

The Laurels Care Services Limited

The Laurels

Inspection report

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Tel: 01452901243

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 25 October 2016 and was unannounced. The Laurels provides accommodation for eight people who require support with their personal care.

There were seven people were living in the home at the time of our inspection. People's bedrooms, bathrooms, lounges and dining rooms were set over the ground floor of The Laurels. People had access to quiet areas to sit and relax as well as a secured court yard and garden area.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were cared for by staff who were passionate about improving people's quality of life. People and their relatives overwhelmingly praised the staff for their kindness and support. The registered manager had sought and had positively acted on people's views and personal wishes to improve their life at The Laurels.

People's rights were protected. They were supported to make decisions about their care and support. The level of support provided was varied and tailored to people's needs. People's care records provided staff with detailed information about their support needs, personal histories and social interests. Their individual risks had been identified and assessed. Whilst staff supported people to minimise their risks, there was not always clear recorded guidance for staff to follow. We have made a recommendation about the recording of the management of people's risks.

People were supported by staff who were kind and compassionate and knew people well. They supported people to attend health care appointments as required. The management and administration of their medicines was based on people's individual support needs. Staff understood their responsibility to safeguard people and report any concerns. People enjoyed the meals provided. They were being consulted about their likes and dislikes

People's daily concerns were listened to and acted on. The registered manager had not received any complaints since being in post. They were clear about the actions they would take if a complaint or allegation of abuse was made. There was sufficient staff to meet people's needs. Additional staff were provided if people needed extra support such as attending appointments or events in the community.

People benefited from staff who had been trained and supported to carry out their role. Plans were in place to monitor, observe and update the training of staff. A clear recruitment process was in place to ensure people were supported by staff of good character. However conversations about any discrepancies in their employment histories were not always recorded.

The home was well-led. The registered manager had a good understanding of their role and how to manage the quality of the care provided to people. Quality monitoring systems were developed to check and address any shortfalls in the service. Where concerns had been raised by people and their relatives these had been addressed immediately. There were sufficient numbers of staff to ensure people's needs were being met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Effective guidance was not in place to support staff on how to help people manage their risks.

Systems to check the employment history had been completed but not always recorded.

Staffing levels adjusted to meet people's needs.

People's medicines were mainly managed well.

Staff were knowledgeable about reporting any safeguarding concerns.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make decisions about the care they received. The assessment of people's mental capacity to consent to their care had been carried out

People were supported with their personal care by staff who were trained to meet their needs.

People were referred appropriately to health care services if their care needs changed. People were supported to eat a healthy diet.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate to the people they cared for. People were treated with dignity and respect and their views were listened to. Relatives made positive comments about the approach and attitude of the staff.

People were encouraged to be independent in their activities of daily living.

Is the service responsive?

Outstanding ☆

The service was proactively responsive.

People received highly personalised support and care by staff who knew them well. People and their relatives consistently praised staff.

People had been given new opportunities to access activities and leisure pursuits. Their care plans were informative and provided staff with information about people support preferences and requirements.

Staff immediately acted on people's concerns and wishes.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives spoke highly of the staff and the registered manager.

The registered manager had acted on people's feedback and was implementing plans to improve the quality of people's lives.

Systems were being developed to audit and monitor the care being provided.

The Laurels

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 25 October 2016 and was unannounced. The inspection was carried out by one inspector.

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. We also reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. We spoke with four people, three relatives, two members of staff and the registered manager. We looked at the care records of three people. We looked at five staff files including recruitment procedures, as well as the training and development of all staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Is the service safe?

Our findings

People's personal risks had been assessed and recorded. Individual risks such as the risk of scalding themselves on hot water or walking alongside the busy main road had been identified and documented. Staff had a clear understanding of how to support people to mitigate their risks but retain their level of independence. Staff used a series of health care assessment tools to assist them in identifying the levels of people's risks associated with their health and well-being. Whilst people's risks had been assessed and were being managed by staff, the support they required was not always detailed in people's care records. For example, one person had been assessed as being at very high risk of developing pressure ulcers and high risk of falls. Whilst staff were knowledgeable about the actions they should take to reduce the risks identified, there was no specific care plan in place in relation to the management of these risks. However, information about how to prevent this person gaining a pressure ulcer or prevent them from falling was addressed in different parts of their care plan. Nevertheless it is good practice to have care plans in place relating to the management of specific risks when they have been identified as high risks.

Accident and Incidents were being recorded by staff. Records showed that information about the incident; any injuries and actions taken were documented. This was reviewed by the registered manager who collated and summarised the reports. However there was no trend analysis of these summary reports. This was raised with the registered manager who stated a trend analysis would take place when more historical data became available.

Grab rails and yellow hazard tapes had been installed on all internal steps of the home to help eliminate the risk of people falling. People were encouraged to take positive risks. They were supported to take risks to retain their independence such as being independent in the community such as walking to a local garage. Staff had considered and discussed the benefits of this activity over the possible risks with this person. They continually monitored this person to ensure they remained safe. Each person had a personal emergency evacuation plan which explained how people should be supported in the event of an emergency.

A recruitment system was in place which was followed to ensure staff had been suitably vetted before they provided care. Staff files showed that employment and criminal background checks had been completed on new staff. However, where the registered manager had received verbal references about new staff, this had not always been recorded. The reasons for staff leaving their previous employment had not been captured on the home's application form. We were reassured by the registered manager that the reasons that staff had left their previous employment or gaps in their employment had been discussed and explored at interview but not always recorded. Staff confirmed they had been asked about their employment background. The registered manager reassured us they would immediately amend their application forms to capture this information and include it in the recording of their interview questions.

We were told that people living at The Laurels had been involved in interviewing new members of staff informally. They had also been consulted when a male care staff applied for a role as a care staff member to ensure they were comfortable with a male carer supporting them with personal care.

At the time of our inspection people were supported by sufficient number of staff to meet their needs. The staffing levels were determined by people's needs and activities. Staff were flexible in their working and additional staff were made available according to people's needs, activities and appointments. The registered manager told us the staffing levels were constantly being reviewed and gave us examples of when they had adjusted the staffing levels in accordance to people's support needs. One staff member said, "The staffing levels are manageable at the moment but they need to be reviewed if the resident's needs change and they become more frail." The registered manager was considering a system to monitor the required staffing levels as well as a monitoring the frequency and response times of staff when people alerted them for assistance using their call bells. An on-call system was available if advice or additional assistance was needed. The registered manager also provided care and support when needed. The use of agency staff was being considered and explored in the event of being short staffed or a sudden increase in people's needs. The home also employed a part time activity coordinator, cleaner and had assistance with the management and maintenance of the home.

People and their relatives spoke warmly about the staff and registered manager at The Laurels. People told us they felt safe living at the home. One person said, "It is the home I have wanted to live in. I felt very safe here. I'm quite content here!" Relatives were positive about the home and the care provided. They told us they felt their loved ones were safe and well cared for. One relative spoke about their family member who lived at the home and said, "I never have to worry about her. I know she is well looked after. I visit regularly."

The registered manager and staff were aware of their responsibilities to report any concerns to the local safeguarding team and CQC. Staff were knowledgeable in recognising different types and signs of abuse and where to report any concerns or allegations of abuse. They had carried out the required training and were aware of and had access to the home's safeguarding policies.

The registered manager continually monitored people's feeling of safety while living at The Laurels. Every three months, the registered manager carried out a short review of people's care needs and completed a customer satisfaction survey with them which included questions about people's feelings of safety within the home. They acted on any feedback or changes in their care needs.

The registered manager had overhauled and reviewed the systems of managing people's medicines since being in role. Arrangements were in now place to make sure people received their medicines appropriately and safely. People's medicines were now being ordered, stored and administered in a safe manner. Medicines Administration Records (MAR charts) had been completed appropriately indicating when people had received their prescribed medicines. A clear system was in place to monitor the stock levels, safe storage and disposal of people's medicines. Monthly medicine audits were carried out which would identify any medicines errors or gaps in the management of people's medicines.

People's medicines were managed according to their needs. Staff had contacted the home's GP where necessary if they had been concerned about people's prescribed medicines. The GP had been consulted and had consented to some homely remedies to be used for minor ailments such as pain relief. Staff had been trained in the management of people's medicines and had completed a series of workbooks to assist and assess their knowledge. New staff were observed and assessed in their abilities to manage people's medicines before they took on the responsibility of administering people's prescribed medicines.

Is the service effective?

Our findings

Records showed that people were supported to maintain good health. People were supported by their families or staff to have regular check-ups such as attending the dentist and opticians. They were also supported to attend appointments when their health and well-being needs had changed. People had health plans and hospital passports which provided details of their medical needs and current treatment and healthcare professionals who were involved in their care such as doctors or specialists. This helped visiting health care professionals and hospital staff to understand the medical and support needs of people. Records stated when people had attended a health care appointment and the outcome of these visits. The registered manager had built up a strong working relationship with the local GP surgery. For example, together they were reviewing on person's medication as there had been changes in their behaviour. The registered manager was responsive to GP's recommendations.

People told us they enjoyed the meals and were encouraged to maintain a balanced diet. We spoke to a group of people in the lounge after lunch. They all agreed the food was enjoyable. One person said "The food is excellent" and another person said, "We can't complain, the food here is very good, nearly as good as my mother used to make." The home employed two part time cooks who assisted with preparation and cooking of breakfast and the main lunchtime meal. People enjoyed a selection of meals from a three week rolling menu. Staff had recently consulted with people about their likes and dislikes of food. We were told that this information would help to inform the new winter menu.

Alternative meals were provided if people didn't like the options for that day. People were offered snacks, homemade cakes and drinks throughout the day. The cooking and fridge temperatures were taken regularly and recorded. The cleaning of the kitchen was also checked and signed off every day.

People told us they had been involved in the decision to move to the home. They were encouraged to make day to day decisions about the care and support they received. Staff were knowledgeable about the importance of gaining consent from people when supporting them with personal care. One staff member said, "Our care is very personalised. Residents here are always asked about choice. We give them options and support them in making decisions if needed." Staff and the registered manager had a good understanding of the principles of Mental Capacity Act 2005 (MCA). 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.

People's support plans gave staff guidance and prompted them to encourage people to make choices about their activities for the day. We observed staff giving people choices and supporting them to be as independent as possible. Some people had been assessed as lacking the mental capacity to make specific decisions about their care such as managing their medicines. The registered manager explained how they had worked with people (who lacked mental capacity to make certain decisions), their families and health care professionals to come to a best interest decision about people's health and well-being.

People's rights were protected by the correct use and implementation of the Deprivation of Liberty Safeguards (DoLS). 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). The registered manager and staff understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. They recognised that some people were continually supervised and therefore restricted in their liberty. They were in the process of submitting an application to the local authority to be authorised to do so. They told us they were monitoring other people and would submit a DoLS application if their support and supervision needs changed.

People were cared for by well trained and passionate staff. Since being in role, the registered manager had reviewed the training and personal development needs of all the staff. The training matrix indicated courses that staff had completed and those that required updating. The matrix showed that most staff had completed their mandatory training. Plans were in place to address any gaps in their training, for example, a comprehensive course on fire training had been booked which was mandatory for all staff to attend. The registered manager had asked staff to complete a self-assessment tool to gain a better understanding of the skills and knowledge of staff. They were planning to tailor the training around the staff specific learning needs. The registered manager was researching into suitable training providers to ensure staff were trained to their desired standards.

Some people who lived at The Laurels had short term memory problems or a diagnosis of dementia. The registered manager was passionate that all the staff were trained in supporting people with dementia. They were being encouraged to read books and watch a series of videos as well as attending dementia training. The registered manager was improving their own knowledge by completing a local accredited leadership course in dementia and was researching into the county council dementia training strategy.

New staff were given a period of time to shadow an experienced member of staff and get to know the people in the home. Senior staff ensured they completed an induction programme of training and reading material such as reading the provider's policies, care records and services internal procedures including fire safety. The registered manager was aware of the new care certificate which helps them to monitor the competences of staff against expected standards of care and would be implementing it for new staff.

People were cared for by staff who had been supported to carry out their role. The registered manager had a 'hands-on approach' to supporting people and staff. They were often available at different times of the day to provide support. All staff felt supported. One staff member said, "We are a really good team. It's a really supportive home. The residents are lovely. We really pull together." The registered manager also carried out supervision support meetings with staff to identify their personal development needs. They were collating an action plan from this task to identify if there were any themes in staff development that needed to be acted on. Plans were in place to carry out an annual appraisal.

Is the service caring?

Our findings

People were supported by staff who focused on their individual preferences and needs. Since being in post the new registered manager had been working with people and their families to understand their needs and wishes. They said, "I want to understand what it is like to live here and how we can improve people's quality of life." People and their relatives spoke highly of staff and the registered manager. The registered manager told us people and their relatives had been very positive about their approach and support since taking over the running and management of the home.

We observed staff interaction with people. They spoke to people in a kind and compassionate manner. We chatted to four people who sat together in the lounge after lunch and asked them about their experience of living in The Laurels. Everyone was positive about the home and the staff who supported them. They said "They are very kind to us." and "Everyone is so caring here, the manager is lovely." Relatives were overwhelmingly positive about the care their loved ones received. We received comments such as, "They are brilliant, absolutely the best home, we couldn't wish for anything better"; "The staff are amazing, I can't praise them enough" and "I can't say anything negative about the home, in my experience it has all been positive."

Relatives told us the new owner (and registered manager) of the home had made changes that had improved quality of their loved one's life. One relative explained "It's the small touches I have noticed such as asking them what they want to eat and to have a Chinese takeaway every now and again. I have been very impressed." They also told us they were always contacted if there are any concerns and were always welcomed at the home at any time. People told us staff were respectful towards them and how their suggestions and views were listened to and acted on. One person said "The new manager is very open to suggestions I can't speak more highly of the new manager. We have been doing lots of activities and trips out" and another person said "I am surprised how much things have changed around here. All for the best."

At the start of inspection one person offered to show us around the home and show us their bedroom. They told us about their previous experiences of being in care and told us that they thought the care provided at The Laurels was "perfect" and said "I'm absolutely delighted to live here. I'm so pleased to have ended up here." The home was clean, tidy and well maintained. It had a homely feel about it. People were able to freely walk around the home and had access to a secured courtyard.

Staff were knowledgeable about how care should be delivered in a person centred and respectful manner. They had embedded this approach in their interactions with people. We observed staff talking to people in a thoughtful and kindly way. For example, one person was assisted back to their bedroom by a staff member. The staff member ensured the person was comfortable and warm enough and asked them if they wanted to listen to some music. They assisted the person in choosing the music and checked that the volume was at their preferred setting before they left them to rest.

People confirmed they had been consulted about their care. People said that staff were aware of their individual support needs and how they liked to be supported. We observed that staff were knowledgeable

about people's individual abilities, support needs and preferences. They told us how they supported people who may become anxious. One staff member said, "We know the residents here really well. We look out for the signs that tell us if they are not happy or in pain or if they are anxious." They went on to explain how they supported people if they observed any changes in their behaviour. A relative confirmed that they felt that staff were very 'in-tuned' to people's emotions and anxieties and they supported them appropriately and with dignity. Staff told us how they had supported people to develop their abilities and skills to be more independent and try new opportunities.

We observed staff speaking to people with dignity and respect at all times. Staff took time to listen to their stories and opinions without interrupting them. It was clear that relationships between staff were warm and friendly. We observed staff consistently knocking on people's bedrooms doors before entering and respecting their choices and decisions.

Is the service responsive?

Our findings

People and their relatives told us how their lives had improved since The Laurels had been taken over by the new owner and manager. They consistently praised the new registered manager and staff about the care and support they now received. One person said, "I was happy before, but things have definitely improved around here. The manager and staff are always checking out if we are OK."

People's needs and preferences were at the heart of the service. The registered manager had spent time with people either providing personal care or had spent social time with them to understand their needs. We were told the information they had collected had helped to inform people's care plans and focus their delivery of care and support. For example, the registered manager had spent time with people individually and asked them about their 'personal wishes'. Some of their wishes had been about changes in the home or things they would like to experience. Their requests and wishes had been documented and were being acted on. For example, one person had requested a specific branded butter which was immediately bought for them. The same person had asked for a new wardrobe for their bedroom. They told us 'I couldn't believe it when the manager turned up with a new wardrobe.' Another person showed us a clock in their bedroom. They told us the clock had helped them as they had sometimes become disoriented especially during the night. Together the person and registered manager had researched into a suitable clock that would suit their needs and help to orientate them. People had 'wished' for trips into the community. For example, staff had supported two people to plan and visit a ballet production at the local theatre.

People enjoyed a varied range of activities from helping around the home to trying out new activities. People told us under the new management they had been given the opportunity to have trips out of the home. They told us they had enjoyed various trips into the community such as visiting garden centres and the shops. One person enjoyed reading and had read all the books in the home. Staff had suggested they visited a local charity shop to get some new books. We were told that the person was initially unsure of this suggestion but with reassurance and one to one support they had helped to sort out the homes reading books and literature and visited the charity shop to exchange the books for other reading material.

People's well-being and confidence had improved as a result of being supported to carry out activities in the community. People told us how they had regained confidence in going out and socialising outside the home. One person said, "It means the world to me that I get to go out." They went to explain that staff had supported them to visit the local shops to post a letter. Relatives confirmed that the range of activities provided had positively impacted on people's mental well-being and confidence.

The provider's PIR (Provider Information Return) informed us of other ways that they had responded to people's needs and requests. For example, when one person had become anxious, staff had implemented a variety of strategies to reassure them such as providing a leg massage, offered them a cup of camomile tea and sprinkled lavender in their room. They had also supported other people to achieve their wishes such as visiting a local nature area to see the bluebells and also organising a trip on a steam train.

People received care which was personalised and focused on their health and social well-being. The

registered manager and staff told us they were continually looking at ways to ensure people's social and recreational needs were being met. They were finding creative ways to enable people to live as full a life as possible. For example, one person, who enjoyed being outside and organising things, told us they had been given the job as a 'gardener'. They told us they had helped staff to tidy up the courtyard and sweep the leaves. The registered manager told us about the person's background and had recognised the person's strengths. They said, "Giving (name of person) a job has really given him purpose to his day. He feels valued and we appreciate his help." They went on to say "He has just excelled, he has really enjoyed painting the bird tables and helping in the garden". On the day of our inspection, we observed him helping to pot the hanging baskets.

A part time activities coordinator had been employed to provide individual activities. They were working with people and their families to understand their backgrounds and interests in more detail. The activities coordinator was extending their knowledge by attending a local forum which specialised in providing meaningful activities for people. On the day of our inspection, the registered manager brought in a selection of different sized pumpkins for people to decorate in time for the Halloween. Staff and people were planning to hold a coffee morning and invite friends and family for a fund raising event for a national charity. One person told us about the exercise sessions held in the home. They said, "Someone came yesterday to help us with our exercises. It helps us to keep our muscles going. It's superb really." We observed that another person was carrying out their morning exercise on a static exercise bike during our tour of the home.

People's care plans were detailed and reflected their needs. They provided staff with sufficiently information to enable staff to provide care effectively. Staff had spent time with people and their families collecting information about their backgrounds, personal and medical histories. The care plans provided staff with information about people's personal histories such as details about their family, career and hobbies.

People's care plans had also considered all aspects of their health and well-being such as their communication, personal hygiene, mobility and activities needs. Information about how people liked to be supported and their levels of independence was documented. Their care records gave staff a clear understanding of 'Things I like to do myself' such as aspects of their personal hygiene and maintaining their own health that they wished to continue with independently. There was evidence that staff were flexible in their approach and supported people to retain their levels of independence. For example, some people enjoyed walking to the local garage to purchase a newspaper within minimum support from staff. Staff told us this had helped to maintain their mobility and social skills with people outside the home. Other people required varied levels of support with their personal hygiene dependent on their need and as requested by people. One person said, "I try and be independent but some days aren't so great so I have to ask for help. They are always happy to help when I need it."

Staff were alert and responsive to changes in people's needs. For example, staff were monitoring and documenting the changes of behaviour of one person. Any patterns or trends emerging from their monitoring were being shared with specialised health care professionals and their GP. During the day of our inspection, staff discussed the possible causes of one person becoming breathless and put strategies into place to reassure the person until the GP arrived. Another person was having difficulty with elimination and toileting. Since our inspection the registered manager had made a referral to specialist health care professional to investigate the underlying causes as well as installing a contrasting coloured toilet seat. Contrasting colours assist people to retain their independence as it distinguishes the item from the background.

The registered manager had challenged the staff by testing their knowledge and understanding of people who lived at the Laurels. Staff told us this had been an interesting and enlightening session. One staff

member said, "The resident quiz really made us think about how much we really know our residents." They went on to tell us how they had since read people's care plans in more detail to gain a better understanding of the health, emotional and recreational needs and backgrounds of people. People's care plan was regularly reviewed with them. Each person had a key worker who understood their support needs in more detail.

Concerns and complaints were used as an opportunity for learning or improvement. Staff continually monitor whether their actions and support had improved people lives. For example, staff discussed whether the approach and support for one person needed to change to give them time to express their anxieties. An agreed approach was implemented which was being monitored and evaluated. Actions which have been collated from people's concerns and feedback had been acted on such as the provision of new beds and the installation of a heater in the bathroom.

The registered manager consulted with people every three months to understand their views and experiences about living in the home. People were asked to rate the service. The registered manager shared with us their ratings which were all positive. Regular residents meetings took place to discuss and make suggestions about the running of the home such as activities and choices of meals. Relatives told us that staff were approachable and they felt confident that any concerns raised with them would be acted on. The service had a complaints policy. The registered manager had not received any complaints since being in post. They told us people's concerns and complaints would be listened to, taken seriously and addressed.

Is the service well-led?

Our findings

The owner of The Laurels had bought the home in January 2016 and had subsequently been approved as the registered manager of the home with CQC. The registered manager had a long and established background working in the health and social care sector and had recognised the strengths and gaps in the service. They shared with us their main challenges since being in the role of the registered manager and new owner of The Laurels. They said "My remit is to make this home safe and introduce positive outcomes for everyone." They went on to explain that prior to purchasing the home they had carried out care shifts and worked alongside staff and people to understand the dynamics and running of the home. They said, "I worked as a carer for about 6 weeks which gave me a really good insight in to how the home was ran. It fuelled me with the challenge to improve the lives of people who live here. It is all about them and how I can change things to improve their lives." The registered manager told us they had consulted with people to get a better understanding of their needs and wishes. They gave us examples of how they had changed small things around the home to improve people's lives as a result of their feedback such as repositioning a mirror, offering people 'fry ups' at breakfast and improving the lighting. People all agreed that their views and wishes had been requested, listened to and acted on.

Staff also commented that the new manager was making a significant improvement to the quality of people's lives. One staff member said, "The new owner has made a huge difference to the resident's lives here. We've still got some way to go but it is all positive." Another staff member said, "The new manager has been very responsive to our ideas and has brought a lot of new ideas in to the home which are coming into practice. It's been good." The values of the home had been discussed and shared with staff. The home's values included: 'we see the 'person' not the resident and are always mindful of each person's unique identity and life story'. Staff had been asked to comment and make suggestions about how they should embed the values of the home into their practices. The registered manager was documenting their comments and would discuss them at their staff meetings.

The registered manager respected the opinion of people and the morale of their staff. They had recently asked staff to complete a questionnaire to understand their views and experiences of working in the home. Most of the responses had been positive and any concerns were being acted on. People and their relatives were encouraged to complete feedback cards which were sealed and sent to an independent online care homes website. The sealed comments were then verified before they were submitted onto the website. Plans were in place to review the views and experiences of health care professionals who were regularly in contact with the home.

The registered manager told us they were in the process of reviewing all the documents associated with people's care and the management and governance of the home such as reviewing the home's policies. Staff were required to sign when they had read the reviewed policies. Their knowledge and understanding of the policies was discussed and reinforced at staff meetings. The registered manager was also developing and implementing systems to monitor the quality of the service being provided. They told us they had the advantage of being able to visually monitor the standard and quality of care being provided as they were present in the home most days to support staff in delivering care and support to people as well as

managing the home.

The registered manager also carried regular audits and checks such as medicines audits and health and safety checks. They told us they had plans to improve the monitoring and regularity of the checks of the service such as the impact of people's social and recreational activities, infection control audits and monitoring of risks relating to the home's water supply. The registered manager was reviewing the home's accident and incidents log and summary. They recognised that the summary did not provide sufficient detail to detect if there were any trends or patterns emerging. The registered manager understood that any identified areas from an audit or incident reports should have, as a minimum, recorded evidence of whether action was taken, when and by whom. The registered manager agreed to make the necessary additions that would close the audit loop and record the actions taken.

The registered manager kept herself informed by attending various healthcare related conferences and the local care providers association. They had also liaised with other local care providers to share information and provide support. The registered manager shared with us their plans to review the design of the home and was considering developing a suite of rooms for a married couple or people who wished to share. Plans were in place to develop a sensory garden.