Thornton Lodge Care Limited

Arnside Lodge

Inspection report

1 Arnside Crescent
Morecambe
Lancashire
LA4 5PP

Tel: 01524832198

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03 June 2016

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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

This unannounced inspection took place on 31 May and 03 June 2016.

Arnside lodge is situated in a residential area of Morecambe and is near to the shops and sea front. Accommodation is on two floors. There are two lounges and two dining rooms for people to use.

There were 24 people who lived at the home on the day of inspection.

There was 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.

The service was first registered with the Care Quality Commission in October 2015. This was the first inspection of the home under the management of the new registered provider. The registered provider has a further two homes in the Morecambe area.

At this inspection carried out in May and June 2016, feedback from relatives and visitors was positive. People praised the way changes had been made since the new provider took over the home. Extensive building work was in progress to improve the living conditions for people who lived at the home.

People who lived at the home and relatives spoke highly about the quality of service provision on offer.

Staffing levels were conducive to meet people's needs. We observed staff demonstrating patience with people and taking time to sit with them to offer companionship and comfort. People were given time to carry out tasks as a means to promote independence and were not rushed.

People who used the service expressed concern about the number of different staff working at the home. The registered manager explained this was a short term plan. Their aim was to match staff by skills and interests and develop multi-skilled staff. Relatives told us the changes in staffing did not affect the quality of care provided.

Arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. During the inspection we identified some errors in reporting of safeguarding incidents to the Care Quality Commission. The registered provider took immediate action and implemented a new procedure for reporting incidents. We have made a recommendation about this.

Robust recruitment procedures were in place to ensure staff were correctly vetted before employment was secured.

Suitable arrangements were in place for managing and administering medicines. Regular audits of medicines were carried out by staff.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when health needs changed. Feedback from health professionals was positive.

Systems were in place to monitor and manage risk. Staff were encouraged to identify and respond to risk in a timely manner.

Detailed care plans were in place for people who lived at the home. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required. Consent was gained wherever appropriate.

Feedback on the quality of food provided was consistently positive. People praised the skills of the cook and the variety of foods on offer.

The registered manager had implemented a range of quality assurance systems to monitor the quality and effectiveness of the service provided.

The service provided a variety of social activities for people who lived at the home to keep them occupied and entertained. The registered provider kept a record of all activities undertaken. People had access to minibus trips out. We saw people visiting the home to carry out activities.

Staff were positive about the way the home was managed. Staff described the home as well-led and praised the commitment of the registered provider.

Staff had received training in The Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) We saw evidence these principles were put into practice when delivering care.

The registered manager had a training and development plan in place for all staff. We saw evidence that staff were provided with relevant training to enable them to carry out their role. Staff praised the development opportunities offered by the registered provider.

The registered manager had adopted an open culture within the home and had built links with the local community and other providers in the area. This allowed good practice to be shared.

Staff, people who lived at the home and their relatives all described the home as a good place to live.

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 who lived at the home told us they felt safe.

Processes were in place to protect people from abuse. The provider had suitable recruitment procedures in place and staff were aware of their responsibilities in responding to abuse.

Suitable arrangements were in place for management of all medicines.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who lived at the home.

Is the service effective?

Good

The service was effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate. People at risk of malnourishment received appropriate support with diet and nutrition.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good

Staff were caring.

There was an emphasis on promoting privacy and dignity for people who lived at the home. This was fostered by all staff and was observed in practice.

People who lived at the home, relatives and visitors were positive about the staff who worked at the home.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion.

Is the service responsive?

Good

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded appropriately when people's needs changed.

The management and staff team worked very closely with people and their families to act on any concerns before they became a concern or complaint.

The registered manager ensured there was a wide range of social activities on offer for people who lived at the home.

Is the service well-led?

Good

The service was well led.

The registered manager had good working relationships with the staff team. Staff, relatives and professionals all commended the skills of the manager.

Regular communication took place between management, staff and people who lived at the home as a means to improve service delivery.

An identified error in reporting safeguarding concerns to the Care Quality Commission was acted upon immediately following identification. Systems were put in place to prevent further error.

Arnside Lodge

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 31 May and 03 June 2016 and was unannounced. On the first day of the inspection, the team was made up of two adult social care inspectors. One inspector returned alone on the second day to complete the inspection and give feedback.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We contacted the local authority we received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with nine staff members at the home. This included the registered manager, two care managers, a registered nurse, the cook, three care assistants who provided direct care and the administrator.

We spoke with seven people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of people who lived at the home.

We spoke with three relatives and one health care professional to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files relating to eight people who lived at the home and recruitment files belonging to four staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home in both communal and private areas to assess the environment to ensure it was conducive to meeting the needs of people who lived there.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe. Feedback included, "I feel safe, the staff look after me." And, "Where I was before I didn't feel safe. I do here."

One relative told us safety of people who lived at the home was paramount. They explained when the safety of their relative could not be guaranteed other health professionals were communicated with and a plan of action was put together to promote their relatives safety.

We overheard one staff member talking to a health professional about a new admission to the home. The staff member clearly explained how important pre-admission checks were before a person moved into the home. They said this was necessary as they had a duty of care in keeping people safe.

We looked at how risks were managed at the home to ensure people were kept safe. There was a variety of risk assessments in place to address and manage risk including risk assessments to manage choking, malnutrition, tissue viability and falls. Staff told us they routinely monitored risks and updated risk assessments after incidents had occurred or people's needs changed. We saw evidence in care records this occurred.

We looked at how safeguarding procedures were managed by the provider. We did this to ensure people were protected from any harm. The registered manager told us all staff received regular safeguarding training to keep abreast of safeguarding matters.

Staff were able to describe the different forms of abuse and systems for reporting abuse. They were confident if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. One staff member said, "I would report it straight away to the seniors. I would go above their head if they ignored it."

We saw evidence when safeguarding concerns were raised, the registered manager had dealt with the concerns to promote and maintain the safety of people involved.

We looked at how the service was staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. People who lived at the home praised the staffing levels at the home and said high staff presence at the home gave them reassurance and contributed to them feeling safe. One person said, "I feel safe because the staff are always about and watching."

Staff members said staffing levels were good. During the inspection we observed staff having time to sit with people to discuss their needs. Staff were not rushed carrying out their duties and responded to people in a timely manner. One staff member told us, "We have time to carry out our jobs and get time to sit with people. That's important. It makes them feel safe." We observed staff responding immediately when a person called their alarm for assistance.

The registered manager told us they reviewed staffing levels and tried to "overstaff" to ensure they met need. We saw evidence of staffing levels changing to meet the needs of the people who lived at the home. The registered manager had changed staffing levels due to the early sunrise as they acknowledged some people woke earlier and stayed up later during the summer months. A team leader told us if extra staffing were needed due to emergency and changing needs they had the registered managers approval to bring in extra staff. This promoted safety.

People who lived at the home and relatives did express some concern about the turnover of staff who worked at the home. We spoke with the registered manager about this. They explained they were in the process of introducing staff from their other homes to the home. They had done this to develop all staff skills and to see which staff were suited to each home. The registered manager said this had only been a short term strategy. On the days of inspection, we noted all staff had a good knowledge of each person living at the home and were aware of their needs. A relative we spoke with told us the change over of staff had not affected the quality of care.

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff files. Records maintained showed full employment checks had been carried out prior to staff commencing work. The registered manager kept a record of the interview process for each person and ensured each person had two references on file prior to an individual commencing work. One of which was the person's last employer.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. A staff member who had recently been recruited confirmed they were subject to all checks prior to commencing work.

We looked at how medicines were managed within the home. Medicines were stored safely within a trolley which was secured when not in use. Storing medicines safely helps prevent mishandling and misuse. Tablets were blister packed by the pharmacy ready for administration. Creams and liquids were in original bottles. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an 'as and when basis'.

We observed medicines being administered to two people. Medicines were administered to one person at a time. Staff asked people to consent to taking the medicines and then observed people taking medicines before signing for them.

Medicines Administration Records (MAR's) belonging to each person had a photograph upon them so the person could be identified as the correct person for receiving the medicines. MAR's clearly detailed any known allergies of the person. This minimised any risks of people being administered medicines which may cause harm.

The registered manager had appointed one staff member to manage and order all medicines. this promoted consistency and reduced any risk. Staff kept a full audit trail of all medicines ordered, received and disposed of.

During the course of the inspection we undertook a visual inspection of the home. We did this to ensure it was adequately cleaned and appropriately maintained. We noted significant work had commenced since the registered provider purchased the home. En-suites had been built within some bedrooms. This work was on-going. A new bathroom was being built to accommodate a disabled bath. Bedrooms had been re-

decorated to make all rooms personable. A new kitchen had been fitted and a review of security of the premises had been carried out. Keypads were on external doors and windows had restrictors fitted. This prevented any risk of people falling from windows at height.

Sinks had thermostatic valves on them to prevent people from scalding. We checked the water temperature in several bedrooms and one bathroom. The water temperature was comfortable to touch.

Equipment used was appropriately serviced and in order. Patient hoists and fire alarms had been serviced within the past twelve months. There were maintenance records which showed gas safety and electrical compliance tests had been carried out and certification was up to date. Legionella checks were on-going. The home was free from odours and was clean and tidy.

We looked at accidents and incidents that had occurred at the home. The registered manager kept a record of all accidents and incidents. This allowed the registered manager to assess all accidents and incidents to look for emerging patterns. Records completed were comprehensive and up to date. Staff members on shift at the time of the accident were responsible for completing the forms.

Good

Is the service effective?

Our findings

People who lived at the home praised the standard of care provided. One person said, "The care is very good." And, "All the staff know what they are doing."

Relatives told us they were reassured their relative's needs were met by staff. They said they did not have to worry about care provided. People told us they were consulted with and updated regularly with their relatives care when there were changes to their relative's health. One relative said, "Staff always keep me informed. They are brilliant." And, "[Relative] needs more thorough support these days. They provide all the support they need."

One relative told us they had seen a marked improvement in the well-being of people who lived at the home since the new registered provider took over the management of the home. They said, "The change is amazing, people are improving."

A health professional we spoke with had no concerns about care and was confident the service could effectively meet people's health needs. The health professional explained they visited the home frequently and had good relationships with the staff team.

Individual care records showed health care needs were monitored and action was taken to ensure optimal health was maintained. Staff told us they were encouraged to update care records whenever they noticed a change in people's health needs. A variety of assessments were in place to assess people's nutritional needs, fluid needs, tissue viability and mobility needs. Assessments were reviewed monthly and outcomes were recorded after each reassessment. Changes in assessed needs were recorded within a person's care plan and an audit of all changes was maintained.

People who lived at the home had regular appointments with health professionals including general practitioners, district nurses, dentists, chiropody and opticians. People were supported to hospital appointments when required. Relatives said staff were proactive in managing people's health and referring people in a timely manner.

We looked at how people's nutritional needs were met by the registered provider. The cook told us they did not have a restricted budget for food and was permitted to buy whatever was required. People were encouraged to request specific foods and all requests would be honoured. The cook said it was important people had the food they liked and said they encouraged mealtimes to be an enjoyable experience. They said, "For some people, meal times are the best times of the day."

We asked people who lived at the home about the foods on offer. People consistently praised the quality and range of food on offer. One person said, "The food is excellent. [The cook] is absolutely brilliant." Another person said, "The food is very well cooked. We get the best "

Relatives said the food was good. They told us they were offered the opportunity to eat with people when

they visited.

When people were at risk of malnourishment referrals had been made to the dietetics service. When people were under nourished the registered provider supported people by ensuring appropriate supplements were available. Fluid and food charts were maintained for people at risk of malnutrition. We saw records confirming one person had recently been discharged from the dietician as they had gained weight.

One person who lived at the home told us they had a medical condition that impacted on what they could eat. They told us the cook provided specific meals to meet their needs. We saw evidence of multi-agency working to manage this person's health condition.

The cook informed us they had received training to support them in their role. They had completed training in diet and nutrition, food hygiene and managing health conditions. We asked the cook about recent legislation regarding allergens in food. The cook said they were not aware of this. The registered manager agreed to implement good practice guidelines in relation to allergens immediately. We received confirmation following the inspection this had been done.

We observed meal times routines. Lunch was not rushed and people were offered a choice of where they wished to sit. We saw a four week meal planner was used and people always had the choice of two main meals and two puddings. People could make specific requests if they did not like what was on the menu.

Drinks and snacks were offered in between meal times. The registered provider had purchased two water coolers for the home and had placed them in communal areas. This allowed people to have ready access to water if they required it.

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. Care records maintained by the provider addressed people's capacity and decision making. We noted a capacity assessment had been carried out for one person. It determined the person did not have capacity to manage their own health condition. A best interests meeting was then carried out to determine how the health condition would be managed.

We spoke with staff to assess their working knowledge of the MCA. All staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

We spoke with a care manager about the Deprivation of Liberty Standards. (DoLs.) They told us staff had completed DoLS training. Applications had been made to deprive people of their liberty when required. People who had capacity were reminded of their rights to leave the home if they wished.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give

effective care. The care manager told us the registered manager promoted a culture of learning and development for staff. Staff were encouraged to complete training and qualifications in order to develop their skills. Each member of staff had an individual learning plan which reflected their training needs and skills.

Training was provided by a variety of methods including externally sourced trainers, e-learning and in house training. The registered provider was in the process of inputting staff information onto an electronic database. This would allow for staff training to be identified in a more efficient way.

Staff told us they were more than happy with the training offered by the registered manager. They said training enabled them to carry out their role proficiently. One staff member said they had received some hands on training from other work colleagues at the outset of their employment. They said, "If I am in doubt I can ask other staff, they will teach me things I need to know."

People in senior positions had completed nationally accredited management training. One member of staff told us they had completed the care certificate and were now completing a national qualification. They told us they were not afraid to ask for additional training and they were confident it would be honoured when asked for.

On the day of inspection we spoke with a qualified nurse who was employed by the registered provider. They told us they worked for the provider offering support and guidance to staff to help them manage some behaviours which may challenge the service. The nurse said they had 'open clinics' where staff could attend to discuss any concerns they had in managing behaviours which challenged the service. This demonstrated the registered provider was committed to understanding behaviours which challenged and ways in which they could be effectively managed.

We spoke with a member of staff who was recently employed to work at the home. They told us they worked supernumerary alongside other members of staff on the commencement of their employment until they felt comfortable in the role. They said management were very supportive of them during the induction period.

We spoke to staff about supervision. Staff confirmed they received supervision. Care staff said the managers had an open door policy and they were not afraid to discuss any concerns they may have in between supervisions.

Good

Is the service caring?

Our findings

People were consistently complimentary about staff providing care at Arnside lodge. One person said, "I think the staff are very caring." And, "They sit and talk to you. They always ask if anything is bothering me."

Relatives spoke highly about the dedication of staff. One relative said, "We were like a team. The staff were really caring. They looked after me as well as my [relative.] They went above and beyond their role." Another said, "[Relative] tells me the staff are very caring. It's a good job there are places like this." And, "My [relative] was very complimentary about staff. They would refer to staff as 'treasures."

During the inspection we noted privacy and dignity was consistently promoted and ingrained in service delivery. We asked staff about how they promoted privacy and dignity and we were told this was developed around a patients charter. People who used the service were informed of their rights when they moved into the home and staff were trained to be aware of the charter. We saw evidence these rights were reinforced to people by staff.

We observed staff members knocking on people's doors and asking permission to enter rooms. Staff promoted confidentiality by leaving the room and talking in private when discussing personal information about people. Care plans relating to each person reinforced the need to promote privacy and dignity. One relative told us, "They were very respectful when bathing [my relative.]"

People were addressed by their preferred name. This showed peoples preferences were considered and met.

We observed positive interactions throughout the inspection between staff and people who lived at the home. Staff frequently checked the welfare of people to ensure they were comfortable and not in any need. We observed the registered manager visiting one person who was in bed. The registered manager asked the person if they were okay. The person smiled and put out their hand and affectionately stroked the cheek of the registered manager.

One person had fallen asleep in the lounge and lunch was about to be served. We observed a staff member gently trying to awaken the person so they could have their lunch. Staff were patient and gentle when trying to wake the person.

We observed general interactions between staff and people who lived at the home. Staff took time to sit with people and engage in conversation. One member of staff told us having time to sit with people was an important factor in their job role and contributed to job satisfaction.

People who lived at the home told us they enjoyed having staff present to talk to. We observed one staff member talking to a person about their life history. The staff member enquired about their experiences, asking questions to promote conversation. Communication was light hearted and warm.

We observed one staff member undertaking a group activity with people. The staff member worked hard to engage all people in the activity. When people were reluctant to take part the staff member encouraged them to participate. The activity leader used the activity to promote conversation and encouraged people to reminisce. This led to an open discussion about life experiences.

Staff were sensitive and respectful towards people and engaged with individuals in an affectionate, caring manner.

We observed one person taking part in an activity and not fully understanding what was going on. The staff member involved did not stop the person but encouraged them to continue participating in a way which was meaningful to them. Another person was confused and looking for a way to leave the home. The staff used distraction techniques to calm the person and offered to make them a cup of tea. This offer of support resolved the situation and allowed the person to feel relaxed once more.

We observed a staff member supporting one person to their room. Both people were laughing and joking with each other. The person who lived at the home said, "Oh we are both barmy!" This demonstrated that people who lived at the home felt comfortable in the presence of staff.

All the relatives we spoke with commended the service provider on the hospitality provided. Relatives said they were welcome to visit at any time and could have privacy if people wanted it. They told us they were always made welcome and were offered drinks on arrival.

Good

Is the service responsive?

Our findings

People who lived at the home told us care provided was person centred and responsive to individual need. One person said, "The staff are smashing. They will do anything for us."

Relatives told us the service was responsive to individual need. One relative said, "They really understand my [relatives] needs." And, "They always respond to need." Another relative told us staff would sit with their relative when they were anxious and keep them company. This reduced their anxieties and helped the person feel safe.

We looked at eight care records relating to people who lived at the home. Care records were person centred and contained detailed information surrounding people's likes and preferences.

The registered manager had a system in place to ensure pre-admission assessments of each person were carried out before people moved into the home. Pre-admission assessments captured relevant information relating to the care support requirements of the person. This ensured people's needs were documented and met from the onset of the service. On the second day of inspection we spoke with two members of staff who were going out to carry a pre-admission assessment to see if the service had the skills to support the person appropriately.

Care plans were detailed, up to date and addressed a number of areas including communication, mental capacity, medicines, nutrition, pressure care, psychological need, personal hygiene and safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relative's involvement wherever appropriate, within the care plan. Care plans were reviewed and updated monthly.

The registered manager explained they had recently changed the system and had invested in an electronic care monitoring system. They said they were supporting care workers to be involved in reviewing care plans and using the new system. Care workers told us they were supported with this process until they felt confident. We saw evidence records were updated when people's needs changed. Needs identified within the care plan were addressed within the individual risk assessments for each person.

The registered provider ensured daily notes were completed for each person in relation to care provided. Care staff told us the care plan was seen as a 'live working document' which changed as a person experienced new situations or when their needs changed. Information shared within daily notes was fed back into the care plan and risk assessments at the review stage.

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. People who lived at the home told us activities were good. One person said, "There is always something to do if you want it." Another person said, "I like it when they come in singing with the guitars." And, "The footballers come in every Monday."

We noted an activities planner was on display in a communal area. There was a designated activity each day. The team leader on each shift delegated activity tasks to staff in the morning of each shift. Activities included massage, music and movement, trips out on the minibus, cinema sessions with treats, bowls and bingo.

We observed activities taking place throughout the day. On the first day of inspection we observed people taking part in a music and movement session. There was a visit from a sports therapist who visited to carry out massages. The sports therapist said they had seen a lot of positive changes at the home since the new registered provider took over. We observed one person having a shoulder massage. They looked relaxed and comfortable and were smiling as the person massaged them.

Whilst at the home the care manager told us about other activities that were planned in the future. We were shown an orangery that was in the process of being built. This was going to be used as a sensory room with lights to enhance mood. The registered manager was planning to lay astro-turf so people could have a garden area in a quadrant of the home. This was going to be used for people to play bowls.

The registered manager fostered a culture of open communication and promoted the rights of people who lived at the home. People were encouraged to speak out about the service if they were unhappy with any aspect of the care. Staff said people were regularly asked if they had any complaints.

People who lived at the home consistently said they had no complaints about the service. Feedback included, "The staff are alright. I have no complaints at all. If I had a valid complaint I would complain but so far I have nothing to complain about." And, "I have no complaints. I would recommend this place to others."

Relatives we spoke with confirmed they had no complaints with the service. One said, "[Registered manager] has phoned me to make sure I am happy with the care." Another relative said, "I have had no complaints since [registered provider] has taken over. Everything is absolutely brilliant."

Good

Is the service well-led?

Our findings

People who lived at the home spoke positively about the changes implemented by the registered provider. One person said, "It's very good here."

People spoke fondly of the registered manager and the management team. One person said, "[Registered Manager] knows what he is doing. He's one of the best."

Relatives praised the effectiveness and responsiveness of the management of the home. Relatives feedback included, "The management seems very good." And, "The home is calm and well organised." And, "The new service is absolutely brilliant."

Prior to the inspection taking place we analysed data held upon our system about the registered provider. We noted the registered provider had reported three safeguarding concerns to the local authority but not to the Care Quality Commission. (CQC.) During the inspection we looked at these incidents and cross referenced to the Organisations policy for reporting of incidents. It was noted the policy did not reflect CQC regulations. We discussed this concern with the registered manager who acknowledged this had been an oversight. Following the discussion the registered manager took immediate action and amended their policy to show that all incidents had to be reported to the CQC. We also received the missing notifications in relation to the safeguarding incidents.

We recommend the registered manager ensures the newly implemented system is monitored to ensure all required notifications are made to the Care Quality Commission in a timely manner.

The registered manager had a range of quality assurance systems in place. These included health and safety audits, medication, staff training and as well as checks on care documentation. The administrator was responsible for carrying out the audits. We saw changes had been implemented when audits had identified areas of concern. For instance, we saw an audit had taken place which identified monthly weighing of people was not taking place consistently. Systems were put in place to ensure people were frequently weighed.

Staff praised the new registered manager for the ways in which they managed the home, the changes they had implemented and support provided. Staff said the home had improved significantly since the new registered provider took over the home. One staff member said, "Changes have occurred but they have been positive and well managed." And, "It has been a nice experience working with new registered provider. They look after the people who live at the home and the staff as well."

Staff described team work as good and there was a positive atmosphere within the home. One new employee praised the ethos of the home and the support provided by other staff. Staff also commended management presence at the home and said the registered manager visited the home daily.

Communication between the team was good. Staff were communicated with on a daily basis through a

handover process. Each handover was documented on the electronic computer system. This promoted continuity of care through regular communication with all team members. On the first day of inspection we observed a senior management meeting being held. The registered manager said these meetings occurred quarterly and were a means of discussing areas of concern and improvement.

The registered manager was committed to seeking views about the quality of service provision as a means to improve service delivery. Questionnaires had been completed with people who lived at the home. Relatives told us the registered provider frequently sought feedback from themselves about the quality of care.