Ogwell Grange Limited

The Grange Residential Hotel

Inspection report

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection of The Grange Residential Hotel on 29 September and 3 October 2016.The Grange Residential Hotel is a care home which is registered to provide care for up to 17 people. The home is arranged on two floors and situated in the small Devon town of Ipplepen. The service also provides staff to care for people in their own homes, or in an adjoining supported living house. A supported living service is one where people live independently but have access to care support should they require assistance. The service does not provide nursing care; this is provided by the community nursing team.

At the time of this inspection 14 people were living at the home and eight people were living in the supported living service, although none of these people were receiving support with their personal care needs.

The home had a registered manger 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.'

During the previous inspection in April 2015 we found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified improvements were required in relation to care and medicine records, manual handling practices, staff's' understanding of the Mental Capacity Act (2005) and deprivation of liberty safeguards and staff training. At this inspection in September and October 2016 we found improvements had been made. However the documentation relating to the application of people's topical medicines and how people were supported to use the home's facilities safely required improvement.

While records showed people received their oral medicines as prescribed, those relating to the application of topical creams were incomplete. Where people had been prescribed creams to be applied more than once a day, these had only been recorded once, and where more than one cream was prescribed it was not possible to identify what cream had been applied at what time. The registered manager said they would remind staff of their responsibility to ensure people received these as prescribed and that records were fully completed.

Following the previous inspection, care practices in relation to assisting people with their mobility had been addressed and we saw staff assisting people and using equipment safely. However, where staff were assisting people to use the ground floor toilet facilities, we saw this posed a risk to people who required assistance to stand due to the small size of the room. We asked the registered manager to consider how people could be assisted more safely and they instructed staff to use either people's en-suite facilities or the toilet on the first floor which was large enough for people's wheelchairs.

Staff were knowledgeable about the people they supported and told us about people's preferences. Care plans had been reviewed since the previous inspection. However, these were lengthy documents with information about each care topic recorded in different sections of the care files. We discussed this with the registered manager and by the second day of the inspection they had made changes to ensure the care files were more concise and easier to read. People were involved in contributing to their care plans and monthly reviews allowed people to comment about how they were being supported. Assessments of people's capacity to make decisions about their care and treatment, or if a best interest decision needed to be made on their behalf, had been undertaken. However, while the assessments identified the decisions people were able or not able to make, the outcomes of the best interest decisions were not always documented in full. The registered manager confirmed they would ensure the outcomes of the decisions were documented with the assessments.

The registered manager had also reviewed and amended people's risk assessments. These now provided an up to date description of people's care needs and the management plans to reduce risks to their health and safety. The home had available the equipment necessary to support people's care needs safely. This included specialist beds which raised and lowered and allowed for the use of a hoist as well as air mattresses to reduce the risk of pressure ulcers.

People were referred to health care professionals such as their GP, the community nurses or dieticians as needed. People also were supported by specialist nurses such as those for diabetes and respiratory conditions. Records of these referrals were maintained in people's care files.

People told us they enjoyed living at the home and they said they felt safe and well cared for. Their comments included, "It's lovely here" and "I feel quite at home here." Relatives also told us they felt the staff were very kind and caring. One said, "The staff are very attentive." Staff provided a caring and relaxed environment and throughout the inspection we heard and saw staff interacting with people in a calm and friendly manner. A programme of daily activities was planned each month. People told us they enjoyed having something to do each day. Activities included exercises to music, Tai Chi, arts and craft sessions, bingo, crosswords, singers and musicians and trips out on the home's minibus. Church services were held every two weeks.

People had access to refreshments at all times and we saw people were regularly offered drinks. Staff told us they were able to make drinks and something to eat for people at any time of the day or night. People told us they enjoyed the food and always had plenty to eat. One person told us, "The food is very nice and always nicely presented." Where people were at risk of not eating enough to maintain their health staff were monitoring their intake and following the guidance from the community dietician.

The registered manager, staff and the people we spoke with told us there were enough staff on duty to meet people's needs. One person told us, "There are always staff around to help." The registered provider and the registered manager told us staffing levels were frequently reviewed in line with people's care needs. Staff were safely recruited and were provided with the training they required to carry out their caring role. A matrix identified when staff had undertaken training and when updates were due. Staff had received training in safeguarding adults and they demonstrated a good understanding of how to keep people safe and how and to whom they should report concerns. One member of staff said the welfare of the people living at the home was their "first and utmost priority".

People and staff told us the home was well managed. The registered manager had a clear vision for the home, which was to provide personalised care and attention to people. There were no on-going or recent complaints in progress at the time of the inspection. People told us they had not had to make a complaint

but would approach the registered manager or staff with any worries or concerns. Both the registered provider and registered manager kept up to date with current good practice within the care profession by attending forums, accessing professional websites and meeting with other care providers.

Since the previous inspection the home had been extended with a large sun room on the ground floor. This provided more communal space leading from both the lounge and dining rooms with sufficient seating and access to a pleasant and secure garden.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

Some aspects of the service were not always safe.

People could not be confident they would receive their topical medicines as prescribed. Oral medicine administration was effectively managed to ensure people received these as instructed.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

People were protected form the risk of harm or abuse as staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought abusive practice was occurring.

Is the service effective?

Good

The service was effective.

Training provided staff with the knowledge and skills they required to fulfil their caring role.

People's health needs were met by having regular appointments with and receiving guidance from health care professionals.

People's nutritional and hydration needs were being met. People were supported to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of activities of their choice.

People were confident any concerns or complaints they may have would be dealt with promptly and resolved to their satisfaction.

Is the service well-led?

Good

The service was well led.

People's views and experiences, and that of their families and the staff, were welcomed in order to continually improve the home.

The home was well managed and the registered manger and staff worked together to promote people's welfare.

The registered provider and registered manager maintained their own professional development to ensure the home kept up to date with best practice in the care profession.

The Grange Residential Hotel

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 was 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 unannounced inspection took place on 29 September and 3 October 2016. The inspection team consisted of one inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight of the people living in the home. We also spoke with three visiting relatives, the registered provider, the registered manager, four staff and a visiting healthcare professional.

We looked around the service and observed care and support being provided by staff. We looked at the care and support records for three people living at the service including medicine records. We looked at three records relating to staff recruitment, the duty rota, staff training records and records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in April 2015 we found that some of the information available for staff to reduce the risks to people's health and welfare was out of date. There was also conflicting information, and changes to people's needs were not easy to identify.

At this inspection we found improvements had been made to ensure this documentation was up to date and accurate. However, we found improvements were required in relation to the records relating to the application of topical creams and the support some people received to use the home's facilities.

People received their oral medicines as prescribed by their GP. However records could not provide confirmation that people received their topical medicines, such as creams to protect their skin or to provide pain relief, as prescribed. The records relating to these were held in each person's bedroom and they had not been completed in full. While staff were signing to say they had administered the creams in the morning, there were no further signatures for the remainder of the day. For example, one person was prescribed pain relieving cream four times a day and the record showed they had only received this once a day. Also where people were prescribed more than one cream the records did not identify which cream had been applied at what time. The registered manager had implemented a monthly audit of the medicine records to ensure these were fully completed, however these audits did not address the issue of the topical medicine records being incomplete.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed some people being given their medicines and this was done safely and unhurriedly. The member of staff responsible for administering medicines wore a red tabard indicating they should not be disturbed unnecessarily to reduce the risk of errors occurring. We heard them explaining to people what each of their medicines were for and why it was important to take them. Information about people's medicines was held with their medicines administration records and gave staff information about why each medicine had been prescribed. A further document identified those medicines that could be given 'when needed' and staff were instructed about when they could be administered and for how long before contacting the person's GP.

Staff received training in safe medicine practice from the local pharmacist and certificates were seen in staff files. The registered manager periodically under took competency assessments of staff administering medicines to ensure their practice was safe and in line with the home's procedures

At the previous inspection in April 2015 we raised concerns over a lifting technique used by staff that was no longer recognised as good practice. Since then staff had received training in safe moving and handling techniques. Also the home had received the support and guidance of an occupational therapist to ensure staffs' practice was safe and to advise the home with the purchase of equipment to assist people with their mobility more safely.

During this inspection we saw staff assisting people to stand from their chair and some of these people required the use of aids to ensure their safety. The staff used the equipment safely and talked to each person throughout to let them know what was happening. We saw staff support a number of people who required the use of a wheelchair to use the toilets on the ground floor. We asked them to describe how they did this as the toilets were not large enough to take the person's wheelchair. The method they described was not safe due to the difficulty people had in standing. This meant people were at risk of falling and staff could not support them safely in such a small room. We asked the staff and the registered manager to review how people should be supported to ensure their safety and that of the staff. On the second day of the inspection the registered manager had instructed staff not to use the ground floor toilets for people who required assistance to stand but to either use their en-suite facilities in their bedrooms or the larger toilet on the first floor as this allowed access for a wheelchair.

Since the previous inspection, the registered manager and senior care staff had reviewed people's care needs and any associated risks, such as falls, poor nutrition and the development of pressure ulcers. Management plans were in place to minimise these risks and where necessary the home provided equipment such as pressure relieving cushions and air mattresses. One person was at risk of falling from their bed and the home had assessed that it was not safe to use bedrails as this could cause confusion and the person may try to climb over these. Therefore, overnight a second mattress was placed on the floor next to their bed which meant that should the person fall, the risk of injury would be minimised. Another person had been assessed as having a risk of choking and their care plans described how to minimise this with pureed food and thickened drinks. We saw this guidance had been given by the community speech and language team who provide support and advice to people with swallowing difficulties. Staff were knowledgeable about how to reduce the risk of choking and told us how they assisted this person to eat. They were also aware of the action to take should a person start to choke.

Where accidents and incidents had taken place, the registered manager reviewed how these had come about. They also reviewed the risk assessments to identify whether any further measures were required to help prevent a reoccurance of the accident. However, a record of the review was only made if changes were needed, rather than each time a review was made. The registered manager told us they would now record each time they reviewed these assessments to provide evidence the home was managing people's risks. They told us there had been a reduction in falls since the people had been taking part in the regular Tai Chi exercises and said there had been no falls at the home since August 2016.

There were arrangements in place to deal with foreseeable emergencies. For example, each person had a personal emergency evacuation plan that provided staff and the emergency services with information about how to safely evacuate people to a place of safety in the event of a fire. This information had been updated since our last visit when it was found to be inaccurate.

The majority of people we spoke with were able to tell us their views of living in the home. They said they felt safe living at the home and with the staff who supported them. Their comments included, "It's lovely here" and "I feel quite at home here." For people who were not able to share with us their experiences, we saw them smiling and talking freely to staff indicating they felt safe in the staffs' company. The relatives and the health care professional we spoke with also felt people received safe care and attention.

The registered manager, staff and the people we spoke with told us there were enough staff on duty to meet people's needs. One person told us, "There are always staff around to help." In addition to the registered manager there were four care staff on duty. One of these staff was providing one-to-one care to one person from 8am to 2pm each day and another supported people at the adjacent living service should that be necessary. Catering and domestic staff were also on duty. During the afternoon and evening three care staff

were on duty and overnight there was one waking and one sleeping-in member of staff from 10pm to 6am. Of the fourteen people living at the home, the registered manager told us four needed the assistance of two staff to meet their mobility needs during the day. However, they said that only one member of staff was needed to meet their needs overnight. They explained how people who required their position to be changed were supported using the 30% tilt principle which was safe to undertake with one member of staff. (The 30% tilt principle is where people lie slightly titled to one side and then the other to provide pressure areas relief). The registered provider and the registered manager told us staffing levels were frequently reviewed in line with people's care needs. They said staffing had recently increased in the early morning, from 6am, and late evening, until 10pm, in response to people's needs. Throughout the inspection we saw people received care and support in a timely manner and staff were not rushed, indicating there were enough staff on duty.

Staff had received training in safeguarding adults and we saw certificates in their training files confirming this had taken place. Staff demonstrated a good understanding of how to keep people safe and how and to whom they should report concerns. They said they knew any concerns would be dealt with promptly by the registered manager and they were confident no member of staff would tolerate anyone receiving poor care or being abused. One member of staff said the welfare of the people living at the home as their "first and utmost priority". The policy and procedure to follow, if staff suspected someone was at risk of abuse, was available in the office.

The registered manager told us the home had very low staff turnover. When staff were recruited, safe recruitment practices were followed to ensure, as far as possible, only suitable staff were employed at the home. We looked at three staff recruitment files, all of which held the required pre-employment documentation including proof of identify, references and Disclosure and Barring (police) checks.

The home was well maintained and was clean and tidy. Bedrooms, bathrooms, the kitchen and the communal areas were clean, with no unpleasant odours. A relative told us there was "never any smell here." Staff had access to protective clothing such as gloves and aprons and we saw them using these appropriately during the inspection. Equipment, such as hoists and the lift, was serviced regularly to ensure it was maintained in a safe working order. The Food Standard Agency had completed an inspection of the home in November 2015 and awarded the home a 5 star rating.

Good

Is the service effective?

Our findings

At the previous inspection in April 2015, we found a number of areas that required improvement. The home was not adhering to the principles of the Mental Capacity Act 20015. Capacity assessments were not decision specific and people were having their liberty restricted without the proper authorisation. New staff had not been provided with induction training and people's nutritional and hydration needs were not always appropriately monitored. At this inspection we found improvements had been made.

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. Since the previous inspection the home had reviewed people's capacity to make decisions about their care and treatment and records of these reviews were held in each person's files. However, while the assessments identified the decisions people were able or not able to make, the outcomes of any best interest decisions made on their behalf were not always documented in full. For example, some people had a sensor mat in their room to alert staff to their movement to reduce their risk of falls and the decision to use these mats had not been recorded. The registered manager confirmed they would ensure the outcomes of the decisions were documented with the assessments.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect people's rights to their freedom and liberty and require authorisation from the local authority to restrict liberty should that be necessary to keep people safe. 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. Following the previous inspection the home had submitted applications to the local authority to deprive some people of their liberty. This was because the home used a keypad lock that prevented some people from leaving the home without supervision. Due to the high number of applications received by the local authority only one application had been authorised at the time of the inspection.

People had access to refreshments at all times and we saw people were regularly offered drinks. Staff told us they were able to make drinks and something to eat for people at any time of the day or night. Lunchtime was a social event with people sitting together and sharing conversation. Tables were decorated with linen cloths and serviettes. We observed the lunch being served and noted the food looked appetising. People told us they enjoyed the food and always had plenty to eat. One person told us, "The food is very nice and always nicely presented." In the Provider Information Return the registered manager told us people were asked if there were any food items they would like ordered when the home made its regular food order. They said this allowed people to have any meals or food of their choice. People told us they were asked if there was any food they would like to have or meals they would like to see on the menu.

Some people were having their diet and fluid intake recorded to enable staff to ensure this was sufficient to maintain their health. We saw that these records were more detailed than those at the previous inspection,

and the amount people should be drinking was now recorded in millilitres rather than glasses. Where people were at risk of not eating enough to maintain their health staff were provided with guidance from the community dietician about how to increase people's calorific intake by fortifying food with milk powder, cream and cheese. Records showed people were being weighed regularly and we saw one person had steadily gained weight since having their food fortified.

People received effective care and support from staff who had the skills and knowledge to meet their needs. The registered manager told us in their PIR that there was a comprehensive training programme in place for all staff. This had been developed in line with the Skills for Care ongoing learning and development guide. Staff told us they had received training recently in health and safety topics as well as those relating to specific care needs and certificates were held in staff files. These included skin care and the prevention of pressure ulcers, dementia care, safeguarding adults, first aid and fire safety. All staff were supported to undertake diplomas in health and social care as well as management for more senior staff. A matrix identified when each member of staff had undertaken training and when updates were due. We saw training materials were available to staff in the office and these included dementia care, Parkinson's disease, prevention of pressure ulcers and managing diabetes. Staff also had access to online training and DVDs. Newly employed staff members were required to complete an induction programme, which included essential health and safety training and working alongside experienced members of staff. For staff new to care, the home enrolled them to undertake the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff received support from the registered manager with regular supervision and appraisals of their work.

People had access to healthcare professionals including doctors, dentists, chiropodists and opticians. Some people also required the support from specialist nurses such as those for diabetes and respiratory conditions. Records of these referrals were held in people's care files. Care plans contained information about people's medical conditions and guided staff to be observant for signs of deterioration in a person's health. For example, one person was at an increased risk of urinary infections and staff were provided with guidance about the signs and symptoms to be observant for and when to notify the person's GP. Records showed people had been referred to their GP when staff were concerned over their health. A visiting healthcare professional told us they were working closely with the staff to support two people who required insulin injections and who were no longer able to self-administer these. They said they had no concerns over the care and support provided at the home.

At the previous inspection staff had raised concerns over the lounge and dining room not being spacious enough to accommodate everyone, as people from the supported living house used the facilities of the care home during the day. Since then the home had been extended with a large sun room on the ground floor. This provided more communal space leading from both the lounge and dining rooms with sufficient seating and access to a pleasant and secure garden.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said, "I'm very well looked after" and another said, "The young ladies (staff) are very, very nice."

Relatives also told us they felt the staff were very kind and caring. We reviewed a selection of written compliments recently received by the home. These showed a high level of satisfaction with the care and support provided by the staff. For example, one comment said 'It's a lovely, safe and caring place to live' and another said, 'We are absolutely delighted with everything'.

One person told us how much they liked their room, saying, "My room is very comfortable, just the way I like it." People were encouraged and supported to maintain relationships with their relatives and others who were important to them. One member of staff told us how they assisted one person to walk to the local village to meet people they knew. Visiting times were not restricted and relatives and friends were welcome at any time. The registered manager said visitors were also welcome to have a meal with their relatives.

In the Provider Information Return, the registered manager said that staff spent time to develop close relationships with people, and form strong friendships and bonds which was reassuring for people who had no close family or friends. One member of staff told us how proud they were of the improvement one person had made since moving to the home and they attributed this to the close relationship the staff had with them and the care and attention they had received.

Staff provided a caring and relaxed environment and throughout the inspection we heard and saw staff interacting with people in a calm and friendly manner. We observed staff being kind and respectful to people, as well as sharing jokes and general conversation. During an afternoon of musical entertainment staff were dancing with people and encouraging them to join in with the singing. Staff told us they enjoyed working at the home and they received a great deal of satisfaction from caring for people. One said, "I love my job. We are a good team and we have lovely residents and staff." Another said, "It's a lovely respectful home, like a big family."

People's privacy and dignity were respected when staff were assisting people with their personal care. For those bedrooms where two people shared, screening was available to protect their privacy. Staff asked people beforehand for their consent to provide the care, and doors were closed. We heard staff asking people if they needed anything, and they were discreet when asking people if they wished to use the toilet. A senior member of staff told us they had taken on the role of 'dignity champion' which meant they considered people's dignity in all aspects of the day to day running of the home.

There were ways for people to express their views about their care and people told us the staff talked to them about their care needs. Each person had their care needs reviewed each month by a senior member of staff. These reviews included having a conversation with each person about how they felt about living in the home and if they felt their needs were being met. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in

a respectful and compassionate way.

The home was able to support people's care at the end of their lives. Records showed staff had received training from the local hospice to ensure they were knowledgeable about people's care needs at this time. The home had received a number of cards thanking staff for the care of their relation.

Good

Is the service responsive?

Our findings

People were very positive about the care and support they received. One person said, "I'm very happy here, I have everything I need" and another said, "I feel quite at home here." The relatives we spoke with were also positive about the care and support their relation received. One said, "The staff are very attentive."

Staff were knowledgeable about the people they supported and told us about people's preferences. Each person had a care plan which contained information about what they could continue to do for themselves, how staff should support their independence and how people wished to receive assistance. Each section of the plan covered a different area of the person's care needs, for example personal care, mobility, continence and skin care. However the information was recorded on several documents in different sections throughout the files. This meant staff needed to refer to more than one section of the care files to gain a full picture of people's care needs. On the second day of the inspection, the registered manager had made changes to one person's care file. The information about their care needs and any associated risks were held together making them more accessible and easier to read. They gave assurances that other people's care files would be changed to follow this format.

A document entitled "My life so far" provided staff with important information about people's past histories from childhood through to adulthood and retirement. It identified their social and leisure interests as well as their food preferences and this information was used to develop the activity programme and to plan the menus.

Staff were responsive and thoughtful about people's needs. For example, staff had learned that one person who was living with dementia had previously owned dogs. The staff said that at times this person could become anxious and they thought a reminder of their dog might provide comfort to them and give them a topic of conversation to engage in. The home had purchased a toy dog of the type the person used to own. We saw this person holding and stroking the dog and they were comforted by it and enjoyed talking to staff about the dog they once owned.

People told us the routines of the home were flexible and they could make decisions about how they spent their time. People told us they could go to bed and get up in the mornings when they wished and, and they could choose where and with whom they spent time. We heard staff asking people where they would like to sit and people chose to sit in the lounge room or the sun room. During the inspection staff were available to support people with their needs. Staff were chatting with people about their interests and how they would like to spend their time.

A programme of daily activities was planned each month. People told us they enjoyed having something to do each day. Activities included exercises to music, Tai Chi, arts and craft sessions, bingo, crosswords, singers and musicians and trips out on the home's minibus. Church services were held every two weeks. People were also supported to attend the local village cinema and memory café. During our inspection we saw people participating in two music sessions and Tai Chi. The registered manager said the programme changed in line with people's requests and preferences.

There were no on-going or recent complaints in progress at the time of the inspection. People told us they had not had to make a complaint but would approach the registered manager or staff with any worries or concerns. One person said "I have no complaints, I'm well looked after."

Good

Is the service well-led?

Our findings

At the time of the previous inspection in April 2015 we identified improvements were required with how the home maintained the accuracy of care records. At this inspection we found these improvements had been made. Each person's care records had been updated and any changes made at the monthly care plan review had been transferred to the relevant care document.

People and staff told us the home was well managed and the registered manager was open and approachable. There was a positive and open atmosphere at the home. During the inspection, the registered manager was seen around the home, interacting warmly and professionally with people, and spending time with people during lunch.

Staff gave positive comments when asked if they felt supported and also commented on how well they worked together as a team. One said the registered manager was "brilliant, she does a really good job and she listens to us." The registered manager was supported by two senior care staff who acted as their deputy when they were not in the home. Each had clear management responsibilities, such as ordering and overseeing medicines and care plan writing and reviews.

The registered manager had a clear vision for the home, which was to provide personalised care and attention to people. In the Provider Information Return they said they expected 'staff to care for people as they would wished to be cared for' and that all of the staff work as part of a team. They said they had an 'open door' policy and encouraged people living in the home, their relatives and the staff to talk to them about any issues.

Staff meetings were held periodically for each staff discipline, such as senior care staff and catering staff. The registered manager used these meetings to review staff's knowledge and understanding of care topics with the use of quizzes, and used the results to plan training. Staff told us the meetings were very useful and they were encouraged to share information about how to support people well and to make suggestions about the running of the home.

There was effective communication between staff. Handover meetings and a communication book were used to pass on important information to ensure staff were aware of changes to people's care needs. Quality assurance systems were in place to monitor care and plan ongoing improvements. The registered manager or senior member of staff on duty undertook a health and safety check of the home each day. Monthly audits of care planning documents, accidents and the cleanliness of the home were undertaken to ensure people were receiving a good level of care in a safe environment. The home used an annual survey to formally gain the views of people, their relatives and staff regarding the quality of the services provided by the home. The results of the survey conducted in 2015 showed a very high level of satisfaction.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and kept up to date attending training sessions and accessing professional websites. They had recently registered with the Alzheimer's Society as a 'Dementia Friend' and were

planning to undertake the training to become a 'Dementia Champion'. This meant they would be provided with ongoing and up to date information about best practice in caring for people living with dementia. In the PIR the registered manager said the home had signed up the Social Care Commitment. This is a commitment from social care services to provide people with high quality care and support.