Banktop Securities Limited

The Holt Retirement Home

Inspection report

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Date of inspection visit:
11 February 2016

Date of publication:
06 May 2016

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

This inspection took place on 11 February 2016 and was unannounced. At the last inspection on 11 June 2014 we found the service was meeting the regulations we inspected.

The Holt Retirement Home provides residential care for up to 22 people. The home specialises in caring for older people who are living with dementia, or a dementia related condition. On the day of the inspection there were 20 people living in the home. The service does not offer nursing care.

The home has a registered manager in place. 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.

Staff were able to tell us what they would do to ensure people were safe and people told us they felt safe at the home. The home had sufficient suitable staff to care for people safely. Staff received regular informal supervision and they were safely recruited. People were protected because staff handled medicines safely. The home was regularly cleaned and staff were trained in infection control.

Staff had received training to ensure that people received care appropriate for their needs. Staff were able to tell us about effective care practice and people had access to the health care professional support they needed.

Staff had received up to date training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff ensured that people were supported to make decisions about their care. People were cared for in line with current legislation and they were consulted about choices.

People's needs in relation to food and drink were met. People enjoyed the meals and visitors told us how good the food was. We observed that the dining experience was pleasant and that people had choice and variety in their diet.

Health and social care professionals told us that the registered manager communicated with them well and were quick to ask and act on advice.

People were treated with kindness and compassion. We saw staff had a good rapport with people whilst treating them with dignity and respect. We saw people smiling and chatting with staff. Staff had a good knowledge and understanding of people's needs and worked together as a team. Care plans provided information about people's individual needs and preferences.

People were supported to live their lives the way they chose to and staff understood people's interests and preferences. People were afforded opportunities to be involved in interesting and stimulating activities. Staff

responded quickly to people's changing needs. Needs were regularly monitored through staff updates and regular meetings.

People told us their complaints and concerns were handled quickly and courteously.

The registered manager worked with the team, monitoring and supporting the staff to ensure people received the care and support they needed. People told us they liked the registered manager, that they were approachable and listened to them.

The registered manager and staff told us that quality assurance systems were used to make improvements to the service. We sampled a range of safety audits and care plan audits and saw how these were used to make improvements to the service.

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.

People were protected from the risks of acquiring infection because the service had good infection control policies and procedure and staff acted on these.

Risks to people's safety were assessed and acted on and risk plans included how to maximise freedom.

People were protected by sufficient staff who were safely recruited and had the skills and experience to offer appropriate care.

People were protected by the way the service handled medicines.

Is the service effective?

Good

The service was effective.

People told us that they were well cared for and that staff understood their
care needs.

Staff were supported in their role through training and informal supervision which gave them the skills to provide good care

The service met people's health care needs, including their needs in relation to food and drink.

People's capacity to make decisions was assessed in line with the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good

The service was caring.

People told us that staff were kind and caring and we observed staff were kind and compassionate.

Staff respected people's privacy and treated them with regard to

their dignity.

Is the service responsive?

Good

The service was responsive to people's needs.

People were consulted about their care.

Staff had information about people's likes, dislikes, their lives and interests which supported them to offer person centred care.

People were supported to live their lives in the way they chose.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place. Leadership was visible and there was a quality assurance system in place so that the registered manager could monitor the service and plan improvements.

Communication between management and staff was regular and informative.

The culture was supportive of people who lived at the home and of staff. People were consulted about their views and their wishes were acted upon

The Holt Retirement 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 February 2016 and was carried out by one adult social care inspector. The inspection was unannounced.

Prior to our inspection we reviewed all of the information we held about the service. We considered information which had been shared with us by the local authority. 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 gathered information we required during the inspection visit.

During the inspection visit we spoke with three people who lived at the home, two visitors, three members of staff and the registered manager and administrator. After the inspection visit we spoke with two health and social care professionals.

We looked at all areas of the home, including people's bedrooms, with their permission where this was possible. We looked at the kitchen, laundry, bathrooms, toilets and all communal areas. We spent time looking at four care records and associated documentation. This included records relating to the management of the service; for example policies and procedures, audits and staff duty rotas. We looked at the recruitment records for three members of staff. We also observed the lunchtime experience and interactions between staff and people living at the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Yes it's lovely here. We are safe." A relative told us, "Yes, [my relative] is safe here. There are always plenty of staff around and they have time to sit with them and keep them company." Another relative told us, "They are very good with the medicines. They review them often, and make sure [my relative] gets them on time." The person went on to say, "The place is so much improved in terms of cleanliness and it smells fresh and clean every time we visit." One person had written in a survey, "I feel the burden of responsibility has been lifted and I can enjoy a relationship [with my relative] again, without constantly worrying for their wellbeing and safety."

We saw there were safeguarding policies and procedures in place. Staff had received safeguarding of adults and abuse awareness training which was kept up to date. Staff were clear about how to recognise and report any suspicion of abuse. They could correctly tell us who they would approach if they suspected there was the risk of abuse or that abuse had taken place. They understood who would investigate a safeguarding issue and what the home procedure was in relation to safeguarding.

The registered manager had kept CQC informed about safeguarding incidents which had taken place in the service. Staff were aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We noted a person in the home with an injury. The registered manager explained how the injury had happened and we were able to follow the accident record of the event, the consultation which had been made with health care professionals, the assessment of risk which had been made to minimise the risk of further occurrence and the notification sent to CQC and the Local Authority as required. This showed how the service managed risk to protect people.

We asked the registered manager how they decided on staffing levels. They told us this depended on the numbers and dependency levels of the people living at the home at any time. They explained that during the day time for the current occupancy of 20, there was usually the registered manager, a team leader, three other care workers on duty and one member of staff who was employed to carry out social and recreational activities with people. During the night there were two waking care staff on duty with another member of staff on call. The registered manager told us they considered skill mix and experience when drawing up the rota. We spoke with staff about this and they confirmed what the registered manager told us. Staff told us there were enough staff on duty at all times to meet people's needs and not feel rushed. Our observations on the day of inspection confirmed there were sufficient staff to care for people.

Risk assessments were in place for each person who lived at the home. These covered areas such as falls, behaviour monitoring, nutrition and pressure care. One member of staff told us about how the risks had been assessed for a group of people who lived at the home to engage in a cycling activity. They told us that people had shown an interest in this, and had been supported to cycle through the village with staff and assistance from the company who owned the equipment. A visitor confirmed that this event had been enjoyed by everyone who had taken part and that people had talked about it for a long time afterwards. This was an example of how the home managed risk in a way which protected people whilst maximised their

freedom

We looked at the recruitment records for three staff which showed safe recruitment practices were followed. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) were in place and that two references were obtained before staff began work. The DBS checks assist employers in making safer recruitment decisions by checking that prospective care workers are not barred from working with certain groups of people. This meant that the home had taken steps to reduce the risk of employing unsuitable staff.

Most areas of the home were accessible by lift. Environmental risk assessments were in place and each person had a Personal Emergency Evacuation Plan (PEEP) to protect them in the event of fire. We saw that entry to the home was controlled and there were keypads on the exit and internal doors for people's safety.

Staff told us that they had received training in the control of infection during their induction and had received regular updates. They correctly described how to minimise the risk of infection. They spoke of the correct use of aprons and gloves and also told us that they washed their hands frequently and always between offering care to people. The service had an infection control policy and procedure which staff told us they followed. This included details of how to manage outbreaks of infection. The laundry room had a suitable washing machine and dryer. Dirty and clean laundry was kept separate to minimise the risk of cross infection.

Medicines were stored safely in a trolley which was secured to the wall in a lounge. Controlled drugs were stored separately and administered according to policy and procedure. Medicines were supplied to the home in a Monitored Dosing System (MDS). MDS is a medication storage device designed to simplify the administration of solid oral dose medication. We found appropriate arrangements were in place for the ordering and disposal of all medicines. We observed a member of staff while they were dispensing medicines. They did so safely and according to policy and procedure. This ensured that the correct medicine was administered and signed for at the right time. The registered manager told us they made regular checks on stocks and recording to ensure people received their medicines safely and at the time they needed them. We saw the results of these medicines audits. These had highlighted areas for improvement with action points in place and a timescale for completion. This oversight of medicines reduced the risk of error.

We looked at the Medication Administration Records (MAR) for two people. The MARs were accurately completed and medicines were signed for, which indicated people were receiving their medicines as prescribed.

Staff told us that they received regular medicine training updates and records confirmed this. This meant that people benefitted from being cared for by staff who were trained in best practice around medicine handling.

Good

Is the service effective?

Our findings

People indicated that the staff were knowledgeable about their care needs. One person told us, "They all know what to do. I like them." One visitor told us, "They are really good at making sure people have as much independence as possible and they really respect people's right to make decisions." Another visitor told us, "They are quick at getting the GP involved when that is needed. They are very thoughtful and notice little things about how [my relative's] health might change." They added "The staff have a really wonderful understanding of dementia, they are very skilful at dealing with people's distress." One person had written about the meals, "The food was very good. I can highly recommend it." Another person had written, "Fantastic food."

Staff had received induction and training in all mandatory areas. Staff told us this was thorough. They told us they shadowed other more experienced staff when they were first recruited and only began working with people unsupervised when they were confident and the registered manager felt they were competent. They told us that the registered manager shared detailed information about each individual's health needs and shared the expertise of specialist health professionals such as the community mental health team with them. They told us this was very useful in understanding the challenges facing some of the people who lived at the home. All the people who lived at the home were living with a dementia. Staff had received in-house training to support them to care for these people and the registered manager had planned externally sourced training to complement this. This meant staff were trained to give people the care they needed.

Staff told us they received ad hoc supervision and that there was an open door policy so that they could always consult with the registered manager should they need to. However, the registered manager told us that formal staff supervisions were not up to date and that this was something they were working to remedy.

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. We checked whether the service was working within the principles of the MCA.

People's plans of care showed that the principles of the Mental Capacity Act 2005 (MCA) Code of Practice had been used when assessing people's ability to make decisions. The service also had a policy and procedure on the MCA and DoLS to protect people. Staff understood the principles of the MCA and DoLS and were able to tell us about the five main principles, for example that they should always assume a person had capacity and they should support people to make their own decisions. The home used an advocacy service when necessary and the registered manager told us that a number of people who lived at the home were currently using this service

Staff were able to tell us about when a Best Interests Decision may be made and who might be involved in this to protect people. A Best Interest Decision is made when a person does not have the capacity to make a decision for themselves and it involves a multidisciplinary team. We saw records of Best Interests Decisions which had been carried out involving relevant people. 11 DoLS had been applied for and granted which were subject to review. Records confirmed that these had been applied for and put in place appropriately and that the decisions had been made in each person's best interests.

People's consent to care and treatment was recorded along with their capacity to make decisions about their care. For example, we saw consents for staff to manage medicines, for photographs and for receiving care. Care plans included statements to guide staff to support people in way which promoted independence and choice. For example. One care plan stated, "Staff to give time to [the person] to carry out their own daily living tasks using prompts and encouragement." Where appropriate, Do Not Attempt Resuscitation consent forms had been filled in. These were correctly completed with the relevant signatures.

The environment supported people to live as independently as possible within the constraints of the building. For example, there were clear signs to support people to move around independently and to recognise key rooms such as toilets. The large and attractive garden was secure so that people could enjoy this without being at risk of harm.

Needs relating to nutrition and hydration were recorded in care plans, and risk assessments were available following MUST guidance. In the PIR the registered provider told us that fruit and vegetables were sourced locally and the meals were prepared from fresh ingredients. The cook had information on people's dietary needs, their likes, dislikes and any allergies. We observed a meal time. People told us, and we saw that they had a choice of food and drinks. Those people we observed in the dining area received food which was hot, served in good portions and which looked appetising. We overheard people saying how much they enjoyed the food. Almost all plates were emptied and people seemed relaxed and happy at meal time. Lunch time was a sociable occasion with people having the opportunity to chat with each other. Staff sat by people who needed support to eat their meal so that they were on eye level with them. We observed staff talking with people and encouraging them in a kind and unhurried way. We noted that drinks and snacks were available throughout the morning and afternoon.

The registered manager told us that medical conditions which required monitoring were managed in consultation with health care professionals and that health risk assessments were in place. The service used a telecare medical consultation system, where they could gain advice and support quickly over the internet. Staff told us this was very useful particularly if people were reluctant or too unwell to visit a GP, because they could gain advice quickly and with minimum upset to the person. Staff also routinely supported people to attend GP and hospital appointments.

Care plans showed that people had been seen by a range of health care professionals including GPs, district nurses and specialists such as the diabetic nurse and Tissue Viability Nurse who advised on pressure care. We saw from the records that staff contacted health care professionals including the Community Mental Health Team to resolve issues. The staff team maintained records of all specialist involvement. We saw care workers had involved GPs and other health care professionals in a timely way and kept clear notes about consultations. Records showed how close recording of incidents and injuries were used to inform visiting professionals. Records of GP and other health care professional visits could be easily cross referenced to care plans, charts and other records to give a clear records of the pathway of care for each individual

Needs around clinical care were recorded. For example we saw plans around pain and nutrition management. People were regularly weighed when they were nutritionally at risk which meant that the

home could monitor if people lost or gained weight. The service sought external professional support, for example from the Speech and Language Team (SALT) to meet people's needs in this area. Nutrition and fluid charts were used when necessary and we saw that these were completed accurately with no gaps. These gave staff and health care professionals good information about how much food and drink people had taken. Similarly when people required monitoring charts to track pressure care, these were completed accurately with no gaps. This gave evidence that staff monitored people's health to maintain and improve their physical and mental wellbeing.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring with them. We heard one person telling a member of staff, "You are a nice person," and another person saying, "I like you." One visitor told us, "They are all really loving and caring. I wouldn't want [my relative] to be anywhere else." They added. "They have recruited some wonderful staff. This has lifted the whole atmosphere of the place. It is so good to walk into the home and see people looking confident and smiling." One visitor told us that the staff had been quick to respond when their relative was unwell. They had offered extra care and attention and made both them and the family feel cared about. People had written their thanks to the home. One person had written, "Every member of staff at The Holt is fantastic. They really are special people and a great team. Another person had written, "You have given me hope and support." Another person had written, "The staff at The Holt are friendly and caring …to all the residents." Another person had written, "The staff are always friendly and polite when we come to visit and treat [our relative] as we wish her to be treated."

We observed staff interacting with people in a friendly and positive way. People chatted and we saw them smiling and enjoying each other's company. Staff were good at putting people at ease. We saw that they respected people's emotions when they became upset, validating people's emotions by paying them kind attention. Staff were skilled at following people's sometimes volatile mood changes and adapting quickly to what people needed to support them to feel cared about and secure. We observed staff walking arm in arm with people, laughing and chatting. Staff walked alongside those people who showed that they wished to move around the home and sat with those who were more comfortable in the lounges.

Staff knew about people's lives, those people who were important to them and significant events. We heard one member of staff talking with warmth and affection to a person about their grandchildren and their Christmas presents and the person responded to this in a positive way. Staff touched people appropriately when it appeared that they welcomed this, for example, with a reassuring hand on a shoulder or a pat on the hand. Staff also talked with people about the goals they had set for themselves and how they had progressed towards them. For example, we heard one conversation between a member of staff and one person about a plan to go out for a drive and to another person about knitting. Staff were skilled in anticipating needs and making people aware of what their choices were. They interacted well with those people who were more withdrawn and were also skilled at recognising when people needed time to sit quietly.

A care worker said, "We have time to spend talking with people and supporting them with doing things they enjoy. It means we have time to get to know people well." Staff were motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about making sure people did not suffer loneliness and understanding when people may feel particularly sad or in need of extra attention. One member of staff told us. "Everyone deserves to be treated with kindness and care. If a person is angry we understand it may be because of pain or worry and that is what we need take notice of." Staff spoke about the recognition of each person's need for love and affection.

The registered manager, provider and staff made special efforts to make sure people's views were heard and

acted on. Staff told us that people who were tired or unwell were consulted at other times when they were at their most comfortable. People who had difficulty communicating were enabled to give their views by staff spending time with them, understanding their body language and/or consulting with those who were close to them. The registered manager had organised for people who needed them to have hearing and sight tests so that they had the best opportunity to understand and communicate with those around them.

People's privacy and dignity were respected. Care workers told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support, for example their social involvement and their choice of meals and food. Care plans contained good assessment information that helped care workers understand what people's preferences were and how they wanted their personal care to be provided for them.

Staff told us that they had completed in house equality and diversity training as part of their induction. This covered how to treat people with respect in relation to gender, disability, race or cultural belief. Staff could tell us how to offer care which placed each person at the centre of their care.

Staff told us that they always considered what the experience of care was like for each individual. One member of staff said, "We make sure we put each person first. They each have a fantastic life to share with us and we love making the time as happy as possible for people."

People were supported to maintain relationships with their families and friends. This involved supporting people to visit those they cared about and welcoming visitors into the home. We observed staff warmly welcoming people into the home during the inspection. They gave people an update on how their relative was and offered them refreshments, showing genuine care about them.

The service respected the confidentiality of people using the service. Care workers confirmed that they did not share confidential information inappropriately. Care workers told us that they made sure that confidential information was securely stored in the office and not left out for other people to see.

Good

Is the service responsive?

Our findings

A member of staff told us that a person regularly joined in with a singing activity. The person responded by giving us a demonstration of singing while smiling at the member of staff nearby, a clear indication of their enjoyment. Visitors told us that the service was responsive to their relative's needs. One visitor told us, "Every time we visit they are doing things with people; going out for a walk, chatting with them, looking at magazines or photographs, or doing memory games." They said, "They consult with us about everything to do with my [relative]. We have suggested a number of approaches which they have taken on board and which have improved my [relative's] quality of life." Another visitor said, "I know how to complain, but as soon as you mention something they put it right." One person had written about the home's pet chickens and how much pleasure caring for these pets gave the people who lived at the home.

We found that staff gave care in a personalised way. Visitors told us that they had worked with the registered manager and senior staff to draw up a care plan for their relative and remembered being asked questions about care needs, preferences and interests. In the PIR the registered manager told us that they completed a life history with each person. Each person had a 'This is me' document which had been completed in detail using memories and anecdotes from people, their relatives and friends. These included a written life history which contained details of what and who was important to people. Staff told us these gave them valuable information about people's lives and preferences and supported them to offer personalised care. Staff were able to tell us about people's likes and dislikes, what and who was important to them and told us how plans were in place to support people to live the lives they chose.

We observed staff talking with people in a way which demonstrated their knowledge about them and saw that this supported them to offer personalised care. For example we heard staff asking about a person's visit to the dentist earlier that morning, another member of staff talked with a person about their dog, another one about a person's relatives, knowing the names of significant people in that person's life. We observed care at lunch time and noted that when one people did not wish to carry out an action, a member of staff did not pursue this but returned again after a few moments, offering positive acknowledgment of the person's strengths which took an anxiety out of the situation for them. People were always asked where they would like to sit, and every effort was made to accommodate their choice.

Care plans identified areas of social and recreational interest and we heard from staff that people were supported to pursue these. In the PIR the registered manager had written that during the previous year they had hosted a barbeque, a garden party, carol singers at Christmas time and a Christmas drinks party. Visitors told us that they had been invited for Christmas lunch and the provider told us that a number of families had accepted this invitation. Staff told us that people were supported to maintain individual interests such as gardening. We saw a photograph of a person enjoying working in the garden. Staff told us that a number of people enjoyed feeding the chickens and taking part in their care. The provider had taken out a subscription to a hobby magazine on behalf of one person who had an interest in horse racing and another with an interest in dogs. The registered manager told us about one person who they supported to make orders over the internet, and that they were planning the introduction of IPads within the home which people could use with support from staff.

Staff told us that they carried out activities with people every day, these may include, hand/eye coordination games such as skittles, hoops and throwing a balloon, board games, baking, crafts, news review, memory games and going out for walks. They told us that people were supported to attend external entertainment such as a local 'Singing for the Brain' group. The registered manager told us that the registered provider had recently taken one man into the local market town in his car to buy new clothes and that they 'made an afternoon of it', enjoying a ride out in the countryside.

Staff kept records which gave information about people's daily lives. All records gave details of any changes in care needs or any cause for concern. Staff also took time to complete thorough handovers between shifts, where each person's care was discussed with any areas for concern highlighted. This meant that the service has systems in place to provide continuity of care so that they could be responsive to changing in people's wellbeing.

All care plans were regularly reviewed with required actions recorded and outcomes. Reviews focused on well- being and any improvements which could be made to people's care and included people's views and where relevant the views of people who were significant to them. Relevant specialists were consulted for advice at these reviews. We saw regular and frequent updates in care plans, risk assessments and clinical care guidance. For example when a person's care needs had changed it was possible to see from these regular updates how staff had adapted the way care was given to support the person as their health deteriorated. Staff could tell us about people's care needs and how these had changed.

The registered manager told us they were planning to improve consultation with people through regular resident meetings, and that they were researching how best to do this to ensure they captured as many people's opinions as possible. In the PIR the registered provider told us that when they had changed the carpet in the lounge they had brought samples of carpet material into the home to consult with people about the choice.

Visitors told us they would feel confident telling the staff if they had any concerns and felt that these would be taken seriously, though all told us they had never made any formal complaints. A pictorial easy read complaint policy and procedure was on display on a notice board in a prominent position. Staff told us that they observed people for any signs they were unhappy with the care they were receiving and told us they discussed any concerns with the registered manager. The service had a complaints procedure and the registered manager told us they followed this to ensure people's complaints were appropriately dealt with. Complaints were logged with timescales for response and outcomes recorded. For example, we saw there had been a concern raised about laundry and the response had been to recruit a person to review the laundry system, and to relabel people's clothing.

Good

Is the service well-led?

Our findings

Visitors told us that the service was well managed. One visitor told us, "The registered manager is always around the home, chatting with staff and getting involved in care. You can see that staff have respect for them but that they are approachable too." Another visitor told us, "The service is very well managed. Although the provider lives a distance from here they often visit, and they know every single person who lives here by name and what they are interested in." One person had written in a survey, "The Holt has improved greatly in the last year. The changes that have been made are for the better. "

There was a registered manager in place who spent time in all areas of the home throughout the day. During the day of our inspection we observed that the registered manager worked as part of the care team and promoted a positive person centred culture through their respectful interactions with people. The registered manager was reasonably new in post, however visitors and staff told us they were maintaining the good standard of leadership which had been evident since the new providers purchased the business.

The registered manager and registered provider completed a PIR before the inspection. In this they told us what they considered to be their main challenges to providing a good service and what plans were in place to make improvements. They had appointed a new person to an administrative post with the intention that this would free up time for the registered manager to spend more time with people who used the service. From our observations on the day this appeared to be working well, despite the new person having very recently taken up post. The registered manager had also appointed team leaders and had plans for them to have training in leadership skills in the coming year so that staff had easier access to advice and support.

Staff told us that the culture of the service was focused on good quality care and being open and honest about any concerns. They told us they felt supported in their role. We observed that the culture was inclusive and put people at the heart of care. Staff told us they were encouraged to ask questions, to offer suggestions about care and that the registered manager took these seriously and acted on them when possible. Staff understood the scope and limits of their roles and responsibilities which they told us helped the home to run smoothly. They knew who to go to for support and when to refer to the registered manager or senior staff. They told us that mistakes were acknowledged and acted on in an atmosphere of support.

People and their relatives had been regularly surveyed for their views. The surveys contained comprehensive questions about people's thoughts on such areas as quality of care, safety, meals, staff attitude, activities and leadership. People had written in response to the changes made since the new provider's took over the business that the home was a happy place to live. One person had written, "I feel great improvements have been made and it is almost unrecognisable. I am very happy about that."

Regular staff meetings took place and staff told us that these were used to keep a track of changes for individuals and where any significant events or developments were discussed. One member of staff told us, "The meetings give us the opportunity to discuss a range of important things. We talk about the people we care for, development opportunities for staff and routine things to help the place to run smoothly."

The registered manager told us that they consulted with people and those who cared about them informally on a one to one basis and more formally through regular reviews. Visitors confirmed that this was the case. Visitors told us about activities and care approaches which they had suggested and that the registered manager had responded to. The registered manager explained how they had made improvements to people's care based on results from consultation. This meant the service intended to improve the way it listened and acted on people's wishes and preferences and that it was forward thinking.

The registered manager worked well in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. Daily notes and monthly updates contained detailed information about how advice was to be incorporated into care practice. A health and social care professional told us that they were consulted and that the registered manager worked well with them. The service was also a member of the Independent Care Group which they used for support and advice on best practice.

Notifications had been sent to the Care Quality Commission by the service and to other agencies as required.

There were systems and procedures in place to monitor and assess the quality of the service. For example we saw records of regular audits in such areas as medicine management, clinical care, care planning and safety checks on the environment. Staff told us that the registered manager discussed the results of audits with them regularly. We saw that when shortfalls had been identified, staff could tell us what was in place to improve practice. Records also showed that improvements had been made across a range of audited areas.