Healthcare Homes Group Limited

Aldringham Court

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

Aldringham Court provides accommodation, and personal and nursing care for up to 45 older people, some living with dementia. The service has four shared bedrooms, which were being used as single occupancy.

There were 36 people living in the service we inspected on 11 August 2016. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives felt that the service was providing safe care. Staff were aware of their roles and responsibilities in protecting people from avoidable harm and abuse by reporting any concerns.

The provider kept an overview of any on-going maintenance, refurbishment and infection control to ensure that the building was safe and fit for purpose. However staff were not always independently identifying hazards and taking action to address / report them. We made a recommendation about this.

People were cared for by staff who were safely recruited, supported, supervised, appraised and trained. There were sufficient numbers of staff to provide safe care, and the service were proactively recruiting to vacant posts.

People and their visitors were complementary about the relaxed atmosphere of the service and welcoming, friendly staff. Staff had good relationships with people who used the service and their relatives. Relatives were invited to attend 'workshops' to support them in about the experiences of people living with dementia. Staff interactions with people were caring, respectful and supported people's dignity.

People told us that the food was good, they were given choices and that they were supported to have enough to eat and drink. Dietary needs and nutrition were well managed and advice sought from appropriate health professionals as needed. People were supported to take their medicines as prescribed. Health care needs were met through the service's qualified nurses, and external health care professionals, which the service had developed good working relationships with.

People's, relative's and staff's views were sought about the service, and their feedback used to monitor the quality of the service, and be influential in driving improvements.

People and where applicable, their relatives, participated in the development of their care plans which stated their preferences. The service was developing their range of activities for people to choose from and participate in.

The service was aware of the changes to the law regarding the Deprivation of Liberty Safeguards (DoLS). Therefore where needed, appropriate referrals were made to external professionals.

People felt their concerns and suggestions were listened to and acted on to drive improvements in the quality of the service they received. A complaints procedure was in place to ensure people's comments, concerns and complaints were listened to and addressed in a timely manner and used to improve the service.

People, relatives, stakeholders and staff were complimentary about the new registered manager. Staff understood their roles and responsibilities and were working as a cohesive team. There were quality assurance processes in place to monitor the quality and safety of service people received.

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.

Systems were in place to provide people with safe care. However, improvements were needed to ensure people were consistently supported in a clean and hazard free environment.

Sufficient staff were employed to safely meet people's needs and provide people with continuity of care.

People were supported to receive their medicines in a safe manner.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to give them skills they needed to carry out their roles.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate and had developed good relationships with people living at the home and their families.

People were able to make day to day choices and were supported in expressing their views about their care.

People were treated with respect and their privacy,

independence and dignity was promoted and respected.

Is the service responsive?

Good

The service was responsive.

People's needs were reviewed regularly and any changes were responded to quickly.

People had access to a range of activities which were under constant review and development.

Concerns and complaints were always taken seriously, used to learn from as part of driving continual improvement within the service.

Is the service well-led?

Good

The service was being well-led.

The service provided an open culture. Feedback was actively sought and acted upon, enabling people, their families and staff to influence how the service was run.

Systems were in place for assessing and monitoring the quality of the service that people received. There was a focus on the need to continuously learn and improve.

Aldringham Court

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 11 August 2016, was unannounced and undertaken by two inspectors.

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 information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

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 speak with us, for example, people living with dementia.

During the inspection we spoke with seven people using the service, four people's relatives, and a health professional. We spoke with the registered manager, and seven members of staff. This included nursing, catering, and care staff. We also observed the interactions between staff and people.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, including risk assessments and medicines records. We reviewed five staff recruitment files, maintenance files and a selection of records which monitored the safety and quality of the service.

Requires Improvement

Is the service safe?

Our findings

Improvements were needed in staff's understanding of day to day management of risks linked to people's environment. This was because staff were not always independently identifying hazards and taking action to address / report them. People using the service are frail and elderly which means that effective oversight of the environment is critical to ensuring their on-going safety. Records showed that staff had received training in food safety, infection control, health and safety, fire safety, and the safe storage of cleaning products; but we identified shortfalls in these areas. For example, we found items in the fridge, which were not labelled or covered. Therefore staff were not always following safe guidance to prevent the risk of cross contamination and ensure food use by / best before dates could be adhered to. A staff member left a cleaning agent on a person's bedside table. Staff had decanted and stored a dishwasher product in an unsecured cupboard. Staff had not identified the hazards linked to the temporary storing of boxes in a corridor, or serving meals on very hot plates which were potential hazards which could put people at risk. The registered manager acted on all our concerns straight away, and provided reassurance that they would be dealt with through supervision and further checks on staff's practice.

People's views were mixed on the standard of cleanliness of the service. One person told us that staff kept their bedroom cleaned to an acceptable standard. A relative pointed out the stained armchairs, which they felt were not pleasant to sit in. The registered manager said the chairs had been cleaned, but they had been unable to remove the stains. They were in the process of replacing them as part of their ongoing maintenance programme.

Infection control procedures were not always effective. The sluice and laundry rooms had lime scale on taps, dusty / dirty crevices, a mop left soaking; all potential breeding grounds for bacteria. We found examples where equipment such as wheelchairs, walking frames, hoists and commodes had not been kept clean. When we lifted a sample of seat pads in two of the lounges, there was evidence of food debris and dust. The registered manager noted the shortfalls we showed them, and gave reassurance that they would be acted on.

There were shortfalls in the cleanliness of the kitchen, with ingrained dirt and stains on walls and at edges of furniture / pipework. The registered manager, spoke of the difficulties they had had in cleaning some of the areas where pipe work had rusted. The kitchen was in the process of being redecorated and they pointed out the walls that had recently decorated. However, the repainted areas were already showing signs of staining.

We recommend the provider takes advice from a reputable source about effective maintenance of environments to ensure risks linked to infection control and cleanliness are minimised as far as possible.

People told us they were provided with safe care. One person said, "Yes, I feel safe here, someone always around to help, and they like to help". One relative told us, "I cannot tell you how relieved I am that [Person] is here. [Person] calls me and tells me [person] is well and what's going on, and I feel relieved, it's peace of mind".

Care workers had been provided with training in safeguarding people from abuse. They understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. One staff member said, "I would raise any issues with my manager, or go higher to head office if I needed to, I wouldn't hesitate".

One safeguarding concern had been raised in the past year, which had been appropriately acted on, reported to the relevant authorities and dealt with effectively. The manager had worked jointly with external agencies to reduce the risk of it reoccurring.

The registered manager had taken information from previous safeguarding concerns to reduce risk. This was linked to the unsafe practice in the monitoring of people's diabetic blood sugar levels. They had put into place a clinical risk assessment to ensure appropriate action was taken when people's blood sugar levels were outside of the expected safe range for that person. Records showed how any fluctuation was being recorded, investigated and acted on. This demonstrated how they had learned from experience and driven improvement to ensure people's safety.

People's risks to their health and welfare were individually assessed, reviewed and monitored. Care records provided guidance to staff on risks associated with people's care and support needs and described risks that could affect a person in their daily lives. This included, health conditions, mobility, skin integrity, risk of choking and falls. Falls analysis had been used to predict possible causes and take steps to reduce them. For example, where a person was known to become unsteady if they were developing a urine infection, action was taken straight away to eliminate this as a cause.

There were enough staff available to meet people's needs safely. People told us there were sufficient staff to meet their needs and call bells were responded to. One person said, "They [staff] give me time, they don't rush me". A nurse told us, "I think there is enough staff, if I need the help of a carer to assist me, I can usually find one".

Following a successful recruitment campaign the registered manager had been able to fill all the vacant nursing posts, as well as build up a small 'bank' of nurses to cover absences. This ensured a more consistent approach in enabling nurses to follow through nursing action plans to support people's safety and welfare.

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working in the service. Checks included references, criminal records checks with the Disclosure and Baring Service (DBS), identification and employment history. For nurses, checks were also carried out with their regulatory body, as confirmation that they were registered and fit to practice.

People told us that they received their medicines as prescribed. One person said, "No problems with the tablets, they sort them all out for me, I can't do any of that now so they organise them for me". Another person commented, "Get my tablets no problem," this included any requests for pain medicines.

People's medicines were managed safely. They were stored securely, recorded and administered appropriately by nursing staff. Regular medicines audits were carried out to ensure any potential discrepancies, or staff not following safe practice, were identified quickly and could be acted on. This included additional training and support where required.

Good

Is the service effective?

Our findings

People told us that staff had the skills to meet their needs. A relative said, "[Relative] has [name of condition] and they can be difficult to look after sometimes, but the staff here know what to do. I can't speak highly enough of them". Another relative commented, "The standard of care here is very good. Can't think of any negatives. A good workforce here."

Staff had been given an induction and training relevant to their role. This included training in core subjects to enable them to support people effectively. For example, training in how to move people safely, and monitoring people's nutritional and hydration needs. The provider had systems in place to ensure all new staff gained an insight into their role and to support them in getting to know the individual routines and preferences of the people they would be supporting.

The registered manager was aware of the requirement for nurses to revalidate, as part of evidencing their continued learning and fitness to practice. They had supported one nurse through the new process. Specialist clinical training was being sourced via the local hospices and hospitals linked to the range of people's nursing needs. This included training in palliative care, diabetes management, use of syringe drivers, wound care and pain management. Also the service had developed good links with the local surgery where they had been able access training to keep their clinical skills and knowledge updated.

The registered manager spoke about the half hour 'workshops' they were implementing, which covered areas such as the Mental Capacity Act 2015 and dementia awareness. Relatives were also invited to attend. These aimed to keep staff regularly updated and refresh their knowledge, as well as supporting relatives to gain a greater insight into different topics.

Staff spoke positively about the amount of training being offered. A member of staff told us they felt the access to training had improved since our inspection of 14 July 2015. They said, "Have a lot of training now…just sign up and [management] will sort it out." Another staff member also commented on the, "Lots of training," going on. Saying their training had been delivered through a mixture of E-Learning as well as face to face training. They complemented the quality of the provider's trainers, "Very good trainer / teacher."

People were supported by staff whose work was supervised and appraised. One member of staff who received regular supervision, said it provided them with a forum where they could speak openly about practice and development issues, "Can tell everything." Records showed that systems were in place to ensure all staff now received regular supervisions which supported them to improve their practice and identify further training needs. The registered manager said that observational assessments were also being carried out with staff, twice yearly. This also enabled them to identify areas that staff were working well in, and, where applicable, any additional training / support needs as part of their on-going development.

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.

People can only be deprived of their liberty so that they can 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service had submitted DoLS applications to the appropriate supervisory body which were waiting approval. The registered manager was aware of their responsibilities in ensuring the conditions of any approved authorisations were met.

Staff we spoke with understood MCA and DoLS and how this worked in practice. One staff member said, "People have to be given choice, it's all about keeping people safe, but allowing them to still make decisions where they can". Care records identified people's capacity to make decisions, some asked for evidence that choices were being offered.

People were supported to have enough to eat and drink. People told us they were offered choice, and the quality of the food was good. One person commented, "The food is very good here, you can have what you want, if you change your mind that is okay too". Another said, "I'm having a late breakfast today, they [staff] don't mind getting me whatever I want".

We observed the lunchtime meal. The atmosphere was calm, and well organised. Staff were discreet when offering assistance, and were available at all times during the meal. Where staff assisted people with eating their food, they maintained conversation, encouraged people to eat, and asked them what their preferences were.

In the kitchen staff showed us a board which contained people's individual dietary needs and details of people's food and drink preferences. They told us that they had gained knowledge of people's dietary needs, and were familiar with health disorders such as diabetes.

People's nutritional needs were being assessed. This included regular checks of their weight so staff could monitor, and act on any changes which could impact on the person's welfare. Where staff had concerns about a person's nutrition their care records showed they had involved appropriate health professionals. This included advice sought from the dietician, and records showed that their advice was being acted on. For example, food supplements were used to increase nutrition and people who had problems with swallowing were served softer diets and thickened fluids.

Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. One health professional told us, "Very helpful staff here, there is always someone to ask, and they help as much as they can." Staff ensured, where applicable, that relatives were kept updated following any medical appointments or changes in health. One relative told us, "They will phone me up and tell me," if the person was unwell, or had been any changes in their health and welfare.

Good

Is the service caring?

Our findings

People told us they had good relationships with the staff and were happy with the support they provided. One person said, "All the staff are friendly, all of them are lovely". A person's written views about the service included, "I'm very happy here. The general atmosphere is happy and relaxing. The staff are helpful and attentive and treat me with respect." A relative told us, "Staff are always well presented, all approachable, polite and friendly". Another commented, "I can't speak highly enough of this home". Another said, "[Person] loves it in here, says all the [staff] are lovely." A health professional also commented on seeing, "Staff and people interacting in a friendly way".

We looked at 13 compliment and thank you notes the service had received since we last inspected. Descriptive words and phrases had been used by relatives to describe staff included; 'thoughtful', 'great kindness,' 'considerate,' 'very helpful,' 'cheery smiles' and 'compassion and love'. Several commented on the support staff had extended to people's relatives. One person's family had written, "Your kindness and cups of tea helped a lot, we were all treated so well and professionally".

People were supported to maintain relationships with friends and relatives who mattered to them. Two people told us how they had rekindled their friendship since moving in. Where people had regular visitors, we saw how their visitors also included others into conversations, which supported the friendly atmosphere. We saw people's relatives and visitors arriving at different times during our inspection. A relative told us they visited whenever they wanted and were always made to feel welcome.

People were given information on advocacy services which were being accessed when needed. One person had the contact details of their Independent Mental Capacity Advocate (IMCA) in their care plan. IMCA's are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person. The notice board provided details of the 'Buddying programme' the service was looking to instigate, to befriend people using the service, especially where they were at risk of becoming isolated.

Relatives had been invited to attend the registered manager's 'dementia workshops' which supported relatives to gain an insight in the experiences of people living with dementia. One relative had written to the registered manager thanking them for being given the opportunity to attend. They described the workshop as being, "Very helpful and informative and we are very grateful to you, for giving us an insight into how it is for [person]." They spoke about how their greater understanding in why the person may be acting in a certain way, enabled them to stop worrying and enjoy their visits. This demonstrated how the service was supporting people and their relatives to maintain meaningful relationships. We saw that people were relaxed in the presence of staff. Staff knew people well and understood their needs. Staff were compassionate and attentive, asking people how they were, if they wanted a drink, and if they enjoyed the Olympics; two people could be heard laughing about the gymnastics. Where people sat reading their newspaper or watching television, staff checked on their welfare, where they noted one person wasn't drinking their tea, hey offered to help.

Time was given to people, and we saw that interactions were not rushed. For example, staff took their time, using appropriate use of touch to provide reassurance. During September 2016 staff would be receiving 'Day in the life' where they would use a vacant bedroom, where the staff member would become a 'resident' isolated in their bedroom for the day. The aim being to raise staff's awareness of the importance of ensuring people were offered privacy, dignity, choice and kindness to enhance their wellbeing.

All staff were observed to be respectful to the needs of each individual in relation to their privacy and dignity. For example, where two members of staff were assisting a person with their personal care, they ensured when leaving the person's bedroom to collect items, the door was opened minimally. This ensured that those passing by could not see in.

People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected. This included the use of equipment. For example, at lunch time a person was using adapted cutlery and a plate guard, which enabled them to eat independently. When arranging to put on a movie for people to watch, the activity co-ordinator checked that everyone liked the movie. Where one person did not, they offered to play an alternative movie on another television. It demonstrated how staff, during their daily activities, tried to ensure a balance where people's choices were respected and acted on.

The service had recently implemented 'the six steps to end of life care' for those people receiving palliative care. This was to ensure that people received a good quality of end of life care which took into account their culture, religion, personal beliefs and wishes. Thank you letters from people's relatives spoke about kind and gentle way staff provided end of life care, and the support they were also given. One relative wrote how staff had done everything they, "Could to ease," the person's discomfort. Another wrote about the, "Exceptional care and kindness shown." Families had thanked staff for their compassion and support during such a sad time. This included a comment from one family, "Your kindness and cups of tea helped a lot. We were all treated so well and professionally that we wanted to say thanks."

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One relative said how their next of kin, "Loves it here," and discussed how staff were responsive in monitoring the person's health and welfare needs, and involving them in decisions about their care. One relative's written feedback on the service described how staff, "Try very hard to get it right," and described how staff had supported the person to learn to use a walking aid, "To enjoy some quality of life again."

People's care records included care plans which guided staff in the care that people required and preferred to meet their needs. This included people's physical, nursing, emotional, cultural and communication needs. We saw that the care records were going through a complete 'overhaul' and had a task list attached. This was to ensure all care plans provided the same level of very detailed information relating to all areas of a person's care and support. For example, where personal preferences had been updated, it provided staff guidance on the clothes they liked to wear, and how they liked to communicate.

People and their families were encouraged to participate in care reviews. Since November 2015, the registered manager told us they had sent out letters to relatives, inviting them to attend a full care review; 50% had taken them up on the offer. Prior to the inspection a relative had made us aware that this was happening. They spoke positively about the meeting, which had enabled them to meet the new manager and discuss the person's care needs, and where appropriate, update areas of their care plan.

The registered manager viewed care plans to be an ever evolving document, which were kept under regular review to ensure they reflected people's changing needs and wishes. This included, since they arrived, in implementing 'My Life History' sections in people's care plans. Relatives were made aware at the resident and relative March 2016 meeting, that staff would be working with people to write about their lives. By drawing it to the relatives' attention, it also enabled them to contribute, for example bringing photographs to prompt people's memories of past events.

Information gained from people and their relatives through meetings and survey feedback was being used to support them in developing their activity provision. This included day trips people wanted to go on, and range of indoor activities and social entertainment. Also larger events for example, in July a garden party, a fete which had been held the previous week, and in August a sports day was planned for the Olympic closing ceremony.

One person told us, "I read the newspaper, but that's not stimulating enough. I'm more mentally able than some, so I like to get out, would like to do more of that". Where another person preferred to stay in their bedroom and enjoy looking at the, "Wild life," through their window. Especially the squirrels and birds that ate from the feeders they were busy re stocking with food. They told us staff came and told them about activities that were going on, so they could join in if they wanted. One relative who had given written feedback about the service wrote, "Several activities are organised for the residents to join in and entertainment is regularly organised which the residents enjoy."

We saw people's needs ranged from, end of life care, people living with dementia, to people who were more independent and mentally alert. Staff told us about the work being undertaken to ensure equality by ensuring all people could access meaningful activities, which met their needs. This included introducing a, "Buddying," system which would be acting as a befriending service where staff could pair 'buddies' up with people who had the same interests. A 'risk isolation tool' was used to assess the quality of life for people who remained in their bedroom. Where people were identified at being risk of becoming socially isolated taking action to address it by providing activities tailored to the person's needs.

A 'sensory' trolley had been implemented which was taken around to people in their bedrooms to stimulate their senses, including sight, touch, smell and hearing. A 'quiet time' had been implemented between 2pm-4pm, to ensure people received 'quality time'. Staff told us 'A' marked on the staff rota meant they would be providing one to one activities. They gave examples of how being able to spend quality time with people enhanced their wellbeing. This included one person who, "Likes to have their nails done and read a book."

An activities coordinator had organised films for people to watch, as well as spending one to one time with people instigating meaningful conversations linked to the person's interests. The work demonstrated staff's commitment to on-going development of activities to ensure ensuring that they were tailoring their activities to be responsive to people's range of needs.

People knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. One person told us, "I'd soon complain if something wasn't right, [registered manager] would listen". Another said, "I have raised issues before and they were dealt with". A relative commented, "Any complaints are listened to and acted on". Another relative told us, "If I have any queries I will go straight to her [registered manager]," as they had confidence that it would be dealt with.

There were systems in place for recording, investigating and responding to complaints. Where shortfalls in practice had been identified, action had been taken to address it, and to prevent a reoccurrence. This included instigating staff disciplinary procedures where needed, and by addressing any concerns at the time had prevented formal complaints being made. A relative provided an example of where they had raised a concern and how it had been addressed. The registered manager told us how they used feedback from concerns raised in a positive manner, ensuring they took action to reduce the risk of it happening again, as part of driving continuous improvement within the service.

There was a suggestion box located in the entrance. We saw that one person had used the suggestion box during our inspection, requesting a specific telephone for people living in the service to use. The person told us they hadn't used the suggestion box before, but having now used, would be using it more in the future. The registered manager was pleased to see the system being used, as they tried to encourage people to put in suggestions, as very few had been received up to now. They told us that the suggestion regarding the telephone would be discussed at the next 'residents and relatives' meetings.

Good

Is the service well-led?

Our findings

Our inspection of 14 July 2015, identified that improvements were needed to the daily management of the service to ensure staff worked as a cohesive team in an effective manner. During our last three inspections carried out 2014 to 2016; there has been a new manager in post at each. This had impacted on the culture and continuity of the service, linked to different management styles, and changes being made to improve the service not being followed through. This was reflected in the written feedback from a person's advocate, who had commented on there being, "So many managers (of all characters) I am so pleased with our current manager, from day one I really feel included, from my observations, the home is again the friendly caring and happy home it used to be. The carers are brilliant".

The new registered manager had started in October 2015. Their clinical knowledge and skills had enabled them to monitor and drive improvements in the quality and continuity of nursing care people received. Staff were working as a cohesive team, which supported the friendly and welcoming atmosphere. Two staff members told us, "I like working here." There was a clear organisational structure with nurses now taking responsibility for the supervision of staff and daily management of people's care needs.

The registered manager had introduced significant changes to the running of the service. Some of the changes including audits and checks of the environment, including 'weekly home pride audit' were still quite new and needed time to be embedded.

People, visitors and staff spoke positively about the leadership of the service. One person said, "[Registered manager] is great. They listen to you, I never feel rushed. I think they know what they are doing". Another person said, "The manager is very nice. Always has time for you". One relative described them as an, "Exceptional manager, always has time, is unflustered, professional, and on top of things". Another relative said, "This place has changed since [registered manager] came in. [Registered manager] has swung it round. The whole system is better".

Staff also spoke positively about the registered manager. A staff member told us, "I can speak to the manager anytime. [Manager] is lovely and I feel valued". Another said, "It's lovely working here, and very good management". Another described the registered manager as, "Very good and approachable, I like her, got a problem can go to her, any problem she will do something."

There were quality monitoring systems in place to ensure people were receiving quality care, and to address any shortfalls. This included audits and checks of high risk areas, such as medicines, incidents, health and safety and fire. Audits were carried out monthly, where shortfalls were identified, weekly audits had been put in place. By increasing the frequency of medicines audits to weekly had enabled them to identify any themes and take action to address them. For example, audits implemented by the registered manager had identified improvements, such as the call bell analysis, which showed 99% of call bells answered, compared to 76% in December 2015.

The registered manager understood their role in providing a good quality service and recognised the need

to continuously develop the service. Where shortfalls were identified they demonstrated an approach and ability to address them quickly. They shared with us the work they had undertaken to support staff and make them feel listened to and valued. They said, "I like to be open and honest with staff so they can gain trust in me". This included working alongside staff to develop a more open culture, enabling staff to get to know them as a person and not feel, "Intimidated," in approaching management. They shared the 'team building' work they had put in place / instigated. This included supporting staff to respect, "Each other's diversity," through social events, where they focused and learned more about an individual culture. This included staff preparing, and sharing foods, reflective of that culture.

Records showed that the registered manager was confident to undertake disciplinary action when needed, and used this to improve the quality of care provided. This included taking action to address absenteeism. Staff had been made aware of how last minute absences could impact on the continuity of care people received. The registered manager said as part of developing a more open and transparent culture, was making staff aware of how their own actions could impact on others. Moving away from a, "Blame culture," to staff being more accountable for their own actions.

The provider had a range of forums to support people, relatives and staff to share their views on the service, influence change and drive improvement. This included 'resident and relative meetings,' annual provider surveys, staff meetings, and relatives attending workshops. Eighteen relatives and two stakeholders had responded to their last survey. The analysed results enabled the service to see areas they were doing well in, this included 94% of relatives saying they would recommend the service to others.

Our last inspection report and rating were available for people to see in the front entrance of the service. The registered manager said they often got asked by relatives about what area required improvement after seeing the rating. Therefore they had decided to create an action plan which would be kept alongside the report, so people could see what action they were taking to improve the rating. This further demonstrated how the registered manager was promoting an open culture within the service.