

Minster Care Management Limited

Ashgrove Care Home - Humberstone

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

The inspection took place on 28 June 2018. It was unannounced.

Ashgrove Care Home provides care and support for up to 56 people who require personal care. The service has communal areas and has opened up an extension, which provides en-suite bathroom facilities in people's bedrooms and access to patio gardens. It offers care and support to people, some of whom are living with dementia.

Ashgrove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection of this service we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014 for Regulation 12, safe care and treatment and Regulation 17, good governance.

There were a variety of shortfalls within people's care records, which meant staff, did not always understand or deliver the care and support people required in a timely way. Audits were undertaken; however, they had not always found the shortfalls in the service relating to people's care records. Monitoring of the mealtime service at tea time required improvement along with a further review of pressure area care for people living at the service. The staff team had changed and staff were still trying to understand people's needs and get to know them. There were issues with medicine management and administration. Information about people's topical creams needed to be clarified and thickening agents for some people's drinks were not signed for on people's medicine administration charts (MAR). We recommended that the provider should follow guidance for all aspects of medicine management. There were also minor infection control issues that were addressed at the time of the last inspection.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question responsive and well-led to at least good and achieve compliance with Regulations 12 and 17.

At this inspection we found improvements had been made. People's care records reflected their full and current needs and people received timely care and support. Staff provided the correct care and support to meet people's individual needs. Audits were robust any issues found were acted upon straight away. Mealtimes were pleasant sociable occasions. The staff team were stable and they knew people and their needs. Medicine management, infection control and data management was robust. Mealtimes were monitored and they were relaxed social events.

The service has a manager in place who has applied to become registered with the Care Quality Commission. Their application has been validated by the registration team and they are awaiting their fit

person's interview. They have been a registered manager prior to applying to become the registered manager of this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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's health and safety was protected by the staff's monitoring of their needs and the environment. Staff understood how to identify signs of abuse and harm and issues were reported appropriately. Staff understanding the risks present to people's wellbeing and gained help and advice from health care professionals to minimise these risks. People who used the service told us they felt safe living there. There were sufficient numbers of competent staff to meet people's needs.

Accidents and incidents were monitored. Staff understood the action they must take in the event of an emergency to protect people's health and safety. General maintenance was undertaken.

Staff received supervision and appraisals to maintain and develop their skills. Performance issues were addressed.

The management team and staff had developed caring supportive relationships with people living at the service, their relatives and visitors. Staff were knowledgeable about people's full and current needs and they provided caring support to people by using a team approach.

Staff promoted people's independence even if there were risks attached to this. People were offered choices of food and drinks and their individual dietary needs were met. People's communication needs were recorded and staff were aware of this,

Capacity assessments were undertaken, care and support was provided in line with the Mental Capacity Act 2005, which helped to protect people's rights.

People were treated with respect and staff were kind and patient with their approach to people and their diversity was respected. Advocates were provided for people if this was required, to help them raise their views.

Staff accessed health services to help to maintain people's health and wellbeing. People received person-centred care and support. Activities were provided in house and links with the community were being enhanced.

There was a complaints policy in place and the provider welcomed feedback from people living at the service, relatives and staff. Issues raised were investigated and this information was used to enhance the service provided to people.

Family and friends were welcome to visit the service and people living at the service were encouraged to maintain family contact.

There was an effective management team at the service who were open and transparent. Work had been undertaken to make sure the quality monitoring of all areas of the service was robust.

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.

Medicine management, infection control and recruitment was robust.

Staff reported safeguarding concerns. Issues raised were investigated to help to protect people from harm and abuse.

Safety checks were undertaken and accidents and incidents were monitored.

Is the service effective?

Good ●

The service was effective.

Staff undertook training, supervision and appraisal to develop and maintain their skills.

Care was provided with people's consent or in their best interests. People's rights were protected.

People's dietary needs were met. The environment supported people's needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and attentive and people's privacy and dignity was protected.

People were provided with information and explanations to help them make choices about their care and support.

Confidential information was stored in line with the Data Protection Act.

Is the service responsive?

Good ●

The service was responsive.

People needs were assessed and monitored. People's health was monitored by staff and health care professionals to maintain their wellbeing. End of life care was provided in line with people's individual wishes.

Activities were provided to ensure people maintained their hobbies and interests.

People were supported to raise concerns or complaints. Issues raised were investigated and addressed. This information was used to maintain or improve the service.

Is the service well-led?

The service was well-led.

Quality assurance checks and audits were robust. Issues found were acted upon immediately.

Feedback was gained to help improve the service provided.

Statutory notifications were sent to the Care Quality Commission as required.

Good 

Ashgrove Care Home - Humberstone

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 was undertaken on 28 June 2018, by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We asked the local authority commissioning and safeguarding teams for their views. We contacted Healthwatch (a national consumer health care champion) for their feedback about this service prior to our visit. We reviewed all of this information to help us to make a judgement about this service.

We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

During the inspection we spoke with eight people living at service, three relatives, the provider, regional manager, manager, four staff and the cook. We spoke with one visiting health care professional. We spent time in the communal areas of the service to observe the interactions between people, visitors, relatives and staff.

We looked at a selection of documentation. This included three staff recruitment files, supervision and

appraisals records, staff training records and rotas. We inspected three people's care records, ten medicine administration records, minutes of meetings held with people living at the service, relatives and staff, quality assurance checks, audits, policies and procedures, maintenance records and complaints and compliments received. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service who could not talk with us.

Is the service safe?

Our findings

At the last inspection in July 2017 we rated the service as requires improvement in this domain. We found issues with maintaining safe medicine management and we made a recommendation about this. There were also minor infection control issues that were addressed at the time of the inspection. At this inspection we found the service was safe.

We looked at how medicines were ordered, stored, administered, recorded and disposed of. We saw people had individual medicine administration records (MAR). People's photographs were present to help staff identify them. Information about people's allergies were recorded.

We saw people received their medication safely, this included prescribed creams and thickening agents to put in people's drinks. During our inspection we observed a member of staff administering people's medicines, they maintained good hand hygiene, were attentive and took their time to explain to people what their medicine was for. Medicines were stored in a trolley which was locked and stored safely each time it was left for a short period to allow the member of staff to give people their medicine. The member of staff signed the medicine administration record (MAR) as medicine was given and codes were used if medicine was refused. There were no gaps on people's MAR.

Staff ensured medicines were obtained in a timely way so that people were not left without vital supplies. Random balances of controlled medicine checked were correct. The medication storage room and fridge temperatures were monitored to ensure medicines were stored in line with the manufactures recommendations to remain effective.

The control and prevention of infection was monitored robustly by the management team. Training in this area had been delivered to staff and policies and procedures were in place to advise the staff. Infection control audits were undertaken to identify and address any potential risks, any issues found were corrected. Staff used personal protective equipment (PPE), such as gloves and aprons. Hand washing facilities were available throughout the service, which promoted effective infection control.

People we spoke with told us they felt safe living at the service. People commented "I am safe and well looked after", "Yes, there are enough staff" and, "I would not want to move. I am safe."

Relatives confirmed their family members were safe. One relative said, "[Name] is safe here with the staff so I don't have to worry. [Name] wanders round and they are safe to explore." Another said, "I feel mum is safe here, in the new bedroom especially. I am not worried at all."

A health care professional told us people were safe and well looked after, they said, "There are enough staff. I have never seen any abuse."

People were protected from harm and abuse. Staff undertook training about the potential signs of abuse and how to report concerns. A safeguarding and whistleblowing policy and procedure was in place to guide

staff about the action they must take. Safeguarding incidents were reported to the relevant agencies, including the CQC. The management team and staff understood their responsibilities which, helped to protect people from harm and abuse.

Risk assessments were in place for known risks to people's health and wellbeing. They covered, for example; the risk of falls, pressure damage to skin due to immobility or frailty or the risk of choking. Staff we spoke with knew the risks present for each person and they monitored and supported people whilst respecting their independence and choice. People were encouraged to remain as independent as possible even if there were risks present.

The staffing levels provided were monitored to make sure there were enough competent, skilled and experienced staff to meet people's needs. People's dependency was assessed and reviewed to help the provider determine the number of staff required. If people were unwell or were attending appointments or activities staffing levels were increased to support them. Staff we spoke with told us they covered each other's holidays and absence to make sure people were looked after by staff who knew them and understood the risks present.

Staff gained advice and support from relevant health care professionals if people living with dementia exhibited behaviour that may challenge the service or others. Staff used distraction method's to help reduce people's anxiety.

There was a robust recruitment system in place. Staff files inspected confirmed staff completed application forms, provided references and had a disclosure and barring service check (DBS). A DBS check is completed during the staff recruitment stage to determine if an individual is suitable to work with vulnerable adults.

Information about accidents and incidents that occurred was audited by the management team who looked for any patterns or trends. Advice, help and guidance was gained from relevant health care professionals to help prevent further issues from occurring.

Health and safety checks and checks of equipment in use were undertaken to ensure the environment remained safe for all parties. The provider had a business continuity plan in place. This informed staff about what to do in an emergency, for example a utility failure or fire. People had personal emergency evacuations plans (PEEPs) which, provided information for staff and the emergency services about the support people needed to receive in an emergency.

The management team had a transparent culture in place regarding health and safety. Staff were aware of their responsibilities and reported concerns so that issues raised could be immediately addressed.

Is the service effective?

Our findings

At the last inspection in July 2017 we rated this service as required improvement in this domain because improvements were required regarding mealtimes. At this inspection we found the service was effective.

We observed mealtimes and found staff supported people appropriately and they were sociable occasions. People had their dietary needs assessed and reviewed, those who required support with eating and drinking were assisted by patient attentive staff. People's dietary needs, including food allergies were recorded. Special diets such as pureed or soft diets were provided. Adapted crockery; cutlery, plate guards and beakers were used to help people maintain their independence with eating and drinking. Food was placed on coloured crockery to help people living with dementia define their food on their plate. People told us the food was good. A relative said, " [Name] has put on weight the food is so good."

People we spoke with told us the service was effective at meeting their needs. We received the following comments, "Staff are here and they support me." Another person said, "There are enough staff who are quite helpful. I am supported appropriately."

A relative told us, "The care staff keep me informed." Another said, " All the staff know my relation and treat them more like family. Staff tell me how they are and how they have made them laugh."

Staff were provided with training in a variety of subjects to develop and maintain their skills. A member of staff said, "We have plenty of training I have undertaken safeguarding, infection, fire awareness and moving and handling training." New staff had a period of induction and undertook the care certificate (a nationally recognised training programme to develop their caring skills and knowledge). They worked under supervision for their induction period and were monitored and supported by senior staff.

Staff supervision was conducted by the management team on a regular basis. Supervision occurred if there were performance issues so staff could undertake further learning to help prevent re-occurrence of issues. Supervision and appraisal records highlighted any further training needs as well as the staff's future goals. More appraisals were planned to take place when the manager had got to know the staff's strengths and weaknesses to help them develop their skills to their full potential.

We saw good practice guidance, such as the Alzheimer's Society 'This is me' was used to inform the staff about people's needs who were living with dementia. National guidance and monitoring tools were in place regarding people's nutrition needs. National Institute for Health and Care Excellence (NICE) guidance was in place for medicine management at the service. The management team and staff told us it was important to follow this good practice guidance.

We found people living at the service were supported by healthcare professionals, such as district nurses, chiropodists, GP's and opticians. The outcome of their visits was recorded and this information was shared with people's next of kin, where this was appropriate. Staff referred people to relevant health care professionals in a timely way to promote their wellbeing.

Staff undertook equality and diversity training. They understood the importance of allowing people to live their lives how they chose with no restrictions. The management team encouraged this for people living there, for their relatives and staff.

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 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 applying DoLS appropriately. At the time of our inspection five DoLS applications had been granted and eight had been submitted to the local authority. Staff undertook training in this area. Where people lacked capacity to make their own decisions care was provided in their best interests following discussions and meetings held with people's relatives and relevant health care professionals, which helped to protect people's rights. A relative told us, "[Name] is living their life the way they like to."

We saw staff supported people in the least restrictive way, for example, a person who was unsteady on their feet who had walked out of their room was observed by staff and they walked with them to provide support, if this was required. We saw people were encouraged to remain as independent as possible, even if there were risks attached to this. We observed staff offered people choices and followed best interest meeting decisions which helped to ensure people's rights were protected. A member of staff said, "I ask what people want to wear, eat or do. Our support is person-centred. We act on what people want."

People's needs were incorporated into the décor of the building, for example, reminiscence areas had been created. There were quiet lounges for people to use. The new extension was in use, bedrooms had en-suite bathrooms and they had access to garden and patio areas. People could see their relatives in private in communal areas or in their rooms. Pictorial signage was present to help people find their way around. Memory boxes were outside bedrooms for people living with dementia. They contained pictures and items to help people remember where their room was located.

Is the service caring?

Our findings

At the last inspection in July 2017 we rated this service as requires improvement because there had been a large turnover of staff and staff were not fully aware of people's needs. We also found one person's care records were not stored securely in line with the Data Protection Act. At this inspection we found these issues were addressed and the service was caring.

We observed the staff and management team cared about the people living at the service and their relatives. A member of staff said, "I love it here, everyone is really nice." Another said, "We have the time to really care for people." Staff provided continuity of care to people.

Staff were caring, kind and attentive to people. People we spoke with confirmed this. One person said, "The staff are lovely." During the inspection we observed a relative was presented with a framed picture of their loved one (who was living with dementia), there was a flower in the frame. The person had written, 'To [name] with love from mum. This was cherished by the person receiving it.

Relatives told us they were happy with the care their loved ones received from the staff and management team. One relative said, "The staff are great with mum, they are all brilliant. The management team have changed and they care. They have addressed all the issues here." Another relative said, "I cannot believe this is the same place. The manager has tried so very hard with the whole of the home, caring is strongly promoted. I am over the moon. All the staff are kind, thoughtful and helpful. I am really pleased with everything."

A healthcare professional we spoke with told us the staff were attentive and supported people in a kind way. They said staff were attentive and met people's needs.

Confidential information was held securely in line with the Data Protection Act. Staff understood their responsibilities regarding this. Staff followed the providers policy about maintaining people's confidentiality.

We saw staff delivered person-centred care to people and treated them with kindness and compassion. Staff asked people if they were alright or if they needed anything and acted upon what people said. We observed staff worked effectively as a team and were allocated to certain areas of the service so they could provide timely care and support provide to people.

People we spoke with confirmed the staff respected their privacy and treated them with dignity. We saw staff knocked on people's doors before they entered and personal care was provided to people behind closed doors. Training records confirmed staff completed dignity training. There was a dignity tree which had leaves stating what dignity meant for people. Comments included, 'valued, compassion and treat others with respect'.

Staff addressed people and their relatives by their preferred names. Staff spent time with people and their

relatives, which helped them feel supported. They involve them in conversations and decisions about their care. We saw friendly banter occurred between people and staff, which was warm, friendly, supportive and encouraging. Staff understood people's life histories and were able to reminisce with them about their family, working life and hobbies, and involve them in conversations and decisions about their care.

People had their communication needs assessed. Their care records informed staff about the best way to communicate with people. This information was understood by staff and was shared with relevant health care professionals so effective communication could take place. Staff took their time to speak clearly and slowly to people if this was required, they re-worded questions and gave people time to respond.

We observed staff and the management team interacted well with people and their relatives. If people became unsettled, agitated or distressed staff responded quickly to help to calm and reassure people. Staff knelt to an appropriate eye level to speak with people in a calm tone, which helped relieve people's anxiety.

Staff were aware about the behaviour people may exhibit if they were uncomfortable, thirsty or in pain and they monitored people to make sure they were comfortable and were cared for. Staff used gentle appropriate touch and facial expression, such as smiling to help to reassure people, especially those living with dementia.

People were provided with information and explanations to help them make choices about their care and support. Information about the service was provided to people in a format that met their needs. Pictorial signage helped people find their way around and locate toilets and bathrooms. Notice boards were present with information displayed to inform people what was occurring at the service. This helped people feel included as part of the 'Ashgrove' family.

Information about advocacy services was provided to people. Advocates are independent representatives who can help people raise their views. This helped people to gain this support, if it was required.

The service recognised the importance of treating people equally and staff completed equality and diversity training. We saw information about people's religious needs was recorded and this information was known by staff. People were supported to maintain their faith and religious services were held at the home.

Is the service responsive?

Our findings

At the last inspection in July 2017 we rated this service as requires improvement because there was a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) 2014. There were a variety of shortfalls within people's care records, which had meant staff did not always understand or deliver the care and support people required in a timely way. A further review of the pressure area care required for people living at the service needed to take place. At this inspection we found the service was responsive.

People's care records contained person centred information about their full and current needs. This included pressure area care. Records we inspected confirmed people received timely care and support to maintain their health and wellbeing.

People's records included key information including their pre-admission assessments, next of kin details, input from health care professionals, past medical history, areas of independence and life history information. Staff understood this information, which helped them support and engage with people. We found people's care records were personalised and detailed their full and current needs and preferences for their care and support. Information about the gender preference of care staff people wished to support them was present.

People had risk assessments in place for issues such as weight loss, falls, swallowing problems or choking. Staff were aware of these risks and they monitored people's wellbeing. Relevant health care professional were kept informed of changes in people's needs. If special equipment was assessed as being required for people this was provided. For example, pressure relieving cushions and mattresses to help prevent skin damage or hoists to help to transfer people safely. Risks present to people's wellbeing were reported to head office and the management team kept risk under review to ensure people were receiving the correct care to maintain their health and wellbeing.

We saw people's care records were reviewed by staff as their needs changed or on a monthly basis. Reviews were held which involved the person, their relatives and relevant health care professions. This helped to keep all parties informed. People had medicine reviews undertaken periodically to ensure their prescribed medicine remained effective for them.

People we spoke with told us the staff were responsive to their needs. One person said, "The staff look after us well. They look after my health." Another said, "I get involved in the film shows here and the bingo."

Relative's told us they knew staff responded to their loved ones needs. One said, "Staff are all trying hard. The service has improved wonderfully. When my relative rings the bell staff attend and give the help they need. Their medicines are given as required and they are reviewed. [Name] get's the care they need." Another said, "Staff tell me how [Name] has been when I come in. We have a good relationship. Staff get the GP if [Name] is unwell."

A visiting health care professional told us staff were responsive to people's needs. They said, "Staff

communicate every change in the patient's conditions and understand their needs. They let me know if they are worried and if they require medicines, which they want faxing straight away. Staff follow my instructions. Staff ask question's because they want to make sure things are right and done for the right reasons. Staff understand people's needs."

An assessment of people's needs was undertaken by staff prior people being admitted to the service. This allowed people and their relatives to ask questions and find out about what the service could offer them. Information about people's health and wellbeing was gained from relevant health care professionals, supporting local authority and from discharging hospitals so staff understood people's needs. All of this information was used to develop person-centred care plans and risk assessments for people after their admission to the service.

Staff undertook constant monitoring of people's care, health and wellbeing. There was a resident of the day scheme in place and staff used this to spend time with the person and undertake a care review. During this time their room was cleaned and the cook met with them to talk about their dietary needs and check if they were enjoying the food provided for them.

Staff monitored people's skin integrity to prevent pressure damage due to people being immobile or frail. Monitoring records were completed by staff and these were regularly checked to make sure people had received the care and support they required.

If people had to attend appointments they were escorted or health care professionals visited them at the service. People had a hospital passport to inform hospital staff about their needs. Health care professionals confirmed staff referred people to them in a timely way to protect their wellbeing.

People were encouraged and supported to maintain their relationships with their family and friends. Visitors were made welcome and they attended at any time. Family and friends were invited to events, for example to watch the World Cup football matches with their loved ones and to attend the scheduled the Summer Fair.

Activities were provided which considered people's preferences, hobbies and interests. Activities co-ordinators made sure if people spent time in their own rooms they were not left out. We saw one to one activities taking place in people's bedrooms, for example discussing the recent Royal Wedding. Activities were advertised and people were asked what they would like to do and were invited to take part. Photographs of activity undertaken were displayed with people's permission, so people could reminisce about these events. People had painted stones and placed them on the beach to see where they travelled to. One stone had travelled to Northumberland.

The service had links with the local community, for example each month a local toddlers group were invited to a get together at the service. People we spoke with told us it was lovely to see the children and engage with them. A hairdresser provided a service so people could have their hair done, if they wished. The manager told us they were trying to get community groups to come into the service, for example a local Ukulele group.

People's religious needs were recorded and acted upon. Local clergy visited on a regular basis to hold a service and provide spiritual support to people to ensure their religious needs were met.

People were supported to raise concerns or complaints. There was a complaints procedure in place, this was available to people in a format that met their needs. We looked at the complaints that had been

received. We saw issues raised were investigated and resolved. People we spoke with told us they had no complaints to raise about their care or the service provided. One person said, "I feel able to raise issues." Another said, "I would say if I had a complaint." We saw learning from complaints had occurred and this information was used to improve the service.

End of life care was provided at the service. People's wishes for their care and support at this time was recorded and followed by staff. Relevant health care professionals supported people's care to make sure they remained comfortable and had a dignified and pain free death. The management team reviewed all the care provided leading up to the person's death and following it to make sure they and the staff had done everything possible to support all parties at this time.

Is the service well-led?

Our findings

At the last inspection in July 2017 there was a breach of regulation 1, good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found the checks and audits undertaken of the service had not found the shortfalls that were present during our last inspection. At this inspection we found the service was well-led.

We found robust quality monitoring, which included checks and audits of all areas of the service were in place. Any shortfalls found were immediately acted on. The management team had worked hard since the last inspection to look at how the service could continuously learn, improve and innovate. Good practice guidance; for example, nutritional monitoring and dependency tools were in use and they were robustly monitored to ensure people's health and wellbeing was maintained or improved. They were positive and were determined to maintain the positive changes which had benefitted people living there.

At the time of this inspection the service had a manager in place who had applied to become registered with the CQC. Their application had been validated by the registration team and they were awaiting their fit person's interview. They had been a registered manger prior to applying to become the registered manager of this service.

People we spoke with confirmed the service was well-led and said the manager and management team were accessible to them and they confirmed the service had improved and their views were sought. We received the following comments; "The manager comes in and chats with me", "There have been quite a lot of dramatic changes over the last few months. The service is so much better than before. There is a manager and a deputy now. Everything is fine", "I have no issues the service has changed for the better and standards are kept up. I am asked if I am happy with everything by the manager, and I am" and, "The manager deserves success, they have been sorting things out. If something was bad I would tell you. It is good now." A relative said, "Mum say's the boss has been in to see her. The manager is involved with the residents."

Staff we spoke with told us the service was led effectively and they confirmed the manager was having a positive effect at the home. Staff told us it had improved vastly since our last inspection. They commented, "Things have improved one hundred percent here. We are on top of the paperwork", "It is much better now (the service). We have the time to really care and this is promoted at the home" and, "The manager is brilliant and addresses the issues. They are understanding and supportive of you. I have confidence in them. They are very fair and thorough. There is a positive atmosphere here."

We found the manager was supported by the provider and higher management team, who visited to monitor the quality of service provided to people. We found the management team were helping to shape the culture of the service and they were effectively engaging with people, relatives, visitors, staff and commissioners. They were open and transparent with us and told us they were determined to continue to improve the service in any way they could.

The management team considered people's diversity, equality and human rights in the way the service was

managed. We saw people living at the service, staff and relatives they all confirmed they were treated as individuals.

We saw the management team monitored the staff's performance and gave verbal feedback to them when they had achieved excellence in areas of their practice.

People were provided with information about the service. A statement of purpose was given to people in a format that met their needs, which told them what was available to them. The manager had an open door policy so people using the service, relatives, visitors and staff could speak with them at any time.

Staff meetings and discussions were held about training, rotas, challenges face, ideas to improve the service and good practice. Staff told us their feedback was welcomed and encouraged by the management team. Minutes of the staff meetings were recorded and shared with those who could not attend, so staff were kept informed.

People were asked for their comments and suggestions. People living at the service, their relatives and health care professionals were sent a yearly questionnaire. We looked at the Quality Survey results for October 2017 for people living at the service and for health care professionals. Feedback received had been acted on by the management team to improve the service.

Resident and relative's meetings took place, areas discussed included; the food provided, activities, and changes in the management team. The manager met with people and their relatives at the meetings to promote all the positive changes that had occurred at the service, for example opening the new bedrooms for people to use.

Services that provide health and social care to people are, as part of their registration, required to inform the CQC of accidents, incidents and other notifiable events that occur. We found the manager reported issues to CQC, which meant we could check appropriate action had been taken.

The management team told us they were looking to extend their links with in the local community to increase the services profile locally. They worked closely with the local authority who continued to support the service, as necessary. The management team had identified the changes required to be made at the service and had implement them for the benefit of all parties. This ensured the service was a safe and pleasant place to live.

We found confidential records were stored in line with the Data Protection Act. Staff understood the importance of maintaining people's confidentiality.