Dercliffe Care Home Ltd

Dercliffe Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of Dercliffe Care Home on 15 and 16 January 2018.

Dercliffe Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and personal care for up to a maximum of 32 people. At the time of the inspection there were 26 people accommodated in the home.

The last inspection was carried out on 15 and 16 September 2015. Whilst we rated the service as overall "Good", we found there were shortfalls in the recruitment of new staff and noted not all notifications had been submitted to the Commission in a timely manner. Whilst we found all actions had been completed during this inspection, we made one recommendation in respect to the use of the medicines room. The overall rating of Dercliffe Care Home remains good.

People living in the home told us they felt safe and staff treated them well. People were supported by enough skilled staff. The registered manager monitored staffing levels to ensure people's needs were met. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required.

People's medicines were managed appropriately. However, we recommended consideration was given to the multiple use of the medicines room.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training. People were supported to make decisions about their care and staff sought people's consent before they provided support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There were appropriate arrangements in place to support people to have a healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care needs and had been involved in the care planning process. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and preferences. There were established arrangements in place to ensure the care plans were reviewed and updated regularly.

The service was responsive to people's individual needs and preferences. People were given the opportunity

to participate in social activities both inside and outside the home. People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report any concerns to keep people safe from harm. The registered manager had notified the commission as appropriate of any incidents in the home.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs. Appropriate recruitment practices were followed.

People's medicines were managed safely. However, we recommended consideration was given to the multiple use of the medicines room.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led.

Dercliffe Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We visited Dercliffe Care Home on 15 and 16 January 2018. The inspection was carried out by an adult social care inspector and an inspection manager on the first day and an adult social care inspector on the second day. The first day was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies, including the Quality and Contracting Unit at Lancashire County Council.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with eight people living in the home, one relative, four members of staff, the cook, the registered manager, the area manager and the owner of Dercliffe Care Home Limited.

We had a tour of the premises and looked at a range of documents and written records including four people's care records, two staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

At our last inspection, we found the provider had not ensured all relevant information was available in relation to staff employed in the home. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to meet the regulation. At this inspection, we found the necessary improvements had been made.

We looked at the recruitment records of two members of staff and spoke with a member of staff about their recruitment experiences. The recruitment process included a written application form and a face-to-face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We also noted two written references and an enhanced criminal records check had been sought before staff commenced work in the home. The application form and recruitment and selection procedure reflected the requirements of the current regulations.

People told us there were usually sufficient staff on duty. For instance, one person told us, "There is always someone around if I need help." We saw there was a rota displayed on a notice board in the reception area, which was updated and changed in response to staff absence. The staffing rota confirmed the staffing level was consistent across the week. We observed there were enough staff available during our inspection to meet people's needs. The registered manager told us the staffing levels were flexible and were planned in line with people's changing needs and circumstances.

In addition to the care staff, the provider also employed a cook, handyman as well as cleaning and laundry staff. The registered manager provided hands-on support alongside staff as necessary.

At our last inspection, we found the registered manager had not always notified the commission of specific events in the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to ensure all notifications were submitted without delay. During this inspection, we found the necessary improvements had been made. We checked the incidents records and noted we had been notified of all incidents as necessary.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. We found there was an appropriate safeguarding policy and procedure in place, which included the relevant contact number for the local authority. Information on safeguarding vulnerable adults was also displayed in the reception area.

People spoken with told us they felt safe and comfortable in the home. For example, one person said, "The staff are nice and treat us well" and another person commented, "I find the staff good. They are always willing to help me." A relative spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. They commented, "I think [family member] is very safe here. They immediately put a sensor mat down when she had a fall. So they could get to her quickly, before

another fall."

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the provider would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had also completed additional training courses to help ensure people's safety, which included fire safety, moving and handling and infection control. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

We reviewed the arrangements for the storage, administration and disposal of people's medicines. A monitored dosage system of medicines was being used. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. We saw people's medicine records were clearly presented and included a photograph and details of any allergies. All records seen were complete and up to date. Medicines were stored in locked cupboards and cabinets in line with guidelines. However, we noted the medicines room also incorporated hairdressing facilities and access to the staff toilet. This meant staff and people were entering the room on a regular basis.

Staff who were designated responsibility for the administration of medicines had completed appropriate training and had access to a set of policies and procedures. We noted protocols had been devised to guide staff in the administration of variable dose medicines or medicines prescribed "as necessary." Records were in place to record the application of prescribed creams; however, we noted the majority of the creams were unused. The registered manager agreed to review the use of the creams with the relevant healthcare professionals. We noted some people were using over the counter medicines, however, there was no homely remedies policy seen. This is important to ensure such medicines are administered appropriately and safely.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

We recommend the service consider current guidance in respect to the multiple use of the medicines room and the development of a homely remedies policy and procedure.

We discussed our findings with the registered manager and area manager, who explained they were working with the local Clinical Commissioning Group to develop a policy and procedure on the use of homely remedies. They also agreed to consider the location of the staff toilet and the hairdressing facilities.

Staff had access to equality and diversity policies and procedures and people's individual needs were recorded as part of the care planning process. We also noted equality and diversity training was being rolled out to the staff team.

We looked at how the provider managed risks to people's health and safety. We found individual risk assessments had been recorded in people's care plans. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. Records showed the risk assessments were reviewed and updated on a monthly basis or in line with changing needs. However, we noted strategies had not been drawn up to help staff manage one person's behaviour, which challenged

the service, and staff had not always fully completed the risk assessment tools. We discussed these findings with the registered manager, who informed us on the second day of the inspection that strategies had been devised and all risk assessments would be audited to ensure they accurately reflected people's needs.

General risk assessments had been undertaken to assess the risks associated with the environment such as the use of equipment and hazardous substances. All risk assessments included control measures to manage any identified hazards. The assessments were updated on an annual basis unless there was a change of circumstances. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, equipment and water temperatures. Emergency plans were in place including information on the support people would need in the event of a fire. We also saw the gas safety certificate, the electrical certificate and other safety certificates were all within date.

The provider employed a handyman to carry out routine maintenance and repairs. There was a system in place to alert the handyman to any new tasks. Since the last inspection, the provider had purchased new chairs for the lounges, fitted new carpets in corridors and lounge areas as well as many bedrooms and converted a small lounge known as 'the study' into a 'bistro'. People used the bistro for activities and meeting with their relatives. These improvements demonstrated there was ongoing refurbishment of the building.

We saw there were plans in place to respond to any emergencies that might arise and these were understood by staff. The provider had devised a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the registered manager. This was to make sure responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager had taken appropriate action where necessary for example, the installation of sensor mats and referrals to the falls team. An analysis of accidents was carried out on a monthly basis in order to identify any patterns or trends. Any learning points from accidents and incidents were disseminated and discussed with the staff team.

The care home was clean and odour free and the provider had effective systems of infection prevention and control. Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided in all rooms. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons and we saw these being used appropriately during the visit. There were contractual arrangements for the safe disposal of waste. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training. We saw there were cleaning records in place and the registered manager had completed an infection control audit.

Good

Is the service effective?

Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "The are really good and seem to know what they are doing. They are organised." A relative spoken with also made positive comments about the service, for instance they told us, "The staff are fabulous and very hardworking. I have complete peace of mind."

We looked at how the provider trained and supported their staff. From talking with members of staff and the registered manager and looking at records, we found staff were suitably trained to help them meet people's needs effectively. Staff told us they had completed a variety of courses relevant to the people they were supporting including moving and handling, infection control, safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, fire safety, equality and diversity and food hygiene. Care staff also undertook specialist training which included dementia awareness and managing challenging behaviour.

New members of staff participated in a structured induction programme, which included a period of shadowing experienced colleagues before they started to work as a full member of the team. The induction training included an initial orientation to the service, the provider's mandatory training and where necessary the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. All new staff completed a probationary period of three months during which their performance was monitored and reviewed.

Staff spoken with told us they were provided with regular supervision and they were well supported by the provider. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had an annual appraisal of their work performance and were invited to attend meetings. Staff told us they could add to the meeting agenda items and discuss any issues relating to people's care and the operation of the home. We saw minutes of the meetings during the inspection and noted a range of topics had been discussed.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 staff had received

appropriate training and had an awareness of the principles of the Act. Staff spoken with understood the importance of seeking people's consent before providing support, irrespective of whether people lacked the capacity to make decisions about more complex aspects of their care. They were aware of the importance of giving people the information they needed to make decisions and that people had the right to refuse care regardless of their capacity. We noted people's mental capacity to make decisions had been considered as part of the preadmission assessment and the care planning process. We also saw each person had a mental capacity assessment recorded on their file and had signed a consent form to indicate their agreement to their care and treatment. In circumstances where people had been unable to consent, we saw that relatives had been involved and in one case a best interest meeting had been held.

The registered manager understood when an application for a DoLS should be made to the supervisory body and how to submit one. At the time of the inspection, the registered manager had submitted 13 applications to the local authority for consideration. This ensured that people were not unlawfully restricted. We saw the registered manager had a central register of the applications and checked progress with the local authority on a regular basis.

Before a person moved into the home, the registered manager or senior member of staff undertook a pre-admission assessment to ensure their needs could be met. We looked at a completed pre-admission assessment and noted it covered all aspects of people's needs. We were assured people were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food provided in the home. For example, one person said, "The meals are good and really well cooked." We observed the meal time arrangements on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was pleasant and good-humoured. The meal looked well-presented and appetising. We noted people were offered second helpings if they wanted more to eat.

All food was made daily on the premises from fresh produce. There were systems in place to ensure the cook was fully aware of people's dietary requirements. We noted details of the menu were displayed in the reception area including the soft diet options. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietitian as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

We looked at how people were supported to maintain good health. We noted, where there were concerns people were promptly referred to appropriate health professionals. A relative spoken with during the inspection, told us the registered manager and staff had been very persistent in following up their family member's health issues. This had meant they received timely medical intervention for a serious health condition. We noted staff ensured all people had annual medicines review, to ensure their medicines remained appropriate.

Records looked at showed us people were registered with a GP and received care and support from other professionals, such as chiropodists, speech and language therapists, physiotherapists, occupational therapists and the district nursing team as necessary. We spoke with a healthcare professional during the inspection, who told us they had no concerns about the service. From our discussions and review of records, we found the registered manager and staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We saw arrangements were in place to transfer information in the event a person was admitted to hospital.

We considered how people's needs were met by the design and decoration of the home. Since the last inspection, we noted signage had been added to the corridors and toilet and bathroom doors were clearly marked. We also noted the corridor walls had been decorated with red brick effect wallpaper and people's bedroom doors had been painted and decorated in bright colours to resemble front doors. This helped people to locate their bedrooms and orientate themselves round the home.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "The staff are very kind and caring" and another person commented, "The staff are all very nice and try their best." Similarly, a relative spoken with was happy with the care their family member received. The relative told us, "The staff are absolutely lovely. I can't fault them at all, they are attentive and kind." The relative also told us the staff had a good understanding of their family member's needs.

People were supported to maintain contact with relatives and friends. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments. The relative spoken with told us they were made welcome in the home.

We observed staff interacted in a caring and respectful manner with people living in the home. For example, support offered at meal times was carried out discreetly and at a pace that suited the person. Where staff provided one to one support, they sat and interacted politely with the person. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm and peaceful.

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day-to-day decisions, for instance, how they wished to spend their time and what they wanted to eat.

We saw people were involved in developing and reviewing their care plans and their views were listened to and respected. The process of reviewing care plans helped people to express their views and be involved in decisions about their care. People were also able to express their views by means of daily conversations, residents' meetings and satisfaction surveys.

People's privacy and dignity was respected. People told us they could spend time alone if they wished. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user's guide. People were provided with a personal copy of the guide when they expressed an interest in the home. The guide provided an overview of the services and facilities available in the home. We noted there was information on local advocacy services in the reception area.

People were supported to be comfortable in their surroundings. People told us they were happy with their

bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. The registered manager explained that arrangements had been made for one person with a specific medical condition to have an assessment for a specialist chair. Following receipt of the chair, the person had been able to socialise with others living in the home. Daily care records showed staff promoted people's dignity and independence by providing support in line with each person's individual preferences and wishes.

Compliments received by the home highlighted the caring approach taken by staff. We saw several messages of thanks from people or their families. For instance, one relative had written, "You all went above and beyond your duty on occasions, when our [family member] needed extra support. I just want you know that your help and kindness was very much appreciated."

Good

Is the service responsive?

Our findings

People spoken with told us the staff responded well to their current and changing needs. They said they made their own decisions about their care and were supported by the staff. People confirmed they had a care plan and said they felt part of the care planning process. For instance, one person told us "I've been through my care plan and signed it." A relative spoken with also confirmed they had been involved in the care planning process. Reflecting on this, they said, "I've discussed [family member's] plan, so I know they are keeping a close eye on her."

We reviewed four people's care records and noted all people had an individual care plan, which was supported by a series of risk assessments. The plans were split into sections according to people's needs. We noted people's care files also included personal profile information, which set out how people wished to be supported as well as details about their past life experiences and information about their preferred routines. This meant staff were provided with appropriate information to enable them to respond effectively to each person's individual needs and preferences.

There were arrangements in place to review people's care plans and risk assessment documentation on a monthly basis or more frequently if people's needs or circumstances changed. Whilst we saw staff had added hand written notes to people's plans to highlight any changes, staff and people had signed an overall review sheet. This meant it was not clear what aspects of the plan had been reviewed. The registered manager told us she would consider asking the staff to record a monthly evaluation of each section of the plan. This would provide evidence to demonstrate all aspects of people's needs had been considered and reviewed.

We saw charts were completed as appropriate for people who required any aspect of their care monitoring, for example, personal hygiene, nutrition and hydration and pressure relief. Records were maintained of the contact people had with other services and any guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care, which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms. Staff told us they discussed people's well-being and any concerns during their handover meetings. This meant there were systems in place to ensure the staff were responsive to people's changing needs.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed the complaints procedure and service user guide was available in different font sizes to help people with visual impairments. We found there was information in people's care plans about their communication skills to ensure staff were aware of any specific needs. People also told us that staff read out sections of their care plan if they found it difficult to read.

Technology was used to support people to receive timely care and support. The service used a call bell system, which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time. Sensor mats had been placed in bedrooms, where people were assessed as having a high risk of falls. The home also had Wi-Fi available throughout the building and staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link. Further to this, the registered manager explained that staff had accessed training by the tele-medicines system. This was known as virtual training and was delivered by trained medical staff.

People had access to various activities and told us there were things to do to occupy their time. The provider employed an activities co-ordinator for 16 hours a week, who arranged activities both inside and outside the home. The activities inside the home included exercise classes, bingo, reminiscence and games. We observed people living in the home enjoyed a game of 'play your cards right' during the inspection. We saw records to demonstrate all people had individual time with the activities organiser on a monthly basis. This gave people the opportunity to pursue their own interests. Activities arranged outside the home, included trips to local garden centres, restaurants and places of interest. We saw photographs were displayed around the home of people enjoying activities. Forthcoming activities were advertised in the reception area.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

The complaints procedure was included in the service user guide and displayed in the reception. This informed people how they could make a complaint and to whom they should address their concerns. The procedure also included the timescales for the process. There was a complaints policy in place to ensure all complaints were handled fairly, consistently and wherever possible resolved to the complainant's satisfaction. The registered manager confirmed she had not received any complaints about the service in the last 12 months.

People's end of life wishes and preferences were recorded and reviewed as part of the care planning process. The registered manager and staff worked closely with the GP and nursing teams to ensure people had rapid access to support, equipment and medicines as necessary. The registered manager also explained an advanced nurse practitioner was working alongside people, their families and staff to develop advanced care plans. These plans are designed to support people to think and talk about their wishes in respect to how they want to be cared for in the final months of their life.

Good

Is the service well-led?

Our findings

People, a relative and staff spoken with during the inspection made positive comments about the leadership and management of the home. For instance, one person told us, "The manager is very good. She is as good as her word and is very trustworthy" and a relative commented, "It feels like home. I can go away and feel content that [the registered manager] would always contact me if there were any problems."

There was a manager in post who had been registered with the commission since May 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had responsibility for the day-to-day operation of the service and was visible and active within the home. People were relaxed in the company of the registered manager and it was clear she had built a good rapport with them. During the inspection, we spoke with the registered manager about the daily operation of the home. She was able to answer all our questions about the care provided to people showing that she had a good overview of people's needs and preferences.

The registered manager told us she was committed to the on-going improvement of the home. At the time of the inspection, she described her achievements over the last 12 months as developing the internal environment of the home, working successfully with an Advanced Nurse Practitioner to develop advanced care plans and the introduction of a staff dignity champion. The registered manager also described her priorities over the next 12 months, which included, further development of the care planning system, improving the external environment of the home and introducing 'Playlist for Life'. The 'Playlist for Life' involved developing individual musical playlists for people living with dementia. The registered manager also set out other planned improvements in the Provider Information Return submitted to CQC before the inspection. This showed the registered manager had a good understanding of the service and how it could be improved.

Staff spoken with were aware of the lines of responsibility and told us communication with the provider was good. They said they felt supported to carry out their roles in caring for people and felt confident in carrying out their duties. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a member of staff on duty with designated responsibilities.

People and their relatives were regularly asked for their views on the service. This was achieved by means of residents' meetings and satisfaction surveys. The last annual satisfaction questionnaire had been distributed in February 2017. We looked at the collated results and noted people had indicated they were satisfied with the service. Several relatives had also made positive comments about the home, for instance one relative had written, "As far as homes go, this is the best. It's always warm and comfortable." We noted action plans had been developed in response to any suggestions for improvement. Residents' meetings

were held once every three months. This meant people had the opportunity to have input into the development of the home.

The registered manager used various ways to monitor the quality of the service. These included audits of the systems to manage medicines, staff training, supervision and appraisal, care planning, infection control, the environment including checks on the fire systems as well as regular analysis of accidents and incidents. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

The registered manager was supported in her role by an area manager, who visited the home at least once a month. The area manager also carried out a comprehensive set of audits to check the home was operating in line with the provider's policies and procedures and the current regulations. We saw examples of the completed audits during the inspection and noted detailed action plans had been developed in response to any shortfalls. All the action plans had been monitored and followed up, to ensure all actions had been completed.