staff worked well as a team helping each other to make sure people's needs were being met.

People's needs were assessed and planned for. There was clear information about how to meet these needs. This information was regularly reviewed and updated when needed. The staff worked with other healthcare professionals to monitor and meet health needs.

The environment was kept safe and clean, with the exception of a small number of areas which needed deep cleaning. The environment did not meet best practice guidelines in respect of orientation and meeting the visual and sensory needs of people living with the experience of dementia. We made a recommendation in relation to this.

The registered manager knew the needs of the service well. They were familiar with all the staff and people

who lived there. People felt comfortable talking with the registered manager. There were good systems for monitoring the quality of the service and making sure improvements were made where needed. These systems included audits and checks by the staff and the provider.

We saw that the provider listened to the views of people who used the service, their visitors and the staff and they made changes when people asked for these.

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 remains Good.

People who lived at the service were safely cared for and their relatives felt confident that they were safe.

There were procedures designed to protect people from abuse.

Risks to people's wellbeing had been assessed and planned for.

People received their medicines in a safe way and as prescribed.

There were enough staff to keep people safe and meet their needs and they were recruited in a suitable way.

The environment was safely maintained.

Is the service effective?

Good

The service remains Good.

People were cared for by staff who were well trained and supported.

The provider had acted within the principles of the Mental Capacity Act 2005 (MCA) by assessing people's capacity to consent, obtaining this consent and acting in their best interest when they did not have capacity.

People's nutritional needs were met and they had access to a range of freshly prepared food and drink.

People's healthcare needs were being met by the staff who worked with other healthcare professionals.

Is the service caring?

Good

The service was caring.

People were cared for by kind, supportive and thoughtful staff.

People's privacy was respected most of the time. The registered manager had agreed to look into specific issues we identified relating to this.

Is the service responsive?

Good

The service remains Good.

People were cared for in a way which met their needs and reflected their preferences.

People had access to a range of social activities.

There was an appropriate complaints procedure and people knew who to speak with if they had any concerns.

Is the service well-led?

Good

The service remains Good.

People using the service, their representatives and the staff were encouraged to contribute their ideas and feedback about their experiences. The provider listened to their views and valued these.

There were robust systems for monitoring the quality of the service. These included detailed action plans for areas where the provider had identified improvements were needed.

Records were appropriately maintained, clear, accurate and up to date.

Ashgrove Care Home - London

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.

The inspection visit took place on 4 July 2017 and was unannounced. This was a comprehensive inspection and was carried out by two inspectors, a nurse specialist advisor 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. The expert-by-experience supporting this inspection had personal experience of caring for family members.

Before the inspection we looked at all the information we held about the provider. This included the last inspection report and notifications of incidents, accidents and safeguarding alerts. The registered manager had completed a Provider Information Return (PIR). The PIR 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. On 22 September 2016 an ''enter and view'' monitoring visit was carried out by Healthwatch Hounslow, an independent organisation aiming to listen and represent the views of people who use health and social care services. We looked at the report of this visit.

During the inspection visit we spoke with nine people who used the service and seven visiting relatives and friends. We also spoke with the registered manager, administrator, nurses, care assistants, activities coordinator, housekeeping staff, maintenance staff and a volunteer.
We observed how people were being cared for and supported. Our observations included a Short Observational Framework Inspection (SOFI) during the morning. SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.
We looked at the environment. We looked at how medicines were stored and managed. We also looked at

records which included the care records for 15 people who used the service, staff recruitment for four members of staff, training and support records for the staff, records of complaints, meetings, quality monitoring and audits.

Good

Is the service safe?

Our findings

The relatives of people who lived at the service told us they thought it was safe. One relative said, ''Everyone knows us but if [a member of staff] doesn't recognise us they will ask who we are or who we've come to visit.'' The building and garden were appropriately secured. People who lived there had dementia and varying degrees of capacity and safety awareness. They were not able to leave the building or garden without support from staff as entrances were all secured. However, they were able to walk freely around the home and garden. The staff allocations meant that each person had key staff who checked on their wellbeing and knew where they were throughout the day.

The environment was safely maintained. One visitor told us, ''The environment is clean and welcoming… [My relative's] room is decorated well.'' The provider employed a maintenance worker who undertook checks on health and safety, equipment and the environment. There was evidence of checks by external companies on equipment and fire safety. There was an up to date fire risk assessment and clear information for the staff and visitors about fire safety. However, we noted that signage for fire exits was rather small and this may have been difficult for people to notice. The staff have created individual evacuation plans for each person outlining the support they needed in an emergency. These plans were included within their individual records and copies were available in a file in the reception area making them easily accessible for staff and emergency services.

The environment was clean on the day of our visit, although there was a slight odour around some areas of the building and some of the furniture and walls were marked and stained. The staff undertook regular checks on infection control and we saw cleaning staff throughout the day in different areas of the building. The day of our visit was a hot one but the home was kept cool with air conditioning units and fans.

People had access to call bells in bedrooms but some of the call bells in bathrooms were on short cords which meant that a person who had fallen would not be able to reach these. The registered manager told us they would investigate this and replace cords if needed. However, the majority of people living at the service had been assessed as not understanding or being able to use the call bells. We saw that the staff undertook regular checks on each person to make sure they were safe and well. These checks were recorded.

The provider had procedures in relation to safeguarding vulnerable adults and whistle blowing. Information about these was displayed and staff had received training and written guidance in relation to these. The staff we spoke with told us they knew what to do if they had concerns about how someone was been treated. The registered manager had responded appropriately to allegations of abuse, working with the local safeguarding authority to investigate concerns and protect people. We saw evidence of learning from incidents where the staff had discussed how to support people better in the future. Therefore the provider had taken appropriate action to protect people from abuse.

The risks people experienced had been assessed and planned for. There were clear, detailed and up to date risk assessments for each person. These included risks associated with their physical and mental wellbeing and moving around the home. The assessments included guidance for staff about how to support the

person and prevent harm. These were regularly reviewed and updated.

People received their medicines in a safe way and as prescribed. Medicines were stored securely and appropriately. The staff responsible for administering medicines had been trained and their competency was regularly assessed. We witnessed the staff administering medicines and they did this in a professional and appropriate way, explaining to the person what they were doing. Some people had their medicines administered covertly (without their knowledge). The provider had undertaken assessments in relation to this and the decision to administer medicines in this way had been agreed by a multidisciplinary team. People's medicines were regularly reviewed to make sure they met their needs. Records of medicine administration were accurate, clear and included all the required information.

There were enough staff to meet people's needs and keep them safe. Visitors told us they felt there were enough staff and no one had to wait for attention or care. One visitor told us, ''There are normally staff in the main sitting rooms but if not we can easily find them if we need them.'' Another visitor said, ''If [my relative] is in pain then the staff respond promptly and [they] do not have to wait.''

We saw that staff were available in communal rooms and checking on people in bedrooms throughout the day. The staff explained that they were allocated specific people each day to make sure their needs were met but they worked as a team to care for everyone. We saw evidence of this with a smooth and coordinated response when a person needed something and as people moved around the home.

The registered manager told us they did not use temporary staff at the home and vacancies and absences were covered by staff overtime and the provider's team of peripatetic workers. Many of the staff had worked at the service a long time and they knew people's needs well. Visitors told us that care at night time was as good as it was in the day and that staff were available for people when they needed them. We saw that people's routines were not dictated by the staffing levels because they were able to move around the home freely and get up and go to bed when they wanted. On our arrival at the home some people were still in bed, others were in the dining room taking breakfast and some people were in the lounges or garden. The staff told us that people were able to take meals where they chose and we saw this when a number of people told the staff they wanted to remain in the lounge for lunch rather than move to the dining room. The staff accommodated this.

The staff recruitment procedures ensured that checks on their suitability were made before they started work at the service. These checks included a formal interview, checks on their identity and eligibility to work in the United Kingdom, references from previous employers and checks on their criminal records. The staff also completed application forms outlining their experience and employment history.

Good

Is the service effective?

Our findings

People were cared for by staff who were supported, trained and had the information they needed for their roles and responsibilities. We observed that the staff knew how to support people and care for them. Some of the staff did not speak English as a first language and this meant that sometimes they did not understand what people were saying to them. We experienced this when asking them questions about their roles and understanding of the job. We discussed this with the registered manager who reported that English language skills and understanding were tested as part of the recruitment process. The registered manager told us that they encouraged the staff to speak with them if they did not understand anything or needed additional guidance. The staff confirmed they were able to do this.

New staff undertook an induction into the home which included completing a set of tasks laid out in a work book, shadowing experienced staff and attending training. Training was regularly updated and the provider monitored that all staff training was up to date. The training the provider required staff to complete met the requirements of the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers.

The staff took part in regular individual and group meetings with their manager and had their work appraised at least annually. We saw evidence of these meetings. The staff told us they were received informal support continuously as well as participating in meetings. Records of team and individual meetings showed that the staff had opportunities to discuss their role, procedures, any concerns they had and were also well informed about changes in good practice or procedures. There were good systems for the staff to communicate with each other and share information. The staff told us they worked well as a team and supported one another. We saw examples of team work when they were caring for people throughout the day of our inspection.

We noted that although the staff had received training in dementia awareness they did not always have knowledge of best practice guidance and supporting people. In addition Healthwatch Hounslow identified a potential need for the staff to have more information in this area. In the report from their visit of September 2016 they recommended, ''Providing a support network for staff who deal with residents suffering from dementia. This may be in the form of a monthly forum where staff can share experiences and they can talk about different support systems to help them deal with any issues.'' We discussed this with the registered manager who agreed that this was an area of development which they were considering for the service.

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 Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was acting in accordance with the principles of the Act and found that they were.

The staff had assessed people's capacity to make different decisions about their lives and wish to live at the service. There was information about how people expressed their choices and made decisions. The provider had worked in partnership with family and legal representatives to make decisions in people's best interests when they lacked capacity. There was written evidence of this process. The provider had applied for authorisations under the Deprivation of Liberty Safeguards when needed and had implemented any conditions in relation to these, so that people received care which was personalised. We saw that the staff offered people choices and asked for their consent when providing care.

The environment was appropriate to meet the needs of people who lived there. There were a number of different communal rooms which were appropriately decorated and furnished. There was information on display about different aspects of the service, such as the complaints procedure, menus and fire information. However, there was limited information about the planned activities. The corridors and communal areas did not include sensory items or feature items to support orientation. These are seen as good practice in homes where people living with dementia are cared for and Ashgrove Care Home - London would benefit from the addition of these. The rooms were light, an appropriate temperature and people had personalised bedrooms. Some of the bathrooms were used for storage of hoists and equipment making them inaccessible.

We recommend the provider consult recognised good practice guidance for improving the environment to help orientate and support people living with the experience of dementia.

People were offered a range of freshly prepared food and drinks. Most of the comments from people living at the service and their visitors about food were positive. They included, ''You have enough to eat and there's a variety of food'', ''[The food is] sometimes very bad, sometimes very good'', ''The smell of the food when it comes up always makes me feel hungry. It looks nice and smells good'', ''The food is excellent. I always eat before I come because the smell of it makes me hungry. It is good food that's tailored to [my relative's] needs'' and ''The chef prepares Indian food for [my relative] at weekends.''

The kitchen was clean and well organised. The catering staff had information about people's needs including special diets based on health, religion, choice and texture modification needs. The catering staff had a good understanding of these and prepared food appropriately. Food was prepared using fresh ingredients and there were good systems for stock control and checking quality and temperatures. The menu was displayed and people were able to make choices at the point of service. The staff showed people plated meal options for them to choose from.

People's nutritional needs had been assessed and recorded. Care plans and risk assessments included information where people were at nutritional risk. The staff had made referrals to dietary specialists as required. People's weight, food and fluid intake were monitored. The staff acted on any nutritional risks and changes in people's needs.

People's healthcare needs were monitored by the staff. They worked in partnership with other healthcare professionals to meet these needs. There were care plans for identified healthcare needs and evidence of regular consultation with healthcare professionals as needed. Visitors told us that the doctor held regular surgeries at the home. They also told us they were happy with the way in which the staff had responded to medical emergencies and accidents. They said the staff were prompt at spotting changes in people's conditions and made sure they received the medical help they required. There was evidence the staff liaised with professionals when needed to help prevent medical problems. For example, seeking advice from tissue viability nurses about the condition of people's skin.

Good

Is the service caring?

Our findings

At the inspection of 7 October 2014 we found that some aspects of the service were not caring. This was because we saw examples where the staff did not treat people with respect or in a caring way. At the inspection of 4 July 2017 we found improvements had been made.

People who lived at the service had good relationships with the staff. Some of their comments about the staff included, ''They're very kind. I've no complaints. The carers are very busy and I wish they had more time to sit and chat'', ''It is very nice living here, I don't complaint about anything, they are very nice people'', ''They look after us alright and they are kind'', ''They are looking after us. I have no trouble at all. The girls are very good to me. They try their hardest'' and ''They are looking after me well. When I need anything I ring the bell and they see to me.''

The visitors we spoke with told us the staff were kind and caring. Some of their comments included, ''We've never had a problem with [our relative's] care'', ''Someone from the family visits [regularly] and the care is fine'', ''The care is very good from what I've seen'' and ''[My relative] is very happy, they are all very good here, all very nice.''

The Healthwatch Hounslow report from their visit in September 2016 stated, ''The staff were polite and friendly….They seem to have a deep compassion for their residents. Staff members said that they find their roles fulfilling and have chosen this particular role because they wanted to help people.''

We observed care which was kind, caring, thoughtful and polite throughout our inspection. Some examples of this included, one person frequently became distressed. We saw the staff comforting this person and offering them different things to do in an attempt to cheer them up. Another person did not speak English as a first language. A member of staff who could speak the person's first language sat and talked with them. They translated for the other staff and others so that people could join in the conversation. The staff made sure people had the things they needed and wanted available. Some people enjoyed cuddling dolls and toys and the staff spoke positively about this, supporting the person in their own reality when they referred to the dolls as their baby. We saw a member of staff helping a person arrange ornaments and cards in their bedroom in a way the person wanted, asking for their opinion and talking about the items whilst supporting them.

The staff respected people's privacy making sure care was provided behind closed doors. However, we noted that an invoice from the hairdresser which included information about some people who did not have any personal funds was left on display on a notice board in one lounge. We discussed this with the registered manager who said they did not know why this had been put on display and arranged to remove it immediately. We also noted that the signs on bedroom doors included the date of birth of the occupant. Again we discuss this with the registered manager as we felt this was a breach of people's privacy and was also unnecessary. The registered manager agreed to review this and amend the signs so that they did not give this person information.

In general we saw that people were offered choices and the staff respected these. For example, at lunch time a group of people told the staff they did not wish to go to the dining room for their lunch. The staff respected this and bought their lunch to the lounge. However, we saw one instance where a person had told staff they did not wish to move from one chair to another. Three different members of staff had tried to persuade the person and had brought a hoist into the room. The person repeatedly insisted they did not wish to move and the staff eventually respected this, however they had been rather insistent when trying to persuade the person. The person had become agitated and the staff did not appear to recognise that this agitation was a result of them not listening to what the person was saying they wanted.

The staff spoke positively about their roles and their care for people. They showed a good understanding of people's individual personalities and preferences and they were passionate when talking about their care of people. One member of staff told us, ''I love them, that is why I am here.'' Another member of staff became emotional when talking about their role and told us, ''We do everything with all our heart, we care about [the people living at the home] so much.'' The staff talked about different events which showed the caring and compassionate nature of the home. For example, they had decorated one person's room and organised for a surprise event to celebrate their wedding anniversary. There were also photographs showing various celebrations in an album and on display. The registered manager told us that they had promoted the importance of people being able to recognise the voices of familiar staff. This message was echoed through our conversations with many of the staff, who told us they worked with the same people making sure they heard their voice so that they could recognise this and feel safe and cared for when they heard them speak.

There was information about people's wishes, and the wishes of their family, for care at the end of their lives. This information had been discussed when people moved to the home so that the staff were aware of any specific wishes for future care. There were clear plans for each person.

Good

Is the service responsive?

Our findings

People living at the service were supported in a way which met their needs and reflected their preferences. Their visitors told us that they felt people's needs were being met. One visitor explained how they thought the service was forward thinking. They explained that as their relative's needs had changed the provider had purchased new equipment and updated care plans to help meet their anticipated future needs. People told us they were able to get up and go to bed when they wished and we saw this was the case on the day of our visit. People confirmed they were able to have showers when they wanted and visitors told us their relatives were always clean and wearing clean clothes.

People's needs were recorded in care plans which were clear, appropriately detailed and had specific person centred information about how to meet these needs. The care plans included a brief summary about the most important aspects of caring for the person. There was evidence of regular reviews involving the person (where they had capacity to understand) and those who were important to them. The views and comments of relatives and legal representatives were included in care plans and reviews. Information was clear and consistently recorded within risk assessments and plans for each aspect of people's care.

The staff made notes about the care they had provided each day. These reflected the care plans and showed that people had received personalised care which met their needs. These records included information about food and fluid intake, personal care and repositioning for people who were at risk of developing pressure areas. In general, the staff had completed this information accurately and clearly. We saw a small number of inconsistencies where information was not clear. For example, one person was noted to have sensitive skin but their repositioning chart did not always record the condition of their skin. In another example the staff had completed the wrong section of a personal care record indicating the person had received a shower each day. This had not been the case. We discussed the examples we saw with the registered manager who agreed to look into these and make sure the staff were aware of the importance of completing records fully and accurately. We did not feel that these records reflected poor practice or failure to meet care needs, and were most likely examples of the staff rushing to complete these records and not noticing mistakes being made.

The provider employed an activities coordinator who worked full time at the service. They organised and facilitated a range of different activities and special events. They told us that they also tried to encourage the staff to support people to take part in different leisure and social pursuits each day. The provider employed a number of volunteers who helped people to take part in activities. On the day of our inspection we met a volunteer who was helping an individual with a craft activity and supporting a group of people to take part in another activity.

The visitors we spoke with told us that they felt the service provided a good range of activities and they were happy with these. Some of the people living at the service agreed with this. However one person told us, ''I like to enjoy life here but I find the activities lacking. I would be grateful if you could find some jobs for me to do. At [name of previous home] you were busy all day long. There's absolutely nothing to do [here]. I feel a

nuisance, whereas I could be useful.'' Another person said, ''The staff sometimes take me out but there is not always enough staff to do so. I would really like to go out for a walk or to the shops more often.'' We discussed this feedback with the registered manager who agreed to look into the issues and make sure people who wanted to access the community and those who wanted to help around the service had opportunities to do this.

The activities coordinator showed us evidence of different special events including trips and celebrations. There had been a recent garden party. We saw a number of compliments and written feedback from visitors about this event. There had also been events where entertainers and school children had visited. There were regular visits by a therapy dog. On the day of our inspection some people were going for a trip to a local church tea party. Other people took part in a range of different activities including games, dancing, colouring and playing individual with toys. The staff engaged with people, but we saw they often left people to attend to other tasks without explaining what they were doing. For example, a small group of people were playing a large (floor mat) board game. They were enjoying this. However, the staff member supporting them left in the middle of the game to offer people in the room drinks. They did not return to the game and no one explained what had happened to the participants. In another example, people were enjoying singing and dancing with the staff. However, this ended abruptly when the staff member left the room and did not return.

Throughout the day we saw that the staff sat and talked with people. They were attentive and also were led by what people wanted to do or talk about. During our observations we noted that the staff made sure they spoke with or supported each person regularly, checking on their wellbeing and offering them drinks as well as sitting next to them or engaging in an activity with them. The staff were positive and smiled at people at all times, approaching them in a friendly and caring manner.

There was a complaints procedure and information about this was displayed in different parts of the home. Visitors told us they knew how to make a complaint and who to speak with. People living at the service told us they were happy to speak with the registered manager. The provider kept a record of formal complaints and feedback. We saw that complaints had been investigated. The complainant had been given information about the investigation and outcome. There was clear learning from negative feedback and improvements to the service had been made as a result of this.

Good

Is the service well-led?

Our findings

People who we spoke with were happy with the service and their visitors told us they would recommend the home. Visitors also told us they took part in regular meetings, were invited to meet with the registered manager to discuss their concerns and to give written and verbal feedback. One visitor told us, ''The manager is always about, you see her all the time.''

The provider had a file of cards and emails containing feedback and compliments from visiting relatives and friends. There were a great many including 13 from June and May 2017. Some of the comments from this feedback included, ''[My relative] has settled in well and [they] say that everything is very good. [They] like the staff, garden and entertainment'', ''Strong supportive staff and excellent management skills'', ''I am extremely pleased with the level of care [for my relative], although [their] condition is severe, nothing is too much trouble. [My relative] has put on weight and is generally well. The staff are always cheerful, friendly and consistent'', ''During [my relative's] stay [at the home] you made [them] feel so welcome and did all you could to make [their] last days comfortable'', ''Thank you for the care you showed my [relative] during [their] stay there, because of your home [their] last few years were kinder for [them] and [us]'', ''All the staff are efficient and caring towards all the residents'', ''Every member of staff is kind and happy and they make you feel at home yourself here'' and ''A lovely clean and welcome atmosphere.''

There was also feedback from a visiting social worker who had written, ''I was impressed and pleased by the attitude of the care staff and general cleanliness of the home. I am really impressed by the quality of care. [The person] spoke highly of the staff and reported being happy living there.''

The staff told us they liked working at the service, telling us they were happy with the support they received and that they liked the people who they cared for and their jobs. The Healthwatch Hounslow report from September 2016 included information from the staff about how they were encouraged by the management team. We saw that staff contributions and hard work were recognised and rewarded. In June 2017 the provider had organised a celebration at the service for staff who had worked there for over 10 years. The provider also issued ''kindness awards'' for staff who had been recognised by visitors as going ''the extra mile.'' The registered manager told us that many of the staff had been given this award for various different reasons. The staff told us they were supported if they felt unhappy about anything. They said that the registered manager gave them time to talk about their feelings.

The provider asked people using the service, visitors and staff to participate in annual surveys. The feedback from the most recent survey was positive and showed that most respondents thought the service was either good or outstanding in all areas. The survey asked people for their opinion on different areas which included the facilities, care, staffing and management. People living at the home and their visitors were also invited to meetings every other month. We saw that the minutes of these were displayed. People had been invited to give their feedback as well as being told about changes in the service, particular procedures and other information.

There was a registered manager in post. They had worked at the service for over 12 years, starting as a nurse there. They had managed the service for six years. 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. The registered manager had a good knowledge of the service and the needs of people who lived there and staff. They were involved in the day to day care and we saw them interact and spend time with the people who lived there and the staff. They attended to people's needs and responded to their requests. There was a manager's surgery each week when staff, visitors and people living at the home could speak with the registered manager and ask for information, advice or help. The registered manager told us that people were welcome to speak with them at any time in addition to the planned surgery. The registered manager told us, ''I have so much passion for this home and the residents.'' They told us the staff team were very supportive and worked together well.

The staff were encouraged to take lead roles in providing quality care and sharing good practice with others. For example there were lead roles for safeguarding, wound care, nutrition and medicines management. The registered manager told these ''champions'' had helped to improve and develop the service.

The staff and provider carried out a range of audits and checks. These included daily quality checks by the registered manager, meetings with the heads of each department to discuss the service, checks in the environment, infection control and records. The provider also carried out quality audits of the service. Following each audit the provider recorded an action plan where improvements were needed and these were monitored.

The provider notified the Care Quality Commission of significant events.

Records were appropriately maintained, were clear, accurate and up to date. There were appropriate systems for storing and sharing information.