

Mr John Pinder

Abiden Care

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 inspection of Abiden Care on 5 and 6 April 2017. The first day of the inspection was unannounced.

Abiden Care provides accommodation and personal care for up to 22 older people. The home provides accommodation in 18 single rooms and two shared rooms on two floors. Ten of the bedrooms have an ensuite facility which includes a toilet and hand wash basin. There are two stair lifts which facilitate access between the floors. At the time of the inspection there were 22 people accommodated in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider'), 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.

At our last inspection on 2 and 3 June 2015, we asked the provider to ensure people received safe care and treatment and ensure records were made of observations following an accident. We also asked the provider to make improvements to the maintenance of care records. Following the inspection, the provider sent us an action plan which set out what action they intended to take to improve the service. During this inspection, we found improvements had been made in order to meet the regulations.

People living in the home said they felt safe and staff treated them well. There were sufficient staff deployed in the home to meet people's care and support needs. 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. Risks associated with people's care were identified and assessed. People's medicines were managed appropriately and according to the records seen people received their medicines as prescribed by health care professionals.

Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to support people to have a varied and 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 were person centred and 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. People were encouraged to remain as independent as possible and were supported to participate in a variety of daily activities. People were also offered the opportunity to go on regular trips in the community.

The registered manager was well respected and provided strong, supportive leadership to her team. 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.

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.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately supported by the registered manager to carry out their roles effectively by means of relevant training, regular supervision and an annual appraisal.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people living in the home.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person-centred and took account of their human rights and diversity issues.

Staff knew people as individuals and provided care that was responsive to each person's personal preferences and needs.

People were provided with a range of appropriate social activities, both inside and outside the home.

People knew how to raise concerns or complaints and were confident that the registered manager would respond effectively.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had a forward-looking approach and was committed to the continuous improvement of the service.

Staff worked together in a friendly and supportive way.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

Abiden Care

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 Abiden Care on 5 and 6 April 2017. The inspection was carried out by one adult social care inspector and 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.

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 nine people living in the home, five visiting relatives, the head housekeeper, the activities coordinator, three members of staff, the registered manager and the provider. We also spoke with a healthcare professional who had regular contact with the home.

We had a tour of the premises and looked at a range of documents and written records including five 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.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "I love everything about it here. The staff are lovely" and another person commented, "Everything is first class. I can't find any fault." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "I could not wish for better. I feel very lucky my [family member] is in such safe hands."

At the last inspection in June 2015, we found the provider had not always ensured people had received safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the visit the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. At this inspection, we found the necessary improvements had been made.

During the visit, we found detailed records had been made of staff observations following any accident or injury and emergency medical advice had been obtained as appropriate. The registered manager had implemented a 72 hour monitoring form, which enabled staff to record their observations at set time intervals. She explained people were monitored every 15 minutes for the first six hours and then once an hour for the remaining 66 hours.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to prevent incidents happening again. The registered manager told us she had made referrals as appropriate, for example to the falls team. A detailed analysis of the records was carried out on a monthly basis in order to identify any patterns or trends.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found 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 not hesitate to report any concerns to the registered manager and / or the local authority. Staff had received training in this area and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe which included moving and handling, the use of equipment, infection control and first aid. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The risks involved in delivering people's care had been assessed to help keep people safe. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. We noted risks to people's well-being were clearly identified in red print in people's care

plans. This meant staff could readily identify the information. Records showed that risk assessments were reviewed and updated on a monthly basis or in line with changing needs. Staff were observed supporting people to move safely, for instance we saw staff assisting a person to move using a hoist and noted they gave the person reassurance throughout the manoeuvre.

Environmental risk assessments had been undertaken by the provider in areas such as fire safety, the use of key pads and the management of hazardous substances. These were updated on an annual basis unless there was a change of circumstances.

People told us the provider employed sufficient staff to keep them safe and meet their care and support needs in a timely way. For example, one person told us, "The staff are always busy, but they make sure they have enough time to talk." Confirming this approach, one member of staff told us, "We have really good team and do the best we can to make sure people are happy." The home had a rota which indicated which staff were on duty during the day and night. We saw this was updated and changed in response to staff absence. The staffing rotas confirmed staffing levels were consistent across the week. We noted there were enough staff available during our inspection to meet people's needs. The registered manager told us the staffing levels were flexible in line with people's changing needs. Extra staff were also placed on duty to facilitate appointments and trips out of the home. In addition to the care staff, there were also ancillary staff including cooking and housekeeping staff.

The registered manager was on call when she was not on the premises. This meant the staff had access to support and advice whenever necessary.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. Staff told us about their recruitment and the documents they had to supply. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed.

People told us they were satisfied with the management of their medicines. We saw staff administered medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine. We observed people were given time to take their medicines without being rushed. Staff designated to administer medicines had completed a safe handling of medicines course and undertook biannual competency tests to ensure they were proficient at this task. We saw staff had access to a full set of policies and procedures which were readily available for reference in the policy and procedure file.

Medicines were stored in a locked trolley and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. The registered manager had picked up any shortfalls as part of her regular checks and audits and had developed action plans where appropriate. The medicine administration records were mostly pre-printed by the supplying pharmacist and were well organised and presented. Since the last inspection, the registered manager had introduced an electronic system to help with the checking and recording of medicines. Staff using this system had received appropriate training and were able to give us a full demonstration of how it worked.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

The premises and equipment were appropriately maintained to keep people safe. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, hoists, wheelchairs, stair lifts and assisted baths. The provider had arrangements in place for ongoing maintenance and repairs to the building. He informed us a new carpet was due to be fitted in one of the living rooms.

All areas of the home were clean and hygienic. We spoke with the head housekeeper, who was committed to maintaining a high standard of cleanliness throughout the building.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us that it met their needs. One person said, "I feel the staff have very good training. They are all great." Another person's relative told us, "The staff are very well trained. They are so nice they can't do enough for you." Commenting on the quality of care and support provided to people living in the home, a healthcare professional told us, "The carers are very knowledgeable and are able to put theory into practice."

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 (MCA) and had received appropriate training. The 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. We found staff understood the importance of trying to obtain consent before providing care or support. One member of staff told us, "I always ask people if they are happy for me to help them. I would never want to take away anyone's independence."

People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other social or health care professionals as required to make a decision in their 'best interest' in line with the Mental Capacity Act 2005.

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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, she had submitted 11 applications to the local authority for consideration. One person also had an authorised DoLS. We noted there was information in people's care plans to provide guidance for staff on least restrictive practice in order to protect people's rights.

We looked at how the provider trained and supported their staff. Staff at the home showed a commitment to learning. Staff spoken with were keen to increase their knowledge and improve their understanding, in order to provide the best quality of care for people as possible. 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 induction, training in the provider's policies and procedures, mandatory training and 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.

The registered manager maintained a record of each staff member's training requirements and provided a range of courses to meet their needs including health and safety, moving and handling, MCA 2005, fire safety, safeguarding vulnerable adults and infection control. In addition, staff undertook specialist training on caring for people with a dementia, risk assessment, continence and nutrition and swallowing. The training was delivered in a mixture of different ways including face to face, online and work booklets. The registered manager had also invited specialists into the home to provide training for example, the falls team and opticians. Staff spoken with confirmed their training was useful and beneficial to their role.

Staff spoken with told us they were provided with regular one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff spoken with told us they found the supervision process helpful to them in their work. We saw detailed records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. They 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. According to the records seen all staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person told us, "The food is lovely. I have no complaints at all" and another person commented, "The meals are very good and they like to make them look as nice as possible." A visiting healthcare professional told us the registered manager and the staff placed a strong emphasis on people maintaining a good level of hydration. We noted the healthcare professional had previously written a compliment form which stated, "I am thoroughly impressed with the Abiden ethos of hydration and nutrition for the residents. 150% effort is applied consistently to meet residents' needs. Consequently the incidence of UTIs (Urinary Tract Infections) is very low."

Weekly menus were planned in advance and were flexible to allow for people's choices. We observed the lunchtime period and saw staff supported people appropriately to eat their meals. The meals looked appetising and hot and the portions were ample. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was cheerful and good humoured.

There were systems in place to ensure the cook was fully aware of people's dietary requirements. 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 saw that people's general health and wellbeing was reviewed by staff on a daily basis and care records were kept up to date regarding people's healthcare needs. People living in the home had access to ongoing healthcare support. We spoke with a healthcare professional during the inspection who told us staff were knowledgeable about people's needs and they made prompt medical referrals as necessary.

Records looked at showed us people were registered with a GP and received care and support from other professionals, such the district nursing team, chiropodists and the speech and language therapists. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful and were complimentary of the support they received. We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of all the staff who were supporting them. We observed that staff gave their full attention when people spoke to them and noted that people were listened to properly. One person told us, "It's an absolutely marvellous home. It has far outstripped my expectations" and another person commented, "I'm very happy with the care, the carers are lovely." Relatives also gave us positive feedback about the service. One relative said, "I have complete peace of mind and I'm thankful I have found somewhere so nice and somewhere where my [family member] can be happy."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. One relative told us, "I enjoy visiting so much. The home is very relaxed and the staff don't mind me sitting with my [family member] at mealtimes, so I can encourage them to eat." We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

We observed the home had a friendly and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I love it here. I like working with the residents and putting a smile on their faces." 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 where they wished to sit and what they wanted to eat.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people well. They understood the way people communicated and this helped them to meet people's individual needs. They also demonstrated a good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them. A healthcare professional visiting the home during the inspection told us, "The care provided is very individualised and person centred. There is a big emphasis on meeting people's individual needs and preferences."

People's privacy and dignity was respected and people could spend time alone in their rooms if they wished. However, we noted one bedroom did not have a blind fitted at the window. The provider assured us the blind had been ordered and was due to be fitted in the next few days. 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.

Staff were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. In talking about their approach a member of staff commented, "It's so important people stay independent as it gives them a sense of pride. We are there just to help people

whenever they need it. Not to take over."

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. One relative told us, "[Family member's] room is beautiful and absolutely spotless."

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were also involved in the care planning process and we saw people had signed their plans to indicate their participation and agreement.

Feedback received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people, their families and visiting professional staff. For instance, one relative had written, "I am more than happy with the care [family member] receives".

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, "They do their best to look after us all and do what they can to help us" and another person said, "The staff are really good. They show great respect when helping me and are there if I need them." Relatives felt staff were approachable and had a good understanding of people's individual needs. One relative said, "The staff are very friendly and are spot on with everything. I give them all the credit I can."

At the last inspection, we found the provider had not always maintained an accurate, complete and contemporaneous record in respect of each person's care. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to ensure this regulation was met. At this inspection we noted the necessary improvements had been made.

When a person expressed a wish to move into the home, the registered manager normally visited them personally to carry out a pre-admission assessment to make sure their needs could be met. Once the person had moved in, the registered manager used the pre-admission assessment to provide staff with initial information on the person's key preferences and requirements, pending the development of a full individual care plan. We looked at completed pre-admission assessments and noted they covered all aspects of people's needs.

We reviewed five 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 written in a person centred way, enabling staff to respond effectively to each person's individual needs and preferences. For instance, one person's plan contained compassionate and sensitive information about their needs, which demonstrated an understanding for their human rights and diversity issues. The person told us, "I feel at home here. The staff are very professional and caring and I'm treated like a person." This demonstrated people were valued and respected and their rights were recognised and promoted. Staff spoken with clearly knew and respected people as individuals. They talked openly and warmly about people's care wishes and preferences.

Wherever possible, people had signed their care plan to indicate their involvement and participation. The provider had systems in place to ensure they could respond to people's changing needs. For example, staff told us they discussed people's well-being and any concerns during their handover meetings. There were arrangements in place for people's care plans to be reviewed on a monthly basis or more frequently if there was a change in need. Staff spoken with were familiar with the content of people's plans and were confident the information was accurate and up to date.

We saw charts were completed as necessary 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 recommendations and 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.

Positive risk taking was promoted. This meant that people could live their lives to the full, by being helped to understand and recognise the risks involved and minimise them as much as possible. For example, one person had lost their ability to walk on discharge from hospital. Following consultation with professional staff, the registered manager and staff responded to this situation by supporting the person to stand for very short periods and over time encouraged them to take small steps. The person's relative told us, "They have been such a help to [family member] and they have consulted me the whole time."

People told us they enjoyed participating in a variety of activities and had plenty of things to do to occupy their time. One person told us, "We go out often on trips. I really enjoyed the trip to Pendle Heritage Centre the other day" and another person commented, "I've just been out for a coffee and walk round the park, it was lovely." Activities were provided inside the home on a daily basis and included, arts and crafts, flower arranging, arm chair exercises, pamper days and games. In addition, we observed the staff participating in many impromptu activities throughout the day such as singing, dancing and playing with a ball. People had the opportunity to go out on trips three to four times a week to places of interest. We saw photographs of people enjoying the outings during the inspection.

The provider employed an activities coordinator who attended a local activity forum once a month. As part of this, the coordinator borrowed a different activity box each time. This was full of resources and ideas for activities. The registered manager also explained a new initiative had been introduced called "Playlist for Life." This involved developing individual musical playlists for people living with dementia. One relative told us this had made a difference to their family member's quality of life as the music had stimulated memories of their childhood and former home country.

The registered manager explained how volunteers played an important role in helping to enhance people's quality of life. For example, the volunteers helped by supporting people with social activities, assistance for trips and outings, conversations and social contact. They also provided a continuous link to the community.

Information on how to raise a concern or complaint was provided in the service user guide people received when they first moved into the home and was also on display on a noticeboard. The registered manager told us that formal complaints were rare as she encouraged people and their relatives to alert her to any issues or concerns to enable her to resolve them informally. Confirming the registered manager's approach in this area, one person told us, "If there is the slightest problem at all you can talk to the manager about it and she will sort things out quickly." Another person's relative said, "The manager is always here for us and picks up on everything." We received one concern during the inspection; the registered manager responded immediately and agreed to discuss the issues with the person.

When formal complaints were received we saw that there were systems in place to ensure these were handled correctly in accordance with the provider's policy.

Is the service well-led?

Our findings

People and their relatives spoken with told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "At first I thought the home was too good to be true, but now I know it is the normal high standard" and another person commented, "If [registered manager] or [provider] think you have a problem they can't do enough for you." Similarly, a relative said, "It all works like clockwork."

There was a manager in post who was registered with the Commission. The registered manager had responsibility for the day to day operation of the service. The registered manager was visible and active within the home. She was regularly seen around the home, and was observed to interact warmly and professionally with people, relatives and staff. People were relaxed in the company of the registered manager and it was clear she had built a strong rapport with them. All people and their relatives spoken with thought highly of the registered manager. One person told us, "[The manger] does a great job, she is always in the home working hard" and a relative said, "She is devoted. You couldn't hope for a better manager. She works over and above her call of duty."

Throughout our inspection the registered manager demonstrated a positive and forward-looking approach. She had worked hard to address the shortfalls that had been highlighted in our last inspection of the home. She was also focused on further change and improvement for the future. She was supported in this by the provider who worked alongside her on daily basis. The registered manager described her achievements over the last 12 months as the development of the care plans, the implementation of a comprehensive activity programme and increasing participation of families in events and meetings at the home. She told us her key challenges and plans for improvement over the next 12 months included further embedding "Playlist for Life" activities, developing staff champion roles and devising competency assessments for staff around personal care tasks. The registered manager had also set out planned improvements for the service in the Provider Information Return.

During the inspection we spoke with the registered manager about people living in the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service. She told us she was proactive in developing good working relationships with partner agencies in health and social care.

The registered manager provided strong, supportive leadership which was clearly appreciated by her staff team. One member of staff commented, "I can't fault [the manager] in any way. She's there for us all every step of the way and works to the highest standards" and another staff member said, "She is really supportive. She understands and knows people so well and she's always available for advice and guidance." The registered manager carried out regular checks and observations of staff at work to ensure good standards of practice were maintained. Staff members spoken with said communication with the registered manager was good and they worked together in a well-coordinated and mutually supportive way.

The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or

events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary. We noted the provider was meeting the requirement to display their latest CQC rating.

People and their relatives were regularly asked for their views on the service. This was achieved by means of meetings and satisfaction surveys. The last annual satisfaction questionnaire had been distributed in September 2016. We looked at the collated results and noted people had indicated they were satisfied with the service. Several people had also made positive comments about the home, for instance one person had written, "I am quite happy and contented."

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 and checks on the call systems and fire systems. 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.

Since the last inspection the service had been awarded a silver Investors in People award. This is nationally recognised award given for meeting set standards in the management of staff.