Four Seasons (No 9) Limited

Bon Accord

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Bon Accord on the 14 and 15 April 2015. Bon Accord is a nursing care home located in Hove. It provides care and treatment for up to 41 older people, the majority of whom require specialised dementia care. At the time of the inspection the home was full. The age range of people varied between 52 – 96 years old.

Accommodation was provided in a residential area of Hove. It was arranged over three floors. The upper floors were accessible by lift. It had developed the environment to support the needs of older people and those with dementia. The home had communal lounges, dining areas, conservatory and an attractive and fully accessible garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives spoke positively of the service and commented they felt safe. They were complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. We were told, "I don't remember ever having to wait, they make sure I am totally safe and happy before leaving me."

Summary of findings

Staff interactions demonstrated they had built a good rapport with people. Care plans and risk assessments included people's assessed level of care needs and actions for staff to follow. Staff explained how they kept people safe. People told us that their room was kept clean and safe for them. One person said, "Someone comes and cleans and checks my room for any problems. It's homely, comfortable and safe. What more could I want?"

People's medicines were stored safely and in line with legal regulations. People received their medicines on time and from registered nurses.

As well as nurses on duty in the home, health and social care professionals from a range of disciplines visited the home on a regular basis. Staff regularly liaised with GPs, physiotherapists and speech and language therapists.

Staff received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They had a good understanding of the legal requirements of the Act and followed it in their practice.

Care plans contained information on people's likes, dislikes and individual choice. Information was available on people's life history and people and families were involved in the development and review of their care plans.

A range of group activities were available but were not always participated in by individual choice. One person said, "I like to be left to my own devices and this is respected". As well as group activities, people were supported to maintain their hobbies and interests. People received 1:1 support in activities as part of their day.

There was a varied menu, which was planned and changed on a regular basis and reflected the season. Everyone we spoke with was happy with the food provided. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, "They know what I like and don't like." People were supported to eat and drink enough to meet their nutritional and hydration needs. Staff used their knowledge of people's likes and dislikes where they were unable to make a choice.

Staff felt supported by management and understood what was expected of them. There was sufficient day to day management cover to supervise care staff and care delivery. The management structure at the service provided consistent leadership and direction for staff. The registered manager carried out regular audits and monitored the quality of the service.

Management and staff were committed to a culture of continuous improvement. A healthcare professional told us, "I am impressed by the manager's openness. They have a clear vision about the direction they want to take the home." Feedback was regularly sought from people, relatives and staff. Staff, resident and relatives meetings were held in which decisions relating to the home were discussed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
Bon Accord was safe.

There were enough staff on duty each day to cover care delivery, cooking, maintenance and management tasks.

Medicines were stored and administered safely. People received their medicines on time.

Staff understood what adult abuse looked like and were clear on how to raise a safeguarding concern.

There were risk assessments that recorded the measures taken to keep people safe.

Good

Is the service effective?
Bon Accord was effective.

Staff had received training to provide effective care to people.

Mental Capacity Assessments were completed in line with best practice guidelines. Staff understood Deprivation of Liberty Safeguards (DoLS) and what that meant for individuals.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

As well as nurses on duty in the home, health and social care professionals from a range of disciplines visited the home on a regular basis.

Good

Is the service caring?
Bon Accord was caring.

People, their relatives and professionals spoke highly of the care delivered in the home.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect.

People were supported to dress in accordance with their personalities and lifestyle choice. Care staff were observed speaking about the personal care needs of people sensitively and discretely.

People's dignity was considered and protected by staff so that people were valued.

Good

Is the service responsive?
Bon Accord was responsive.

People received personalised care and their changing care and treatment needs were identified through regular reviews.

There was a full programme of meaningful activities and stimulation for people.

There was a complaints procedure in place and staff told us they would raise concerns.

Good

Summary of findings

Is the service well-led?

Good

Bon Accord was well led.

People, their relatives and health care professionals made positive comments about the management of the home and staff spoke highly of the registered manager. They were open and responsive.

Incidents and accidents were documented and analysed. Processes were in place to monitor and review quality.

Staff were clear on the visions and values of the service. They expressed a commitment to delivering person centred care.

Bon Accord

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. The 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 was carried out over two days on 14 & 15 April 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted selected stakeholders including two health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided.

During the inspection we spent time with people who lived at the home. We also spoke with four relatives or friends of people. We spoke with the registered manager, regional manager, two nurses, four care staff, housekeeper, chef and maintenance worker.

We observed the support people received. We spent time in the lounges, dining areas, conservatory and garden and we took time to observe how people and staff interacted. Because some people were living with advanced dementia that restricted their spoken language we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at five sets of personal records. They included individual care plans, risk assessments and health records. We examined other records including three staff files, quality monitoring, records of medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 13 June 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident they were protected from harm. They told us they could speak with the registered manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted on. Relatives told us they had confidence their loved ones were safe. For example, one relative told us, "I would not have placed my relative anywhere else. I know she is safe and cared for here."

Risks to people were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls; skin damage, challenging behaviour, nutritional risks including the risk of choking and moving and handling. Where risks were identified there were detailed measures in place to reduce the risks where possible. For example, risk assessments also highlighted health risks such as recurrent urinary tract infections. They were reviewed monthly or more often if changes were noted.

All relevant areas of the care plan were updated when risks had changed. Staff were given clear, accurate and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took appropriate advice and action to ensure food was fortified and offered regularly. Care reviews recorded changes to the risk, and staff continued to make sure the person was offered snacks and foods with extra added nutrients. This was monitored by the nurse in conjunction with care staff.

Staff respected people's individuality and freedom. For example, a person was seen going outside for cigarettes and people were seen regularly coming and going from the home with relatives. Risk assessments were devised that kept people safe but also respected their autonomy.

Some people living with dementia could exhibit behaviour which may challenge others, such as anxiety and occasionally, physically challenging behaviour. We looked at the management of behaviour that could challenge and the risk assessments in place to provide guidance and support. Staff understood how to spot and use techniques to try to avoid potentially difficult situations. They responded positively to behaviour that could challenge. One staff member told us, "We have to be aware of our approach when trying to care for the person. But we know them well and we know what works." For example, we saw that a person could become upset and confused when they perceived that others approached them suddenly. It could make them feel vulnerable and they could respond inappropriately, verbally or sometimes physically. Staff explained a person's known behaviours and incorporated the protective measures required to keep them and other people safe.

Staff understood what constituted adult abuse and could clearly identify various forms of abuse. One member of staff told us, "Safeguarding training was useful for me as it was practically based in its discussion of examples, which helped." Staff understood that abuse was not tolerated and should always be reported. We were confident from what we saw and heard that any concerns of abuse or neglect would be reported to the registered manager. Documentation confirmed the registered manager was responsive to any concern of abuse and neglect and raised safeguarding concerns in line with local protocol. We asked staff who they would report their concerns to if the registered manager was away. One staff member told us, "I would contact the nurse in charge and if it was needed, I would contact social services." Staff were aware of their responsibility to raise a safeguarding concern with the Local Authority if it was required. The registered manager addressed the issue of safeguarding and whistle blowing as an on-going topic within supervision and staff meetings. The registered manager demonstrated that they understood that safeguarding concerns should be raised in a timely manner and demonstrated knowledge of the process.

There were enough staff on duty each day to cover care delivery, cooking, maintenance and management tasks. People told us there was always sufficient staff on duty to meet their needs. One person told us, "I have not ever had to wait for assistance, they come immediately." Another said, "I don't remember ever having to wait, they make sure I am totally safe and happy before leaving me."

The rota showed where alternative cover arrangements had been made for staff absences. The registered manager told us staffing levels were regularly reviewed and assessed using an assessment of people's dependency to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to receive care and treatment when they needed it. We saw staff

Good

Is the service safe?

giving people the time they needed throughout the day, for example when accompanying people with personal care needs and helping people to move to and from the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We saw staff regularly checking in with people who were in their rooms throughout the day and documenting the interaction. Staff were observed to responded immediately when people used their call bells.

During our visit we looked around the home and found all areas were safe and well maintained. Checks were undertaken into systems that contributed to making a safe environment, for example the nurse call system, window restrictors and extractor fans. Maintenance staff conducted regular tests on portable items and this was backed up by external contractor annual tests on electrical items, the boiler and hoists. Specialist equipment used around the home, for example nursing beds, hoists, slings and slide sheets were all individually numbered and checked every three months. People told us that their room was kept clean and safe for them. One person said, “Someone comes and cleans and checks my room for any problems. It’s homely, comfortable and safe. What more could I want?”

Medicines were recorded, stored and ordered appropriately. The stock levels of medicines were checked on a regular basis and medicines were administered in line with good practice guidelines.

Medicines which were out of date or no longer needed were disposed of appropriately. We looked at a sample of medicine administration records and found that they were completed correctly, with no gaps identified.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. The DBS helps providers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups of people. To protect the health and wellbeing of people the provider checked the registration status of nurses who worked at the home.

Good

Is the service effective?

Our findings

People, relatives and professionals spoke highly of the registered manager, care staff and nurses and felt they received effective care and treatment. One person told us, "Staff make sure that the doctor comes to see me when I need him", a visiting relative told us, "They are good at getting health professionals in when necessary. She has a chiropodist and reflexologist and the optician and dentist come in." As well as the positive feedback, we also saw practice which was consistently effective. People responded to staff positively when they were supporting them with their daily routines.

People's health and well-being was monitored on a daily basis. As well as nurses on duty in the home, health and social care professionals from a range of disciplines visited the home on a regular basis and documentation confirmed staff regularly liaised with GPs, physiotherapists and speech and language therapists. Relatives told us health concerns were acted on and they were told about any changes of the health of their loved one. They talked about the medical conditions their family members had and how well managed this was in the home. Health and social care professionals told us that staff worked with them and any advice and guidance they provided was adopted by staff and incorporated into the care plans. They felt staff addressed any health care needs as they arose. On told us, "I would say they were good at responding to my requests. I am generally very pleased with our working relationship."

Staff recognised how people's healthcare needs changed and how they were not always able to communicate when they are feeling unwell. For example, we saw a referral was made after staff noted a change in the presentation of a person. One staff member told us, "I think we are able to see the signs when a person is unwell. For example, as well as the physical symptoms we can spot the changes in them as a person, just how they are. That comes from working with people so closely." They recorded when advice was sought or when a referral was made, for example to a hospital or GP. They recorded the outcomes and feedback from healthcare professionals.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) with the registered manager and staff. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they lack capacity to affect their decision making at a specific time and regarding a specific decision. Only at this point would there be an indication for an assessment. The registered manager and staff we spoke with were clear in their understanding of the requirements of the MCA and were able to demonstrate this in relation to a best interest decision to pursue a course of treatment.

The registered manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. The registered manager was aware of the changes to the interpretation of the DoLS as a result of court rulings and they and staff understood the importance of seeking consent. Where people did not have capacity to make decisions in relation to where they lived the registered manager had correctly identified that the controls in place at the service represented a deprivation of liberty. The home had made appropriate applications and nine people were currently subject to authorisation under the DoLS. Care plans and documentation reflected when people were subject to a DoLS authorisations, how to provide care in line with the DoLS authorisation and when it was subject to review.

Staff understood their roles and responsibilities. The provider ensured staff completed the training they needed to work with people effectively. New staff were required to complete an induction programme that included; making themselves familiar with peoples care plans and organisational policies and procedures, orientation within the service, shadowing experienced staff and completing training courses. All staff had a probationary period to assess their skills and performance in the role.

Staff were up to date with training the provider considered mandatory. This included safeguarding adults, infection control, equality and diversity and fire safety. Specialist training was provided, such as additional inputs on dementia care and communication. Staff felt the training they received helped them fulfil the expectations of their role and meet people's needs. Staff understood and appreciated the need for targeted training, for example in dementia. They explained how training they completed

Good

Is the service effective?

had enabled them to think about and develop their practice for example by thinking about and promoting individuals dignity in the home. One member of staff said, “Working with people with dementia can be quite challenging but with the training and support the rewards from providing care can be great.” Staff told us they attended one to one meetings with their manager where their learning and development was discussed. Nursing staff received additional clinical supervision and training to maintain their registration and to continue to be employed as a registered nurse.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, “They know what I like and don’t like.” The chef won the 2014 National Great British Care Award for nutrition and hydration based on providing a positive dining experience that included a varied menu and promotion of healthy food choices. He told us, “We can cater for vegetarian, soft or pureed and any other special diets like Kosher or Halal. We are able to meet any dietary requirement.”

Staff acknowledged the difficulties some people living with dementia had to communicate what they wanted to eat. We were told, “For those that need the support with feeding, if they turn away or do not show their usual interest in eating a meal we know that can be significant.” Each person had a board in their bedroom which gave details of their preference in regard to food and drinks. People told us they were, “Always asked if we want anything.” In these sometimes small but nonetheless significant ways, people were involved in making their own decisions about the food they ate. During mealtimes we saw this reflected in sensitive and responsive staff practice.

One relative told us that the food “Always looks very nice. They have a good diet”. There was a varied menu, which was planned and changed on a regular basis and reflected the season. People were involved in planning the menu and it was a regular topic of discussion in residents meetings. Staff used their knowledge of people’s likes and dislikes where they were unable to make a choice.

Some people followed specialist diets based on their particular healthcare needs. People’s weight was monitored against the special diets they followed. Staff explained people's food and fluid intake was monitored to make sure they did not become malnourished or dehydrated. Health professionals had been involved in assessments of people’s nutritional needs. Recommendations they had made had been followed through into practice. For example, a person who was able to chew and swallow but was unable to feed themselves was supported using modified eating aids. The aids and adapted equipment such as plate guards and special spoons, was used to help encourage people’s independence when eating and drinking.

Good

Is the service caring?

Our findings

People spoke highly of the home. One person told us, "It's lovely here. We all love it." The relative of one person told us, "The staff are so caring. I think my relative is very lucky to be here." A health care professional told us, "I feel that this is a good, caring home. It's a good place to support people with complex needs." As well as the positive feedback about the care provided, we observed practice which was caring and sensitive.

The atmosphere in the home was relaxed and friendly. A warm, cooperative and mutually supportive approach was taken by staff to the care needs of people. There was a choice or lounges, each with its own theme and atmosphere. The 'blue' communal lounge area was the centre of much interaction and activity during our visit. A quieter, retro themed lounge had furniture and items from bygone eras that reflected people's histories. The conservatory provided an additional attractive lounge with TV and views of the well tendered garden The lounges and dining areas were important communal spaces and provided a comfortable, stimulating and friendly environment for people to relax in.

There was a strong bond and rapport between people and staff which was underpinned by the staff's knowledge and understanding of people's needs. Where people had difficulty communicating verbally, staff recognised changes in body language and demeanour. Staff developed an awareness of the very individual signs of people's body language so that they were more able to effectively communicate with them. Staff maintained a steady stream of appropriate, warm interactions with people, some of whom were not always able to respond in turn. We heard clear, warm and positive language deployed effectively. The use of language, verbal and non-verbal, was considered a key element of good quality care and was significant for how it impacted upon the person's perception of self-worth.

People received nursing care in a kind and caring manner. Staff spent time with people who were on bed rest and ensured they were comfortable, clean and pain free. Staff ensured those who were not able to drink and eat without support had additional care. People and their relatives told us that they felt staff understood their health needs and frailty.

People's dignity was considered and protected by staff. Staff always knocked before entering bedrooms and made sure that doors and curtains were closed when helping them with support, including personal care. One staff member told us, "Peoples dignity is respected and we always knock before entering a person's bedroom." Care staff were observed speaking about the personal care needs of people sensitively and discretely. People were supported to dress in accordance with their personalities and lifestyle choice. For example, we saw one woman was supported to dress very glamorously in her favourite clothes, complete with favourite jewellery, well dressed hair and make-up. It helped communicate to others a very clear sense of this persons values and priority to look at her best at all times.

Staff followed the principals of privacy. There were arrangements in place to store people's care records, which included confidential information and medical histories. The room used to store records was secure. Personal and private information was not left unattended.

People and their relatives told us they felt listened to and supported by staff. They felt their family members were well cared for. One relative told us, "The staff are ever so kind and always look after people." People were involved in the decision making process about their care. All the people we spoke with confirmed that they had been involved with developing their or their relative's care plans. Care plans contained personal information that recorded details about them and their life. This information had been drawn together by the person, their family and staff. Relatives were provided with opportunities to read their loved one's plan and make any further remarks or comments. Relatives said they were always informed about their loved one's changes or updates.

For those people who had continued to maintain family networks we heard that visitors were able to call in at any time and were always made welcome. People could see their visitors in the communal lounges or in their own bedroom. One visiting relative told us they could visit at any time and were always made to feel welcome. A relative said, "I stay as long as I want, I am always made welcome and feel comfortable visiting."

Good

Is the service responsive?

Our findings

People told us that the staff responded to their needs and concerns. One person said, "I only have to mention a problem and it's dealt with." A relative said they visited regularly and were updated with any changes or issues that might affect them. People's care plans clearly identified their needs and reflected their individual preferences for all aspects of daily living.

Staff demonstrated a good knowledge of people and were able to provide detailed explanations for a particular approach to care and treatment. The care delivery we saw and heard about from staff was reflected in people's care plans. Care plans demonstrated assessments of people's individual needs and identified how these could be met. People received care which was personalised to reflect their needs and wishes. Care plans showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver peoples' care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Work was still being undertaken to further improve care documentation.

Opportunities were available for people to take part in a wide range of daily activities. These included activities around the home or out in the garden. People were given choices about the activities on offer and were asked if they wanted to participate in them. Although not all people were always able to tell us they enjoyed activities on offer we saw they usually engaged in them with enthusiasm. As well as group activities, based on interests and lifestyles, people were supported to maintain their hobbies and interests. One person said, "I like to be left to my own devices and this is respected. I go down to parties and gatherings". We saw that consideration was given to people's music and television preferences. People were asked what they wanted to watch and listen to. Going around the home there was a mix of music coming from people's rooms that reflected personal choice, from easy listening to classical music and speech based radio.

The activity coordinator worked with people, staff and with the registered manager around the planning of activities.

One member of staff told us, "There are some shops just at the end of this road and the seafront is not too far away." A marathon run passed directly outside the home and we saw people come out to watch and cheer on the runners. Friends of the home set up a stall offering tea and cake in the front garden that was popular with people and local residents and raised the positive profile of the home in the local community. Other people had more sedate interests and we saw people requested to return to their room at a time that was decided by them. One person said, "I like a rest in the afternoon after lunch and like to return to my room."

Records showed processes were in place to capture comments and complaints. Procedures were present to manage and respond appropriately to any changes that were required following receipt of a complaint. Complaints were handled and responded to appropriately and any changes

and learning were recorded. For example, we heard about comments by a relative about napkins used at the home that were less effective at absorbing spilt liquids. This seemingly small observation was nonetheless very significant for people who were unable to effectively wipe away the offending food debris. A swift response led to better napkins identified and provided which preserved the dignity of people at meal times. Staff told us how they would raise concerns. The procedure for raising and following up complaints was displayed. A relative told us, "If I was unhappy I would talk to the manager."

Because of the additional needs of people, the provider had thought about ways of involving and capturing their views. Resident and relatives meetings were held which involved discussion around an agenda but were also used as an opportunity for a social gathering with the provision of tea and refreshments. Minutes were recorded and action points were raised on, for example, activities or the menu and were seen to be followed up. For people who had additional communication needs staff had also sought feedback from relatives and other significant people to discuss how the individual's care and treatment needs were being met. The registered manager said, "The feedback from others with an outside view is absolutely valued by us."

Good

Is the service well-led?

Our findings

People, their relatives and healthcare professionals spoke highly of the service provided and staff expressed confidence in the registered manager. One member of staff told us, "The manager is increasing and encouraging training which is having a positive effect on care." A relative said about the registered manager, "He is a lovely, courteous gentleman. He was terrific when he was deputy manager and on the floor much more. He remains terrific, though by necessity we don't see him quite as much." A healthcare professional told us, "I am impressed by the manager's openness. They have a clear vision about the direction they want to take the home."

Systems were in place to monitor and analyse the quality of the service provided. These included audits and quality assurance checklists. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits identify what the home does well and highlight shortfalls and areas for improvement. They help drive improvement and promote better outcomes for people who live at the home. Mechanisms were in place to review the quality of the service provided. The registered manager consistently completed audits and reminded staff of its practical application to drive improvement. For example, we saw that food and fluid balance charts were consistently and accurately completed. Audits identified and targeted an area for achievement. The registered manager and staff worked hard to prioritise them and underlined their importance for people's wellbeing.

There was a system in place for recording accidents and incidents. We reviewed a sample of these and found entries included the nature of the incident or accident, details of what happened and any injuries sustained. The registered manager monitored and analysed incidents and accidents to look for any emerging trends or themes. Where actions arising had been identified, recording demonstrated where it was followed up and implemented. For example, one person had fallen and the action from the incident and accident log identified that a referral was necessary to provide additional professional advice and help prevent a reoccurrence. We were able to see actions had been taken and how the on-going risk to this person was reduced.

Systems were in place to seek the views of people, their relatives or representatives. Surveys provided the registered manager with a mechanism to obtain others views. Satisfaction surveys provided the opportunity for others to air their concerns or express praise in a formal manner. It meant they were given a voice to air their thoughts and feelings. Relatives and professionals felt able to approach the manager. People's views and interests were sought and considered to contribute towards the running of the home. For example, allocations and responsibilities had changed in response to feedback.

The registered manager spoke with us about their values that included a commitment to an open and transparent service. The provider sought feedback from people and those who mattered to them, such as friends and families, in order to enhance their service. People and relatives

told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions. I'm quite happy."

The registered manager was committed to on-going improvement in the service and was able to describe key challenges looking forward. Throughout the inspection process itself the registered manager was open and responsive to the issues we discussed. The registered manager told us, "People comment favourably on the feel of the home and also, I'm pleased to say, my accessibility. I am fortunate to have a team who work hard but there is always room to improve and today the inspection has provided a chance for us to improve still further."

Management was visible and active within the home. The registered manager was regularly seen on the floor and interacted warmly and professionally with people, relatives and staff. People appeared relaxed in the company of the registered manager and it was clear they had built a rapport with individuals for whom they expressed a great deal of respect. On a day to day basis, the registered manager provided the guidance and leadership required to maintain a well led service. In the absence of the registered or clinical manager a senior nurse was identified to lead the shift with the managers providing on-call support. The regional manager was known and recognised by staff as a regular visitor and the registered manager commented they felt supported and valued by the provider. The regional manager completed structured visits and used the provider's quality auditing tool to review the service.

Good

Is the service well-led?

Actions arising in areas as diverse as safeguarding, care plan documentation and management of medicines were recorded with a timescale for response and review, if appropriate.

Communication within the home was valued and respected. We sat in on a handover meeting. It was led by the senior nurse on duty but attended by all care staff and the manager. All staff took a positive role in planning for the day ahead. It followed a clear path, considered the issues raised during the preceding shift and was an open and transparent meeting. It provided staff with the opportunity to discuss practice issues and be kept informed of any developments or changes to people's needs. For example, staff as a team were asked by the registered manager to describe three areas of a person's care which may not be known by everyone in the team. It led to a fun, lively and above all, practical discussion that demonstrated an ongoing commitment to person centred care.