South Coast Nursing Homes Limited

Eastridge Manor EMI Nursing and Residential 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

Overall summary

The inspection took place on the 1 September 2015 and was unannounced.

Eastridge Manor EMI Nursing and Residential Home is a large detached property, consisting of a main house and purpose built nursing wing in extensive grounds. Eastridge Manor EMI Nursing and Residential Home is registered to provide care and nursing for up to 53 older people and older people living with dementia. Accommodation is provided over two floors, with passenger lifts providing access between floors. On the day of our inspection 44 people were using the service.

The home had a registered manager. 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 experiences of people were positive. People told us they felt safe living at the service, staff were kind and compassionate and the care they received was good. One

Summary of findings

person told us “I feel totally safe”. We observed people at lunchtime and throughout the inspection and found people to be in a positive mood with warm and supportive staff interactions.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate the risks. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff on duty at all times to meet people’s individual care needs. When new staff were employed at the home the registered manager followed safe recruitment practices.

People’s individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people’s care and treatment.

Staff supported people to eat and drink and they were given time to eat at their own pace. The home met people’s nutritional needs and people reported that they had a good choice of food and drink. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose suitable leisure and social activities in line with their individual interests and hobbies. One person told us “I like joining in with the activities, we always have a bit of fun”.

The home considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People’s capacity to make decisions had been assessed. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine when they needed it. People were supported to maintain good health and had access to health care services.

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of the needs of people. One staff member told us “We have lots of training opportunities, including a diploma in health and social care. There is good liaison with a local college, from where we have certificated workbook based training, I have done these in palliative care and diabetes”.

There was a positive and open atmosphere at the home. People, staff and relatives found the registered manager approachable and professional. One person told us “It’s an excellent atmosphere, the facilities and company are good”. One relative told us “Staff are very good and caring, the manager is excellent”.

The registered manager and operations director carried out regular audits in order to monitor the quality of the home and plan improvements. There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

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?

Good

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was a positive and open working atmosphere at the home. People, staff and relatives found the management team approachable and professional.

Summary of findings

The registered manager and operations director carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager and provider were available to support staff, relatives and people using the service.

Eastridge Manor EMI Nursing and Residential 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.

The inspection took place on the 1 September 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist in nursing care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert had experience in older people's services.

The provider had 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.

Before the inspection we checked the information that we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people and three relatives, six care staff, two activity coordinators, two nurses, the registered manager, deputy manager and the operations director.

We reviewed a range of records about people's care and how the service was managed. These included the care records for seven people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining rooms during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and a nurse administering medicines.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The home was last inspected 10 July 2014 with no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us "Yes, I feel safe" and another told us "I feel totally safe". A relative told us "I feel my relative is completely safe". Each person told us they could speak with someone to get help if they felt unsafe or had any concerns.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "If I had any concerns for anyone, I would report it to my manager and know it would be dealt with straight away". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People and relatives felt there was enough staff to meet their needs. One person told us "Staff are always available for me, no problem". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us they had not used agency staff for over six months and had a great team of permanent staff. The provider used a dependency assessment tool. This enabled staff to look at people's assessed care needs and adjust the number of staff on duty based on the needs of people using the service.

Each person had individual care plan. Care plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out for all service users. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required two hourly checks, changing of position, barrier creams applied to prevent rashes and pressure ulcers. We observed staff carrying out these checks, explaining the process to the person and completing records to ensure the care plan had been followed correctly.

Medicines were stored in appropriate lockable medicine trolleys within a secure medicine rooms. The medicine trolleys were also chained to the wall for security. A nurse explained that there were four trolleys, three for day time use and one for night medicines. The registered nurses and senior care workers had access to the medicine trolleys and where responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by a registered nurse. They took care to ensure that the correct medicine was administered to the correct person. The nurse explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. The senior nurse undertook audits of people's individual medicine records. The audit records examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed. The nurse explained that any concerns were raised with both the member of staff and at staff meetings. No covert medicines were observed to be administered during the observation. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the individual is unknowingly taking medication. The nurse explained that there were people who had had their mental capacity assessed, a best interest meeting and had a management plan within their care plan to ensure they received their medication covertly.

Good

Is the service safe?

All registered nurses had undertaken medicine competencies. These competencies were carried out annually. The competency records showed the nurses understanding of the medicine policy, procedures and knowledge of medication side effects. Senior care workers who had undertaken medicine training and had their competence monitored, administered medicines in the residential area of the service. The senior care workers were required to document in the MAR that they had administered the medicine and also kept an account of medicines administered which was monitored by the senior nurse. This was the registered manager's means of monitoring at a glance that all medication had been administered correctly.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings.

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. Staff files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and equipment. For example, air mattress settings had been checked. Records confirmed these checks had been completed. The large grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and spoke positively about the care and support. One person told us ""They really know how to look after us". Another person told us "Staff are wonderful and help me with everything".

Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority. We found that the provider and the registered manager understood when an application should be made and how to submit one and was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Care plans reflected people who were under a DoLS with information and guidance for staff to follow.

People received support from specialised healthcare professionals when required, such as psychiatrists, local mental health team and dementia crisis team. A GP visited the home on a regular basis. Access was also provided to more specialist services, such as a consultant psychiatrist, local dementia crisis team and falls prevention team. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. Nursing staff were provided with training and support from the provider through a newly appointed regional mental health nurse.

Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and safeguarding. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. We were also told how they ensured staff were up to date and skilled in their roles. Staff also received training in dementia and mental health. One member of staff told us "We have lots of training opportunities, including a diploma in health and social care. There is good liaison with a local college, from where we have certificated workbook based training, I have done these in palliative care and diabetes". Care staff were supported to achieve a level two diploma in health and social care and encouraged to do level three. Competency checks were undertaken to ensure staff were following the training and guidance they had received.

Staff had supervisions throughout the year. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. We spoke with the registered manager who told us how they worked closely with the staff every day and always gave them time to discuss any concerns or best practice. One member of staff told us "Supervisions are very supportive, I can challenge and be challenged. We always discuss people's needs and training". Another member of staff told use how they felt staff handovers were really informative and the written summaries were especially helpful. "It's all based on communication that is why the home works so well. It means when you come back from holiday, there's all the information you need to know and what has been happening".

A weekly menu was displayed and people were supported by the staff to choose their meals. The majority of people were able to eat and drink unsupported. Where people required support both staff and visiting relatives assisted with this. This ensured that all people were supported during their meal. Some chose to eat in the dining rooms others had lunch in the various lounges and there were a number of people who preferred to eat in their rooms. We saw staff providing support sitting appropriately and remained focussed on the support required, engaging in encouraging conversation and giving explanations as necessary. One person eating independently said they wanted to go to their room to read. A member of staff explained they had not yet had pudding and went to get it for them. Afterwards the same member of staff came to ask if they had enjoyed they pudding and whether they still

Good

Is the service effective?

wished to go to their room. The person decided to have a cup of tea first, then go to her room, which she was supported to do. The staff member made sure they had the book they wanted to read.

A nurse explained that if concerns were identified regarding weight, nutrition and diet then the person is referred to a dietician. Where a person had difficulty with eating solids the dietician suggested a puree or liquid diet. The chef explained to us the liquid diets and pureed diets available for people. They also told us of a person who required a gluten free diet, they had recently sourced gluten free pasta and breads for the person. They told us how they sourced local fresh produce and how people could choose what they wanted, "It is their home, so they can have what they would like".

Hallways were thoughtfully decorated which included framed pictures of famous film, sport and TV personalities. We observed one person looking at a picture of a film star and pointing at the picture and smiling. Staff told us they found the environment was helpful to people, as the home was presented in a homely way and people could identify lounges and dining areas and gardens and were surrounded by things that mattered to them. Handrails along the hallway were lit up for people to identify them easily. People could freely access a secure part of the garden that had chairs, tables and soft patio flooring for people's safety.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said "All the staff are nice". Another said "The staff are lovely and always smile". Relatives we spoke with praised the caring attitude of staff. A relative told us "They are positive, friendly and helpful, they are patient and caring". Another relative told us "They are wonderful staff. They really know my husband and are patient and caring".

We observed caring interactions taking place between people and staff. When someone was confused as to where they were a member of staff gently reassured the person holding their hand. The person appeared visibly relaxed and looked calmer. When someone needed to be hoisted into a wheelchair the process was explained, so they were clear about the process and involved in their care. The member of staff showed a caring and patient attitude. There was a calm and friendly atmosphere at the service. Throughout the inspection staff interactions between people and staff were caring and professional and people's independence encouraged.

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. Mechanisms were also in place to involve people in the running of the home. Resident and relative meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. Where people made suggestions, the registered manager acted upon these. The registered manager told us how people had been involved in the summer BBQ they held recently, by making suggestions on what they would like. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance. Ladies were seen with their handbags and wearing jewellery and makeup which represented their identity.

Staff told us how they assisted people to remain independent, they said, "If a person wants to do things for themselves for as long as possible then we ensure that happens. When someone can't manage to get dressed any more without support we encourage them to do what they can, which sometimes can take time but you need to remain patient and supportive". We saw staff encourage and support people to walk around the home and eat and drink independently.

People told us staff respected their privacy and treated them with dignity and respect. Staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. Staff could articulate how they respected people's privacy and dignity. For example, they described how they used a towel to assist with covering the person while providing personal care. They told us how they ensured that a person's dignity was maintained when moving them in a hoist. Staff explained what they were doing before they started to move them and continued to speak and, if necessary, reassure them throughout the whole process. In this way what could potentially be a stressful experience was carried out in a professional, respectful and sympathetic way.

Mechanisms were in place to support people to maintain relationships with those who mattered to them. Visiting was not restricted and visitors were welcome at any time. People could see their visitors in the communal lounges or in their own rooms. One visiting relative told us they could visit at any time.

People were provided with information about how they could obtain independent advice about their care. The registered manager ensured that if required, people were supported by an Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Good

Is the service responsive?

Our findings

There was a visible person centred culture which had been embedded by the registered manager and staff. Staff we spoke with were passionate about their roles. One person told us "Staff really look after me, If I need anything they sort it out for me". One relative told us that if staff had not encouraged their husband, he would just sit and not respond to anything. Relatives felt people were able to choose how they spent their days but encouragement was used to help them try other things.

We conducted our SOFI observation. We saw staff interacted very positively with people in a friendly and supportive manner, addressing them by name and showing they were fully aware of individual's likes and dislikes. Staff members were pleasant and they had a good approach towards people who were living with dementia. Staff continued to chat with people, whilst assisting them, despite some being unable to respond verbally. Staff were consistently smiling and they looked genuinely happy to be at work. We also observed meaningful activities taking place. The activities included arts and crafts, baking, quizzes, games and exercises. We observed many people taking part, there was laughter and people were engaging positively. We observed three people going out for walks in the grounds of the home at different times, accompanied by members of staff. Staff interactions with the people were gentle and focussed. One person told us "I like joining in with the activities, we always have a bit of fun".

One member of staff told us how they saw daily exercise as important for people and singing as way of engaging people. There were two activities staff, one took on group work, and the other undertook one to one sessions for people which included walks in the garden or engaging conversations. They used games and props for reminiscence work, quizzes, throwing games and film shows. There were routine and non-routine activities externally provided. For example holy communion every month, entertainers, and animals brought into the home. There were resources to hand which meant activities such as bingo, birthday parties, arts/crafts could be quickly set up for people. Staff told us of the recent summer BBQ that had been held in the grounds of the home. A large marquee had been set up for the BBQ and people and relatives were invited to attend. One member of a staff told us "It was a great day we had a tombola, hook a duck, and a singer. Everyone enjoyed the day and relatives and management attended". Records of each day's activities and who participated were completed and reviewed to see what activities were popular and what each person liked or disliked. We saw staff interacting with people on a one to one basis. For example one lady was having her nails painted by a member of staff. Another member of staff was taking a person for a walk around the home laughing together.

They activities had some specific provision for men via a men's group each week. This included DVDs of cricket and other sports, together with providing glasses of beer. Some people had been involved in moving logs and handing screws to the handyman when the new doors were fitted in the home. One person had been a gamekeeper and liked to tidy and sweep up outside. Other people were involved in assisting with folding linen and bed making. One member of staff told us "There's no reason why people can't be involved in meaningful activities they used to enjoy". Another member of staff told us how they had liaised with activities workers in other services the provider owned. They told us about a very effective visiting musician to another home, who they booked for Eastridge Manor, which had been successful.

An activities co-ordinator described how they had they had discussions with other staff around one person who had settlement needs and reacted through behaviours and refusals of care. As the person had not responded to group inclusion, they had agreed to offer one to one activities for them. This had then been extended to encouraging them to dress themselves and joining others for morning coffee, and then gradually to try some group activity, whilst respecting and recording the person's wishes. The member of staff told us this had worked well and said it was their role to monitor and evaluate activity care plans, so they could track the impact they had and see how they contributed to the person's overall wellbeing. They saw activities provision as central to engaging with the people's individual experience of living with dementia, and addressing behavioural issues. They told us "A lot of it is patience, and we've got the time, because this is all we do".

Care records were personalised and reflected the individualised care and support staff provided to people. Personal profiles and histories were used effectively to create personalised care for example one person who had

Good

Is the service responsive?

been a farmer enjoyed going for walks with dogs that came to visit the home. The registered manager showed us pictures of the person walking the dogs in the grounds and told us how much they enjoyed the activity.

The care records were easy to access, clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Moving and handling assessments, including specific equipment to be used, and how staff should encourage the person to aid their mobility. Care records also contained life histories which were completed for all people and included lifestyle preferences of likes and dislikes and daily routines. In one care plan it detailed how a person was reluctant to use the toilet and how staff needed to encourage them. It detailed how staff could promote the person's independence and how the need to explain to the reasons for using the toilet each time, giving eye contact when explaining to ensure understanding. Another care plan detailed a person who had transient ischaemic attacks. A transient ischaemic attack (TIA) or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain. There was guidance in their care plan to direct staff in relation to what care to deliver when they had these attacks and how long to wait before calling the GP. There was detailed information regarding these episodes Identifying that treatment was planned and documented in a way that was intended to ensure the safety and welfare of the person.

People's and relatives feedback was regularly sought and used to improve people's care. Feedback came from regular meetings with people and their relatives and surveys. Minutes from recent meetings discussed taking people out if they wanted to go for a walk and further suggestions to improve the service. One improvement that had been suggested was to have a hostess trolley to ensure food was hot when served in the dining room. The registered manager had listened to the suggestion and bought a trolley to enable this.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One relative told us "Any issues have been dealt with straight away, the staff and manager listen and are very helpful".

Good

Is the service well-led?

Our findings

People and relatives commented on the atmosphere and management of the home. Everyone we spoke with said there was a good atmosphere in the home. One person told us "It is a caring atmosphere". Another person told us "It's an excellent atmosphere, the facilities and company are good". Relatives we spoke with told us they could always talk to the registered manger if needed. One relative told us "Staff are very good and caring, the manager is excellent".

One member of staff told us how they saw the home and management as quality-orientated and wanting to see people and relatives satisfied. They felt the management showed appreciation of staff. They also told us of resident and relative meetings to discuss activities, meals and the environment. They felt staff meetings were two-way discussions. Another member of staff told us "Staff meetings are about generating ideas". They gave an example of the changes made to the lunch service to reduce the risk of food going cold for people who took a longer time to eat. The member of staff saw the registered manager and provider as "responsive and interested". They also told us how the provider came to the home regularly and interacted with staff and people and monitored the quality of the service.

There was a positive and open atmosphere at the home. The registered manager was visible and active within the home. People and relatives told us the registered manager was always available and worked alongside staff. We saw the registered manager interacting with people and knowing them well. On one occasion a person who appeared disorientated came into the manager's office. The registered manager comforted and reassured them and had a discussion about what they would like to do.

Staff told us management at all levels were very supportive. "They tell us it's an open door policy and it really is". They felt management were effective in letting staff have a say and helping bring about change. For example, they had brought about a new system for charging hoist controllers, so they would not run out of charged units. The registered manager used staff meetings to challenge staff on specific topics, for example in a recent meeting they had a discussion and update on the Deprivation of Liberty Safeguards (DoLS) and its meaning, and why was it important. This was to ensure staff had a good understanding on a topic and an opportunity to discuss them with their peers.

Regular audits of the quality and safety of the home were carried out by the registered manager and the provider. These included the environment, care plans, infection control and health and safety. Action plans were developed where needed and followed to address any issues identified. Feedback was sought by the provider via surveys which were sent to people at the service, relatives and staff. Survey results were on the whole positive and any issues identified were acted upon. Areas of recent and planned improvements included refurbishment of people's doors, new carpets and implementing memory boxes for people. Memory boxes can link people to what they love or what makes them feel good about themselves. They can even help hold a person's identity, with keepsakes put inside the box emphasising an overall theme or an event that lifts a person's spirit.

We were also told how staff had worked closely with health care professionals such as GP's and nurses when required. The registered manager told us "We work with various external teams like the local dementia team, GP's and dietician's to ensure people are receiving appropriate care and treatment".

The registered manager showed passion about their position and the way the service was managed. They told us how they were always open to ideas and suggestions from people, staff and relatives to improve the service. They told us "I am hands on, I like to walk around and speak to everyone and work alongside staff to ensure people needs are being met". The registered manager told us how there were named champions in various areas such as Diabetes, Catheter care and Dementia. These were members of staff within the service who actively motivated and supported staff to ensure people were provided with a quality service. They also told us how they would send letters to staff to thank them for their hard work and show appreciation.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care

Good

Is the service well-led?

Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager told us how they liked to keep up to date with best practice and increase their knowledge and were looking to undertake further qualifications in health and social care.