Care Quality Commission

Montrose Care Home Ltd

Montrose Care Home

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

Summary of findings

Overall summary

Montrose Care home is a residential care home for 22 older people with dementia and sensory impairment. There are two floors with the first floor having access via stairs or a lift. There is a communal living and dining area and a lounge leading out onto the gardens. There are various smaller seating areas throughout the ground floor. There were 17 people living at the home at time of inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected.

There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults.

When people were at risk of falling, malnutrition or skin damage staff understood the actions needed to minimise avoidable harm and plans were in place.

The service was responsive when things went wrong and reviewed practices in a timely manner.

Medicines were administered and managed safely by trained staff. Medication competency checks took place together with daily audits to ensure safety with medicines.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with professionals such as doctors, nurses and social workers.

Care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. Staff felt confident in their roles. Staff knowledge was routinely checked.

People had their eating and drinking needs understood and met. People were happy with the quality of the food and regular satisfaction surveys were in place. People living in the home had daily contact with the chef to discuss nutrition needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards (DoLS) were understood and were in place as appropriate.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as homely. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the things and people important to them.

A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. The service actively encouraged feedback from people, relatives, staff and professionals.

People's end of life wishes were known including their individual spiritual and cultural wishes.

The home was in the process of reviewing the activities they offered people and were planning on making improvements to their activity programme. A dedicated member of staff had been appointed to co-ordinate this.

The service had an open and positive culture that encouraged the involvement of people, their families, staff and other professional organisations. Relatives and professionals were confident in the service.

Leadership was visible and promoted teamwork. Staff spoke positively about the management team and felt supported.

Audits and quality assurance processes were effective in driving service improvements. Outcomes had clear actions that were followed and reviewed.

The service understood their legal responsibilities for reporting and sharing information with other services.

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.

All areas of the home were kept clean to minimise the risks of the spread of infection.

There were sufficient staff available to meet people's assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and competent to give medicines.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

The service was acting in line with the requirements of the Mental Capacity Act 2005.

Staff received training and supervision to give them the skills and feel confident to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to eat and drink enough and dietary needs were met.

The service worked within and across other healthcare services to deliver effective care.

The premises met people's needs and they were able to access

different areas of the home freely.

People were supported to access health care services and other professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that treated them with kindness, respect and compassion.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who a person centred approach to deliver the care and support they required.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place. Relatives, professionals and people told us they felt able to raise concerns with the manager.

People's end of life preferences had been discussed and plans put into place.

Is the service well-led?

Good

The service was well led.

The management team promoted inclusion and encouraged an open working environment.

Staff received feedback from the management and felt recognised and valued for their work.

Quality assurance systems were in place which ensured the management had a good oversight of the service.

The home was led by a management team which was approachable and respected by the people, relatives and staff.

The home was continuously working to learn, improve and measure the delivery of care to people.

Care Quality Commission

Montrose Care 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 site visit took place on 9 July and was unannounced. The inspection continued on the 11 July 2018 and was announced. The inspection was carried out by two inspectors on both days.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had not requested a Provider Information Return (PIR) to the service. 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. We gathered this feedback from the registered manager during the inspection.

We spoke with seven people who used the service and five relatives. We met with three health professionals, seven staff, one domestic staff member and the head chef.

We spoke with the registered manager, deputy manager and care coordinator. We reviewed six people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care, quality audits and the 2017 resident and relative's survey results. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We asked the registered manager to send us information after the visit. This included policies and the staff training record. They agreed to submit this by Thursday 12 July 2018 and did so via email.

Good

Is the service safe?

Our findings

People, relatives and staff told us that Montrose Care Home was a safe place to live. A person told us, "I feel safe here, the staff are sensible and look out for me". Another person said, "Yes I am happy here and of course I am safe!". A relative told us, "It's a safe home. I can say from my heart that my loved one is receiving good care here". Another relative said, "I feel utterly confident my relative is in safe hands". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and support.

People received their medicines safely and in line with the provider's medicine policy. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines, were all trained and had had their competency assessed.

Staff cross checked peoples medicines with their Medicine Administration Records (MAR) to ensure the correct medicine was administered to the correct person at the right time. MAR were completed and audited appropriately. The registered manager told us they were reviewing the PRN (as and when medicines) MAR to ensure clear times were recorded following each administration. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed and up to date.

There were enough staff on duty to meet people's needs. The registered manager reviewed staffing levels based on roles, staff workload, dependency levels of people and ratio of staff to people. The registered manager said that they were confident that staffing levels met people's needs and that additional staff were put on rotas as and when people's needs changed. The dependency record showed staffing levels were checked weekly. A person told us, "There have been some times when I thought more staff may be needed but on the whole I believe there are enough". A relative said, "I think there are enough staff, I have no issues". Staff comments included; "I think there are enough staff to support people here". "I think we are ok with staff. We have more day and night staff now, however it would always be nice to have more staff".

The service had employed cleaning and kitchen staff to help ensure the service ran safely. The head chef explained that staff who worked in the kitchen had the appropriate food hygiene training.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hygiene practices. A

person said, "We have a really good cleaner. It's very clean here. I have never had any cleanliness issues". A professional told us "I am impressed with the cleanliness".

There were effective arrangements in place for reviewing safeguarding incidents. There was a file in place which recorded all alerts. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us "I have no concerns whatsoever" another told us, "The service has participated fully in multi agency safeguarding and risk management planning". Staff were able to give an in depth understanding of safeguarding adults, one member of staff told us "I feel very confident with this".

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incidents were all recorded, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned and shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A staff member told us, "If an incident occurred I would assess the situation, get my senior or the registered manager, call 111 or 999 for advice and support if needed and then record it".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination.

Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person however assessments for bathing and showering lacked specific detail around the management of people's medical conditions and the additional risks associated with those. The registered manager made changes during our inspection, the changes made reflected the person's specific needs and were comprehensive.

Equipment, such as adapted wheelchairs, hoists and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested to ensure its effective operation. People had personal emergency evacuation plans in place. These plans told staff how to support people in the event of a fire.

Good

Is the service effective?

Our findings

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.

Consent to care was sought by staff from those that had capacity this included consent for photographs. People's records showed signed consent for care. A person told us "they [staff] always ask me how I want things done before they do it".

Staff were aware of the MCA and had received MCA training. The training records confirmed this. A staff member told us, "The Mental Capacity Act is important it makes sure people have rights and that people do not take advantage of those". Another staff member told us, "Everybody should be deemed to have capacity at first, everyone has the right to say no". Mental capacity assessments were completed for people and best interest decision meetings involved all relevant people. A professional told us "I have been invited to and involved in best interest decision meetings and they have worked well".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Senior staff had a good understanding of MCA and applications made under DoLS had been completed where necessary. Authorisations made under DoLS were current and where conditions were in place they were met.

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "Induction was good. We covered fire procedures and exits as well as getting to know people's needs and completing shadow shifts. It really helped me".

People were supported by staff who were appropriately trained and supported. Staff told us they felt supported and trained to care for people effectively. A staff member told us, "I feel we receive good training which is also specific to people's needs. For example we just did diabetes training". There was a training record and planner for all staff. Some of the subjects completed by staff included safeguarding adults, falls prevention and medication.

The registered manager issued question and answer booklets periodically throughout the year for all staff. The booklets covered subject such as safeguarding, medication, mental capacity act and fire safety. They acted as a refresher for staff and to enable the registered manager to evaluate the standard of training delievered. A staff member told us that they "felt very confident" in all subject areas.

Staff told us they had regular supervision and appraisals, staff felt these were positive experiences. One staff member told us, "I am told when I am doing a good job and also where I can make improvements". The registered manager had a chart to ensure supervisions and appraisals were planned for all staff.

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. People's needs were assessed prior to them coming to live at Montrose Care Home and plans were developed to meet their assessed needs. The registered manager had recently made improvements to the pre-assessment to include assessment of pain levels, management of behaviour, health professionals details, life histories and decision making. The questions had been improved to include more details about the person's interests such as activities enjoyed, and questions such as my happy memories are and what makes me sad.

The registered manager had created a "hospital ready" form for each person. The form contained information such as a photograph of the person, details about their preferences, contact details, communication needs and medicines. The registered manager told us this promoted continuity in care when transferring between services and in this case for admission to hospital.

People were supported to maintain a healthy diet and food and drink charts were maintained where appropriate. Staff were supporting a person with their food intake to increase their weight and this was monitored and communication made with the relevant health professional. A person told us, "The best thing here is the food, it's lovely. They give me choice which is good". Another person said, "There is a choice at mealtimes. It is corned beef hash today". A relative told us, "the kitchen staff go the extra mile, I give them high praise".

The head chef told us there was a four weekly menu. The chef was aware of peoples dietary requirements including their likes and dislikes. They told us they went around each morning informing people what the meal options were and offering alternative's if people didn't like the choices given. We observed this happening on both days of the inspection.

The service had sought input from the Speech and Language Therapists (SALT). A safe swallow plan was in place for one person who required a special diet. Staff were able to tell us about the plan and a copy was kept in the kitchen for the chef. A professional told us "I feel treatment plans are followed appropriately".

We observed people eating and found that there was a relaxed atmosphere. Food looked appetising and plentiful. Tables were nicely laid and drinks were available. People requiring assistance were helped in a manner which respected dignity and demonstrated knowledge of individual dietary and food consistency needs. People choose whether to have their meals in their own rooms or the communal dining room. One person told us, "I have a good appetite and I could ask for more food if I wanted".

People had access to health care services as and when needed. All files seen showed evidence of regular health care appointments and involvement. Staff were able to tell us in detail the specific treatment plans for one person including actions to take in an emergency. One staff member told us, "We have a really good relationship with the GP surgery, and we can ask stupid questions". A health professional told us, "If anything is slightly complicated they make notes and then read them back to me to ensure they understand". A relative told us, "They always do the right thing, getting the doctor or nurse for my relative when needed".

People told us they liked the physical environment. The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible.

There was a working lift in place providing access to each floor. There was access to secure, outdoor spaces with seating and planting that provided a pleasant environment. A person said, "I can go outside if I want to". Another person told us, "I can walk around the home freely". A relative told us, "It's such a lovely homely place to be". People and their relatives were involved in choosing colour schemes for the re-decoration of the lounge.

Along the ground floor in addition to the lounge area there were smaller seating area's for people to use. There was two armchairs with a bookshelf and fish tank containing colourful tropical fish. There was a bench where people could sit called the "bus stop" we observed people using these smaller areas throughout the inspection. One relative told us, "My loved one is really happy there and the home suits them down to the ground".

Good

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "The staff are friendly and caring. The staff work hard and know what they are doing". Another person said, "Staff are polite, kind, caring and always cheerful". A professional told us, "Staff are very kind." Relative comments included; "The staff are right at the top and get my highest mark". "Nothing is too much trouble". "They have a laugh and a giggle". A visitor told us, "I love the care they give them [people]".

People were treated with respect. One person told us, "I have a lot of respect for the staff and they show a lot of respect to me too. I like to have a bath at night and this is respected". A relative said, "They treat my loved one with respect and involve me too." Another told us, "They [staff] are not just caring for my relative but for us families too". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People told us they were happy with the care they received. Comments from people and their relatives included, "it's an extended family at Montrose". "It's just wonderful my loved one has bloomed again, like watering a plant". "I get value for money here". "I would recommend the home to anyone".

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and preferences, including time spent in privacy. A relative told us, "The service promotes equality and diversity". People's cultural beliefs were recorded in their files and that they were supported to attend religious services and faith based meetings of their choice.

People were supported to maintain contacts with friends and family. A relative told us, "We visit and bring our dog, we sit in the garden and they [staff] leave us alone to be a family." Another told us, "I am supported to maintain contact with my loved one, they get they get the balance just right". A relative told us, "We are invited and encouraged to attend events and meeting." The registered manager told us that they invited relatives to all events at the home.

The registered manager told us they had recently worked with a person, their family and professionals to maintain and support relationships. Records show detailed discussions and plans were in place. One professional involved told us, "There was a high level of co-operation with the service" and that they were "thinking outside the box" to support this particular relationship.

There was a calm and welcoming atmosphere in the home, conversations were heard with moments of singing and laughter. Staff interacted with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging. Care and support was given when a person became anxious and disorientated, staff used a kind, calm and reassuring approach to support them.

People were encouraged to be independent and individuality respected. We observed a staff member encouraging a person to walk independently to another room. The staff member was reassuring, patient

and did not rush the person. A person told us, "I'm encouraged to keep some of my independence like walk, dress, wash etc. Staff respect this and allow it". A staff member said, "Promoting independence is important. It's important that people feel in control and have what they want". People were encouraged to be involved and were observed helping staff around the home. Care plans had considered what the person could do for themselves and the level of support that was needed in order to maintain independence. A health professional told us they, "would rate the home as good".

People were encouraged to make decisions about their care. Records showed that people were involved with their care plans. People had a keyworker who worked with them to develop and update their plans. The registered manager told us the care plans were continually evolving and always included the person's input. The service had recently asked people how involved they wanted to be in their care plan. Survey results showed some people wanted to meet weekly to discuss their care plan, others monthly and some people did not want to contribute at this time but said ask me every now and again. One relative told us, "My relative's keyworker [name] is wonderful and involves them and us in care plans and keeps us updated".

The service had undertaken a survey called 'Review your Care' which asked people about their care plans, medication, healthcare, activity and meals the results were then collated and action plans made for each person and were seen in files.

The home had received a number of compliments. We read "thank you to all staff for looking after my loved one so well" and, "Thank you for the love shown to my relative and for recognising the real person inside them, they flourished in your care".

The service had received a donation from relatives of a person who had passed away. People were consulted and decided they would like to make better use of the garden. The service purchased a wishing well water feature with a fountain in their memory with plans to build a pond and keep ducks. The registered manager told us they have a plaque and have invited the relatives who made the donation to come and officially open the new area of the garden. One person told us, "I love to sit in this seat and look out in the garden".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Plans were in place and regularly reviewed. One relative said of reviews, "We are always included". People's records and care plans contained personalised information such as life histories, personal care needs, preferences and medical conditions. The registered manager told us, "We want to keep making the care plans better, it helps us to understand their [people] individuality and what makes us all tick". The service had recently implemented changes to the care planning to include expressing sexuality, pain and identity.

The registered manager told us they were working with people to createnew care plans and in particular identity care plans. The registered manager told us, "It is important that person is not forgotten or just characterised into a person with dementia".

People's care plans were frequently reviewed and updated to meet changing needs. A person said, "I want to solve my tummy trouble. Staff are trying their best and keeping me involved". They went onto say, "They [staff] sit and discuss care needs with me". Staff told us, "I like to spend time with people to review their care, I am consulted by the manager [name] and this makes me feel involved in this persons [name] care".

The registered manager had recently introduced a change of need alert for people following a responsive or scheduled review of care. The change of need alert gave the details of the change to care plan, how to support the person, equipment to be used, how long this change would continue and any other information. This alert was then given to staff at the handover to read and sign.. The effectiveness of this was confirmed by staff who were able to tell us detailed information about a persons recent change of need.

The home had developed the role of a staff member to include activity coordination. Events had been held throughout the month. People had enjoyed events for example the Royal Wedding there were photographs of people and staff, pictures and people's art work covering the walls in the dining room. The home had events planned around the World Cup and Wimbledon which was happening at the time of our inspection, one person said "I love to watch the tennis".

People maintained community links that were important to them. People were encouraged to go out and we saw people leaving and returning throughout the day. Staff supported people to go into the town and visit the market, before leaving people asked everybody if they wanted anything. On return from the trip one person told us, "It was so very nice to get out, I didn't realise how big the market was" and then went on to say "I always enjoy it". Another person who had been out said, "It's wonderful to go out, you don't want to sit at home all the time". A relative said, "It's still important for my loved one [name] to go into the town, they have lived in this area all their life and know a lot of people".

The registered manager told us that following the results of a recent survery people wanted to use the garden more for activities. One person told us, "I like to sit so I can see the garden". A relative told us, "we like to use the garden when we visit, we can spend time as a family". There were outdoor games such as bean bags targets, giant shuttlecock and skittles. People were given the opportunity to feedback through 'rate

your activity'. After the activity session people were supported to say if they enjoyed it or not and were encouraged to give suggestions if anything needed to change. This feedback was then used to help with future activity plans.

A staff member told us, "I want to do a craft afternoon. People enjoy drawing and painting so it means everyone can be involved. I believe people will get a lot from it. Stimulation is so important for people". They went onto say, "People often thank me for seeing them and spending time. They love to reminisce on past time". The registered manager has started a project for people to design and fill their own memory boxes, these displays will be fixed next to their bedroom door and they have involved people and relatives in the ongoing project.

The service had a complaints procedure in place. Records showed that complaints were dealt with within agreed timescales and actions had been carried out. People told us they knew how to make a complaint. One person said "I would just go into the office if I wanted to make a complaint" another told us "I would go to the registered manager with a complaint, I'm sure it will be dealt with well. I have no issues at the moment". A relative told us "I know how to make a complaint, I would go straight to the manager [name] I have every confidence in them".

The service had feedback questionnaires available to people and relatives in the reception area, these could be completed anonymously if preferred. Feedback had been received in this way and this information had been included in the registered manager's monthly plan.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in care plans where a need had been identified, and communication passports were being put into place.

At the time of the inspection no one was receiving end of life care, however people had plans in place, which detailed their preference for care at the end of their life. The service had considered environmental factors such as location, music and who people wished to be with at that time. Some plans were very detailed including funeral arrangements some were being added to. The home was prepared to support people's wishes in any way they could. The registered manager told us that they thought it was important to talk about this and get the person's wishes. A compliment received from a relative said "Thank you for your care and thoughtful actions during my loved ones final hours they would have appreciated all you did".

Good

Is the service well-led?

Our findings

The service had 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.

The registered manager had a clear vision for developing the service and told us, "I will never be completely satisfied".

There was a positive culture in the home, the staff team were well established and had built good relationships with people this was evident from what people, relatives and professionals had told us during the inspection. The registered manager told us, "I want staff to be inspired by me, everyone who works here must have my vision" and then went on to say "I can confidently say that my staff want to make me proud". A professional told us "I have developed confidence in the stable staff team at Montrose".

The roles and responsibilities of staff were clearly defined. Staff told us they were confident in their role and knew what was expected of them. A staff member told us "staff are passionate, you can see they care".

The registered manager told us there was an open door policy at the home, we observed people sitting in the office with staff at various times throughout the day. People were involved in the recruitment of staff by participating in interviews, a staff member told us "this person [name] helps staff with tasks in the office" . We observed a person greeting people entering the office. There was a relaxed, open culture within the home, a relative said "we can visit anytime we want". The registered manager told us "we care for people at a family level".

Staff, relatives and people's feedback on the management at the home was positive. A person told us, "The registered manager is sensible and very approachable". One staff member said, "The registered manager is brilliant. They are always there for me and others and always available. The registered manager has developed me professionally in my role". Another staff member told us, "We have a very strong registered manager who has good standards and is very good at their job. Professional and always approachable". A relative said "the manager [name] is very personable" another said the registered manager was "exceptionally professional and caring".

Residents and relatives meetings took place and the outcome and actions were clearly documented. An action from the last meeting was to have fresh fruit around the home for people to eat when they wanted to, fruit bowls were seen in communal area's. There was also involvement in colour schemes and re-decoration of the lounge, people and their relatives were given paint charts to choose colour schemes.

The registered manager recognised the importance of continual learning and development and actively kept themselves updated by subscription to websites, publications and formal training. The registered manager had achieved a qualification in Dementia Care at university from this they had created an audit

tool which they hoped would contribute to and enhance care for those living with dementia. The registered manager had made improvements to the pre assessment form and care plans following this audit especially in regards to decision making and the environment.

The registered manager told us that they felt confident and supported in their role.

The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people.

Quality assurance systems were in place to monitor the standards of care provided at the home. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. The registered manager told us "we will always make mistakes and we need that otherwise we would never learn".

The service undertook individual case reviews for serious incidents. The manager told us this was developed for learning and to drive improvement. The process asks what was done well? What could be have been done better? Planning to prevent it happening again and actions from the incident. We reviewed one record which was detailed and following this review families were informed and staff received a memo to keep them updated. A staff member said "we attend meetings and receive memo's about updates".

Systems were in place for learning and reflection. The registered manager and staff completed various audits such as medicines, daily care records, incidents, accidents and a managers checklist. The managers checklist was used to ensure all audits and processes took place. We saw from records that this took place each month and that actions were planned and completed from the results.

Following the inspection the registered manager told us they had made links with other local homes with a view to networking with them.

There was a clear working partnership between the home and a range of healthcare services. This meant that people's health needs were addressed promptly and there was no delay to treatment plans. The registered manager said they felt confident to raise issue's and also challenge practice that may not be in the best interest of the person. One health professional told us "we work well as a partnership, and complex, delicate issue's have been handled well" another told us "we have a good working partnership with the home".