Aldergrove Manor Ltd

Aldergrove Manor Nursing Home

Inspection report

280A Penn Road
Wolverhampton
West Midlands
WV4 4AD

Tel: 01902621840

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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

Summary of findings

Overall summary

This inspection was unannounced and took place on 24 and 30 October 2017. This location had previously been managed by another provider, but was registered by Aldergrove Manor Ltd in February 2016. This was the location's first inspection since registration.

Aldergrove Manor is registered to provide accommodation with nursing and personal care for up to 70 people including older people, people living with dementia, as well as people with physical disabilities and younger adults. On the days of the inspection there were 61 people living at the home. The home is divided into two units. The downstairs unit accommodated people who had specific nursing needs with the first floor unit catering for people who were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were confident they felt safe living at the home. Staff were trained in safeguarding and knew how to identify signs of possible harm and how to report and escalate any concerns. Risks to people were assessed, managed and reviewed and clear guidance was available to staff about how to reduce the risk of harm. Staffing levels were planned in order to meet people's care and support needs as well as allow staff time to spend and talk with people. People received their medicines as prescribed, where required these were regularly reviewed. Staff offered people pain relieving medicines when required and systems used to manage medicines were safe.

People received support from staff who were trained and knowledgeable within their roles. Staff received regular training and competency checks to ensure they were able to meet people's needs. New staff were given a period of induction at the home, which enabled them to work alongside more experienced staff. People were asked for their consent before care was provided and where people had their rights restricted this process had been completed lawfully. People were happy with the food and drink provided and where people had specific dietary needs staff were aware of them. Staff took action to ensure people receive sufficient amounts of food and drink to maintain their health. People were supported to access healthcare professionals when required and the staff team had developed effective working relationships with other agencies to ensure people's healthcare needs were met.

People were supported by staff who were friendly and compassionate. Staff offered reassurance to people when they became distressed or anxious. People were supported to make decisions about their daily lives and staff encouraged people to maintain their independence where possible. People were supported by staff who recognised the importance of people's dignity being maintained and who were sensitive when providing support. Staff protected people's privacy and care at the end of people's lives was planned and delivered sensitively in accordance with people's individual wishes.

People and their relatives had been involved in the planning and review of their care and support. Staff provided support in accordance with people's care plans, which reflected their life histories, personalities, interests and care needs. People were supported by staff to participate in activities that they enjoyed. People and their relatives knew how to make a complaint if they were unhappy about the service they received and the provider had a system in place to manage and investigate complaints.

People spoke positively about life at Aldergrove Manor and felt that the home was well managed. People, relatives and staff knew who the registered manager was and found them to be approachable. People, relatives and staff had been invited to give feedback about the home and action was taken to make improvements and implement ideas where possible. The registered manager and senior staff team carried out checks to ensure the quality of care being provided. The provider also carried out audits on the service and any actions identified were used to drive improvements. The registered manager was keen to develop and improve the service people received and welcomed input and support from other external agencies in an effort to enhance and improve the lives of people living at Aldergrove Manor.

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.

People were supported by staff and a management team who understood their responsibilities in keeping people safe from harm.

Risks to people's health, safety and well-being were assessed and managed in order to reduce the risk of harm.

There were sufficient numbers of staff to meet people's care and support needs as well as to spend time with people.

People received their medicines as prescribed and systems used to manage medicines were safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge required to meet their needs.

People were asked for their consent before care and support was provided. Where people were deprived of their liberty, this had been done so lawfully and people's rights were protected.

People received sufficient amounts of food and drink and this supported them to maintain their health.

People were supported to access healthcare professionals when required and staff had establish good working relationships with other agencies to ensure people's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People received support from staff who were compassionate and caring.

People were supported to make decisions about their day to day care and support.

People received support from staff which promoted their independence and maintained their dignity.

Where people were at the end of their lives staff supported them in accordance with their wishes and offered additional support to relatives.

Is the service responsive?

Good

The service was responsive.

People received care and support that reflected their individual life histories, interests, preferences as well as their care and support needs.

Where people's needs changed relatives and staff were kept updated to ensure people received care that reflected their current needs.

People were supported by staff to participate in activities and events that they enjoyed and were interested in.

People and their relatives knew how to raise concerns if they were unhappy about the care they or their family member received. The provider had systems in place to manage and respond to complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives spoke positively about the care they or their family member received and felt the home was well managed.

The registered manager was described as visible and approachable.

Staff felt supported by the registered manager and were encouraged to develop their skills and knowledge.

People and their relatives had been invited to give feedback about the service they received.

The provider had systems in place to monitor the quality of care provided and these were used to drive improvements across the service.

The registered manager worked in partnership with other agencies to develop staff skills and enhance the quality of people's lives.

Aldergrove Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 October 2017and was unannounced. We then returned for a second day on 30 October 2017 to meet with the registered manager as they were not available on the first day of the inspection, this visit was announced.

The inspection team included two inspectors, a specialist nurse advisor, whose area of expertise was older people and dementia, 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 service. 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 the service does well and improvements they plan to make.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events, like serious injuries or incidents. We also contacted the local authority and the clinical commissioning group (CCG) for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with 10 people who lived at the home, 10 relatives, nine staff, the registered manager and the area manager who was also the nominated individual. We also spoke with a visiting healthcare professional. We looked at seven records about people's care and support, medicine administration records, two staff files and the systems used to monitor the quality of care provided.

Good

Is the service safe?

Our findings

People told us they felt safe living at Aldergrove Manor. One person said, "I feel safe here." Relatives also confirmed that they were confident their family members were safe. One relative commented, "I really feel [person's name] is safe here, always a lot of staff about." Another relative said, "I think it's safe. [Person's name) has had no falls." Staff had received training in protecting people from harm and were able to tell us how they would identify signs of potential abuse. Staff knew how to escalate any concerns and told us they were confident the registered manager would take appropriate action if they reported anything. Through our discussions with the registered manger we found they had a good understanding of their responsibilities in protecting people from harm and were aware of local safeguarding procedures. They had also notified us of safeguarding incidents and events as required by law.

Risks to people's health, safety and well-being were managed by a staff team who were aware of the risks posed to individual people. Where potential risks had been identified there were clear care plans and risk assessments in place to offer guidance to staff about the action they should take to reduce the risk of harm. For example, where people relied on equipment to maintain their dietary intake, there were care plans in place to ensure the equipment was regularly cleaned and maintain to reduce the risk of infection. Some of the people whose care we reviewed were at risk of developing sore skin. We saw clear plans were in place to manage this risk and documentation completed by staff when they supported people to change position was up to date. One relative shared with us their satisfaction at the way in which staff had supported their family member telling us, "No problems with pressure sores, they must be doing something right with the pressure relief." Staff we spoke with were aware of people's individual risks and we saw throughout the inspection examples of staff taking action to reduce the risk of harm, for example, risks posed by people's mobility or frailty.

People and relative's felt there were sufficient numbers of staff to respond to their or their family member's care and support needs. One person told us, "There's always a member of staff in the lounge, it's never left. If I use the buzzer they come in a reasonable time." Relatives we spoke with supported this view. One relative said, "Staffing levels are usually good, you never see staff doing nothing. If they're not doing personal care they are doing activities or one to one support." Another relative told us, "Ask them [staff] anything and it's done straight away." A third relative told us they felt reassured by the staffing levels and felt this contributed to their family member, "Feeling really safe". We observed staffing levels throughout the inspection visit and saw staff were available to respond to people when they needed assistance or support. Staff were present in the communal lounges and other communal areas of the home as well as in the areas close to people's bedrooms which meant people cared for in bed received regular well-being checks. Staff we spoke with told us they felt staffing levels were safe and the skills of staff were well balanced on each shift.

We reviewed two staff files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe

to work with vulnerable people.

People received their medicines on time and as prescribed by their GP. People told us they were happy with the way they were supported with their medicines, one person said, "I have no complaints. If I am in pain the staff always give me some tablets to help." Care plans provided staff with guidance to ensure people took their medicines safely and as prescribed. Nursing staff were trained to support people with their medicines and their competencies had been checked by the registered manager. Where people were prescribed medicines which required review by a GP, in accordance with guidance from the National Institute For Health and Clinical Excellence (NICE) information was clearly recorded and reviews had taken place as required. There were systems in place to ensure people received their medicines as prescribed which included monthly audits carried out by nursing staff and the registered manager.

Good

Is the service effective?

Our findings

People told us they were confident staff had the skills and knowledge required to support them. One person said, "The staff are excellent and the care is very good." Relatives we spoke with also expressed similar views. One relative told us, "The care here is very good, staff are interested and dedicated." Another relative said, "Staff do a difficult job, really well." We reviewed compliments received about the service many of which positively highlighted the qualities and skills of the staff and management team. Staff were competent within their roles and those staff we spoke with demonstrated a good knowledge of people's care and support needs. Where people displayed unpredictable behaviour or became anxious or distressed we saw staff had the skills required to redirect or reassure them.

Staff told us they received training that helped them in their role. One staff member said, "Since [name of registered manager] arrived the training has improved. We are getting a lot more training and staff are happy. We asked for more training in supporting people with diabetes and this was arranged. I think the training has given us more confidence." We were told by staff that their competencies were regularly assessed during one to one meetings, team meetings and staff handovers between shifts. The registered manager and senior staff explained that they used short 'knowledge checks' to give staff the confidence to develop and demonstrate their awareness of a range of topics relevant to people's care. Staff who were newly employed by the provider were required to undertake a 12 week induction programme which included working alongside experienced staff as well as completing training and competency checks. The induction programme was aligned to the care certificate which is a set of standards that aims to develop care staff's skills, knowledge and behaviours to provide compassionate, safe and high quality care and support

The registered manager and senior staff kept up to date with best practice, by attending training events such as those offered by the local Clinical Commissioning Group (CCG). Staff were involved in a quality improvement programme run by the CCG which aims to support nursing homes to raise standards and provide excellence in care. As a result people received support from knowledgeable, skilled staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had a good understanding of the principles of the MCA and understood the importance of people being able to take risks and make their own informed decisions. Staff were also aware of the implications of making decisions in people's best interests. One staff member told us, "Everything comes down to the person; if they can make a decision then they should do so. We are here to support them, but not decide for them, unless we have to in their best interests." People's care plans contained clear information about their capacity to make decisions and assessments recorded related to specific decisions.

People told us staff asked for their consent before providing care or support. One person said, "Staff always

ask before doing anything." Relatives also told us they had seen staff asking people to consent to their care. One relative shared, "Staff explain and ask, they always seek consent." Throughout the inspection visit we saw people were asked for their consent before care was provided. For example, people were asked where they would like to spend time, or whether they would like to take part in any planned or one to one activities. Where people required support with their personal care we observed staff checking with people discreetly to ensure they were happy to leave the area in which they were spending time.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection a number of people living at the home were subject to an authorisation to deprive them of their liberty.

The registered manager explained how the decisions had been reached to ensure that people's rights and freedoms were lawfully protected. Staff in each unit were aware of people who were subject to DoLS and understood how people's capacity to make their own decisions can change. The registered manager explained to us that any applications and authorisations were monitored to ensure new applications could be submitted if required. Where people had a Lasting Power of Attorney (LPA) to support any decision making the provider had conducted checks to ensure this was appropriately registered, the checks included information about how the named attorney was. This ensured people were supported in a way that protected their rights.

People expressed positive views about the food and drink available. During lunchtime one person commented, "The food is lovely." Another person said, "Lunch was very nice." We observed lunchtime and saw people were relaxed during their meal time and chatted to one another. Staff asked people where they would like to sit as they arrived to eat and supported people discreetly with their meals when required. Meal options were plated so they could be shown to people to make their own choice. Feedback from relatives was positive and a number of relatives commented on the importance of the menus being in pictorial form. One relative said, "The menus are very good, we get feedback on what [person's name] has eaten. Staff also monitor weight so we know this is improving."

Drinks were offered throughout the day and relatives had access to kitchen areas within communal spaces so they or their family members could make their own drinks. We observed one person who waited until their relatives arrived and then made a drink with them in the kitchen. They were smiling and enjoying the activity with their loved one. A relative told us, "Staff are always making and bringing drinks, they also record how much [person's name] has had." Where people were at risk of poor nutrition or hydration we saw the staff team had taken action and contacted relevant professionals to ensure people received the right support for their needs. For example, one person received a soft food diet to reduce the risks associated with swallowing difficulties. Staff used soft food moulds to make the food look more appetising for people, which encouraged their nutritional intake.

People received support from staff to manage their health care needs. People and relatives told us staff were quick to make referrals to relevant healthcare professionals to ensure people's health was maintained. One relative told us, "If [person's name] gets a cough, staff contact the doctor, they have also had dental treatment, seen the chiropodist and they had new glasses yesterday."
We reviewed people's care records and saw an assessment had been carried out on admission to the home to assess their mental health. This is useful as people who are admitted into residential or nursing care can

often experience depression. This assessment gives the opportunity to be able to access early treatment if required.

We saw from people's records that referrals had been made to the dietician, GP and the rapid response team where appropriate. People were also supported to attend routine appointments to maintain their health. For example, visits from the optician and the chiropodist. Staff at the home had established positive working relationships with visiting healthcare professionals and were able to promptly and accurately share information about people's current health needs, which ensured appropriate care was provided. We spoke with a visiting healthcare professional who told us they were confident in the skills and knowledge of the staff team and felt the staff team had worked hard to reduce the number of hospital admissions. Staff shared with us the improvements they had recently made as a team in identifying any possible infections at an early stage. The registered manager had developed protocols, which staff were trained in, to assist staff in making decisions where people displayed signs or symptoms of an infection. These protocols had improved the speed at which people received medication to treat any identified conditions.

The home environment was dementia friendly, with clear signage and orientation aids such a clocks that displayed the day, time, month, year and season. There were also areas of the home that promoted occupational engagement, such as quiet spaces and boards containing sensory items. People had pictures of either themselves or things of interest complete with their names outside each of their rooms so that they could recognise their room through personal and meaningful items. We observed people throughout the inspection visit spending time in areas of the home that were of interest to them for example, an area decorated with a seaside theme.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring and friendly. One person told us, "The staff are nice, the care is good." Relatives spoke positively about the staff and the interactions they saw between staff and their family members. One relative told us, "The care is very good, lovely, very caring." Another relative commented, "It's very good here, the staff are very nice, they treat [person's name] like they are family." We observed caring interactions that were kind, patient and sensitive and saw staff offered people reassurance and encouragement. People's facial expressions and responses indicated they were at ease with staff. A relative told us, "Staff are light-hearted and jovial with me and [person's name] I can't praise them enough, I know I don't have to worry."

Staff knew people's personal histories and were able to use this knowledge to engage with people and reassure them. Staff were able to tell us about people's likes and dislikes and their individual preferences. Where people became anxious, for example when waiting for a visitor, staff offered assurances that the person was on their way and made telephone calls to relatives to confirm they were visiting as planned. This helped to reassure people.

People were supported to make decisions about their day to day care and support. We observed people were involved in decisions about how and where they spent their time and were offered choices of activities or pastimes. One person told us, "I get up at the same time between 7am and 7.30am as I wish and if ready for bed I ask staff to take me." Staff told us they offered people choices about their daily lives. One staff member said, "People's needs are met and they make their own choices. We have to understand how people's lives were; they still need to make their own decisions. They choose how they dress, where they have their meals."

Staff were aware of people's individual diverse needs and supported people in accordance with these. Where people belonged to a particular faith group, or had specific cultural or religious needs these were recognised and appropriate support offered. For example, some people were regularly visited by members of a local church and others received holy communion in accordance with their faith. People's care records reflected their cultural needs and included information about any specific objects of significance that were important to them. People were also asked about their hygiene preferences as part of their cultural needs assessment. In their PIR the provider told us, "Staff are signed up to complete training in equality and diversity, valuing people and dignity through care." Staff we spoke with had received training and were able to share examples with us of how they supported people's diverse individual needs.

Relatives shared with us examples of how staff had promoted people's independence. One relative said, "Before moving here [person's name] was in bed for six months, but now with a profiling chair and more and more time out of bed, they look better, much brighter." Another relative commented, "[Person's name] is encouraged to do what they can, they are standing now." Kitchen spaces in communal areas gave people the opportunity to make their own drinks and snacks if they wanted to and we observed people making their own hot drinks throughout the day.
We saw examples of staff maintaining people's dignity in the way they supported them. For example

adjusting people's clothing to maintain their appearance, or gently supporting people with their mobility when they saw they were struggling. One person told us, "Staff always close the door before personal care." Another person said, "I don't feel rushed, staff have time to do personal care."

Visitors and people's family members were present throughout the day and were welcomed by staff who knew them by name. One relative commented, "We know all the staff and are made welcome, we can make our own drinks too." Another relative said, "I know the staff and the staff know me, there are no restrictions on visiting." By encouraging visitors to take an active part in the home and welcoming them this ensured people were supported to maintain relationships with those people who were important to them.

The registered manager and staff team had experience of supporting people to make plans for how they wished to be supported in their final days. End of life care plans were developed which clearly detailed people's requests and preferences. Staff told us they also offered support to relatives. We reviewed compliments received from relatives following the death of their family members, one relative had written, "[The staff] went above and beyond offering us additional support and we will be forever grateful." Another comment read, "Thank you to each member of staff who provided wonderful care, compassion and dignity." In their PIR the provider told us they were looking to further improve the end of life care provided at the home and had piloted advanced care planning with the support of local and national agencies.

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in the assessment, planning and review of their care. One relative told us, "We had an assessment prior to admission, all staff know [person's name] and seek our knowledge about them." Another relative, whose family member had recently moved into the home said, "There was an assessment and as a family we were happy with the process. [Person's name] seems settled and not agitated." Relatives told us they felt listened to with regard to their family member's care and staff took any information they shared seriously. One relative said, "Anything I say, it's in the care plan, everything I said was taken on board."

Staff working on the unit for people living with dementia had specialist knowledge and had undertaken nationally accredited training in dementia. This training equipped them with the skills to respond to people appropriately and gave them a good understanding of people's behaviours. This ensured the support provided was tailored to people's individual needs. We observed staff supporting people on this unit throughout the day and found they had the skills required to support people to lead full and active lives. One staff member told us, "We try very hard to give the residents a good quality of life…just because they have dementia doesn't mean they should have a less interesting life."

Staff had access to care records and risk assessments that contained information and guidance about how to respond appropriately to people's needs. Staff we spoke with understood how to deliver the support and care people needed and were able to tell us about the person's individual likes, dislikes and preferences as well as their health and support needs. Where people's needs had changed relatives told us they were kept informed. One relative said, "We are always kept informed, if there are any changes or concerns, they [staff] tell us." People received care that was responsive to their needs. Care records were individualised and contained detailed information and clear guidance for staff about all aspects of a person's health, social and personal care needs. Where people's needs changed staff told us they received updates during shift handover meetings which were held daily. This meant staff were able to provide people with care and support that met their changing needs.

People told us they were happy with the activities available at Aldergrove Manor. One person said, "I love the activities, I don't know what I would do without [name of activity coordinator]. We did Halloween decorations this morning and have quite a few people in to sing. Last week we celebrated Diwali, staff dressed in saris and danced." We saw a list of activities for the month was displayed in the entrance hall of the home and this included fundraising events for national charities. There were photos displayed throughout the home of people taking part in recent events including music and movement, a summer fete, music and song as well as bingo. Relatives told us they were pleased with the how the staff encouraged their family members to take part in things that interested them. One relative said, "There are plenty of activities and lots of stimulation." Another relative commented, "Residents and their families are going out for a Christmas meal, [person's name] also enjoys music therapy."

People and their relatives knew who to contact if they were unhappy about the care they received. One person told us, "I have no complaints, but if I need to I would do." A relative said, "I would have no problem

making a complaint if I needed to." All of the relatives we spoke with knew who to contact if they had any concerns. A copy of the complaints procedure was displayed in the entrance hall of the home. We discussed complaints with the registered manager and reviewed records relating to complaints. We found the registered manager and provider had responded appropriately to any concerns raised. Investigations had been carried out in to allegations and concerns and an outcome had been provided to the complainant. We saw that where investigations had identified that improvements could be made, the registered manager had made changes to reduce the likelihood of events reoccurring. For example, reviewing and updating care plans to improve the guidance available to staff. In their PIR the provider told us, 'Complaints are treated as a tool for further improvement and not negatively. Feedback is encouraged from residents, relatives and staff'.

Good

Is the service well-led?

Our findings

All of the people and relatives we spoke with expressed positive views about the management of Aldergrove Manor. One relative commented, "The atmosphere is lovely, friendly, approachable, the manager and the unit lead are both approachable and visible." Another person commented on the atmosphere at the home saying, "There is a nice atmosphere here, you feel it when you walk in, laughter, fun, it's a pleasure to visit."

At the time of our inspection there was a registered manager in place. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and provider had notified us about incidents and events as required by law. People and their relatives spoke highly of the registered manager. One person told us, "You see the manager around the home, I am happy to speak with them when I need to." Another relative commented, "The manager is very approachable." Staff told us they learned from the registered manager who they saw as a positive role model. One staff member said, "The manager is very good you can go to them with issues and they'll address them. They are approachable."

Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. One staff member told us, "I think the care here is very good. It's a brilliant place to work, I feel comfortable to speak with senior staff or the manager they are easy to talk to. We are all equals here." Staff told us they felt supported by the management team, with one staff member commenting, "I feel part of a team, we are all working together. The manager comes to handover meetings and we can share any concerns." Another staff member told us they felt significant improvements had taken place at the home since the registered manager had started in their role. They said, "Lots of improvements have taken place, staff can make suggestions and are listened to. It actually feels nice coming to work."

People and relatives told us they had been asked to give their feedback about their experiences of the home. We reviewed feedback from people and relatives provided in response to a questionnaire sent out by the provider. People had been asked to give their feedback about different aspects of the home including the staff, food, how they were treated, visiting arrangements and social activities. The summary of responses we reviewed were positive overall with many of the comments reflecting on the quality of care provided by the staff team.

The registered manager and senior staff conducted regular audits and checks to ensure effective governance of the service. This included monitoring of DoLS authorisations, medication audits, accident and incident monitoring for patterns and trends, infection control audits, care plan reviews and health and safety audits. Information was then collated and reviewed so that any patterns and trends could be identified and action taken where areas for improvement were identified. Incident forms included a review by the registered manager and any follow up actions were recorded. The provider also conducted monthly visits, to check the quality of care provided. These visits were recorded and an action plan was completed with timescales to ensure any concerns were addressed without delay.

The registered manager was keen to develop and improve people's experiences of living at the home and

had been working to improve standards at the home since their appointment. They told us, "As registered manager I like to lead as part of the team. It's important to me that staff gain confidence, as this improves the care people receive. Training is on-going and as a result staff are identifying infections sooner, we are reducing hospital admissions as well as the use of antibiotics. It's important to give staff some autonomy, let them make decisions." Staff spoke positively about the leadership skills of the registered manager and identified that improvements were on-going in order to enhance the lives of people living at the home.

The registered manager worked in partnership with other agencies to better meet the needs of people living at the home. For example, they worked with other local agencies who offered training and skills development for the staff team. The registered manager shared with us how they adopted the information offered by the local Clinical Commissioning Group (CCG) which had a positive impact on the lives of people living at the home. For example, improvements had been made to the systems used for monitoring falls and staff knowledge had been developed with the aim of reducing the number of falls people experienced. The registered manager also adopted resources from national sector specific organisations. For example, information provided by the Social Care Institute for Excellence (SCIE) was being used by staff to help relatives come to terms with their loved one's diagnosis. The registered manager had an on-going improvement plan for the home which included developing further networks for advanced learning and best practice guidance. They were also looking to improve the support provided to relatives and had sought feedback from relatives in order to plan events that would best meet their needs and interests.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.