

T.L. Care Limited

Ingleby Care Home

Inspection report

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Date of inspection visit:
21 June 2018

Date of publication:
06 August 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 21 June 2018 and was unannounced. This meant the provider and staff did not know we would be attending.

The service was last inspected in May 2017 and was rated requires improvement. At that inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. We found records had not always been fully completed and contained gaps. We took action by requiring the provider to send us an action plan setting out how they would improve the service. When we returned for this inspection we found that records had improved and the provider was no longer in breach of regulation.

Ingleby Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ingleby Care Home accommodates up to 56 people across two separate units, each of which have separate adapted facilities. One of the units specialised in providing care to people living with a dementia. At the time of our inspection 47 people were using the service.

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.

People said they felt safe living at the service. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Plans were in place to support people in emergency situations. The premises and equipment were clean and tidy and effective infection control processes were in place. Medicines were managed safely. People were safeguarded from abuse. The provider and registered manager monitored staffing levels to ensure enough staff were deployed to keep people safe. People told us there were enough staff at the service to keep them safe. The provider's recruitment processes reduced the risk of unsuitable staff being employed.

A detailed assessment of people's support needs was carried out before they started using the service to ensure the correct support was available. Staff received training to ensure they could provide the support people needed. Staff were supported with regular supervisions and an annual appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported to maintain a healthy diet. People were supported to access external professionals to monitor and promote their health. The premises had been adapted to ensure the comfort, health and wellbeing of the people living there.

Every person we spoke with was very positive about staff at the service and said they received kind and caring support. Relatives also praised the quality of the care people received. Staff were particularly sensitive to times when people needed caring and compassionate support. Staff were patient, caring and kind when supporting people living with a dementia. We saw numerous examples of kind and caring support being delivered throughout the inspection. Staff protected and promoted people's dignity and sense of self-respect. People were supported to maintain their rights as active citizens and people and their relatives told us staff made them feel like welcome and valued. Staff we spoke with demonstrated a real empathy for and commitment to the people they supported. Policies and procedures were in place to arrange advocacy support where this was needed.

Care records contained evidence of personalised care planning and delivery and were regularly reviewed to ensure they reflected people's current support needs and preferences. People were supported to access activities they enjoyed. Policies and procedures were in place to respond to complaints. At the time of our inspection nobody at the service was receiving end of life care. Policies and procedures were in place end of life care should this be needed.

Staff spoke positively about the culture and values of the service and provider. Staff, people and relatives said the service was well-led and spoke positively about the leadership provided by the registered manager. The registered manager and staff worked to create and sustain a number of community links for the benefit of people living at the service. Feedback was sought from people, relatives, staff and external professionals. The registered manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Risks to people were assessed and action taken to address them.

Policies and procedures were in place to safeguard people from abuse.

People's medicines were managed safely.

Effective infection control policies and practice were in place.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good ●

The service was effective.

Staff were supported through regular training, supervisions and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

The premises were adapted and designed for the benefit of people living there.

Is the service caring?

Outstanding ☆

The service was very caring.

People and their relatives spoke very positively about the care and support they received.

People were supported to maintain their rights as active citizens and people and their relatives told us staff made them feel like welcome and valued

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy services where appropriate.

Is the service responsive?

Good 

The service was responsive.

Care planning and delivery was personalised and regularly reviewed.

People were supported to take part in activities they enjoyed.

Policies and procedures were in place to respond to complaints.

Procedures were in place to provide end of life care where needed.

Is the service well-led?

Good 

The service was well-led.

Staff spoke positively about the culture and values of the service and the leadership of the registered manager.

The service had a number of community links that benefited people.

The registered manager carried out a range of quality assurance checks to monitor and improve standards at the service.

Feedback was sought from people using the service and their relatives and was acted on.

Ingleby Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 21 June 2018 and was unannounced. This meant the provider and staff did not know we would be attending.

The inspection team consisted of one adult social care inspector, a specialist advisor nurse and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Ingleby Care Home.

We spoke with nine people who used the service and three relatives of people using the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four care plans, 47 medicine administration records (MARs) and handover sheets. We spoke with 10 members of staff, including the registered manager, an area director from the provider,

housekeeping, kitchen and care staff. We looked at three staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

People said they felt safe living at the service. One person told us, "I fell whilst I was on my own and ended up in trouble. Here if I fall, and I haven't yet, I will be looked after and I can stop worrying." A relative we spoke with said, "[Named person] has been in a number of care homes and this where we both know they are well cared for and safe."

Risks to people were assessed and plans put in place to reduce the chances of them occurring. Risk assessments we looked at were personalised and promoted positive risk taking and independent living while also keeping people safe. For example, one person could not always use their sink safely but liked to wash themselves. A risk assessment led to the plug being removed from the sink so they could continue to use it for washing. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

Regular checks of the premises and equipment were made to ensure they were safe for people to use. This included checks of communal areas, window restrictors, radiators, wheelchairs and hoists. Required test and maintenance certificates were in place, including for gas and electrical safety. Accidents and incidents were monitored to see if improvements could be made to help keep people safe. Records showed the cause of accidents and incidents was investigated and remedial action taken. The registered manager carried out a monthly analysis to see if any trends were emerging that might require action and for any lessons that could be learned. They told us, "I monitor any patterns in the incidents."

Plans were in place to support people in emergency situations. Fire fighting equipment and systems were checked regularly. Fire drills, including with practice evacuations, were carried out regularly. Personal emergency evacuation plans (PEEPS) were in place. PEEPs are documents that are designed to give staff and emergency services an overview of people's support needs in emergency situations. The provider had a contingency plan to help ensure people received a continuity of care in emergency situations that disrupted the service.

The premises and equipment were clean and tidy and effective infection control processes were in place. Throughout the inspection we saw staff washing their hands appropriately and using personal protective equipment (PPE) where required. Records showed that diarrhoea and vomiting outbreaks had been appropriately managed and referred to the relevant public health bodies.

Medicines were managed safely. People's medicine support needs were set out in their care plans and on medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We looked at 47 people's MARs and saw they had been correctly completed without errors or unexplained omissions. Medicines were safely and securely stored. Regular checks were made of medicine stocks to ensure people had access to them when needed. Information was in place for the management of 'when required' (PRN) medicines. Prescribed controlled drugs were safely and securely stored and administered. Controlled drugs are medicines that are liable to misuse.

People were safeguarded from abuse. Staff had access to the provider's safeguarding policy, which contained guidance on raising issues. Staff we spoke with said they would not hesitate to raise any concerns they had. One member of staff we spoke with said, "I'd report anything I wasn't happy with straight away." Staff received safeguarding training, most recently provided by local authority safeguarding teams. Records confirmed that when issues were raised they were investigated and dealt with appropriately.

The provider and registered manager monitored staffing levels to ensure enough staff were deployed to keep people safe. At the time of our inspection normal daytime staffing levels were two senior care assistant and six care assistants. Normal night-time staffing levels were one senior care assistant and three care assistants. Staffing levels were based on the assessed level of support people needed, which was reviewed monthly. The registered manager told us, "We have the company's staffing tool but if someone is on more observations, for example, I would say we need another staff member." The registered manager said the provider accepted any requests they made for additional staff. The provider was in the process of recruiting more staff at the time of our inspection. Rotas we looked at showed staffing was at the level assessed as being needed by the registered manager, and that absence through sickness and holiday was covered.

People told us there were enough staff at the service to keep them safe. One person told us, "If I was to fall someone would be there to help me." Another person said, "I think there are plenty of staff and this means I can have a chat and ask questions and there is some quality time during the day for me. The staff always have time for us." A relative told us, "I visit at various times and there are always loads of staff and call bells are answered quickly." Staff we spoke with said the service had enough staff. One member of staff we spoke with said, "I'd say there are enough staff here. Sickness and holidays get covered."

The provider's recruitment processes reduced the risk of unsuitable staff being employed. Applicants were required to complete application forms setting out their employment history, written references were sought, proof of identity established and a Disclosure and Barring Service (DBS) check carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and adults.

Is the service effective?

Our findings

A detailed assessment of people's support needs was carried out before they started using the service to ensure the correct support was available. This assessment included detail on the person's mental and physical health and their general social needs. Assessments and the care plans that followed contained evidence of the service working in line with national guidance and best practice. For example, one person who needed to have their weight monitored was unable to use the scales. As an alternative staff used the person's arm measurements to monitor their weight.

Staff received training to ensure they could provide the support people needed. People told us they thought staff were skilled and knowledgeable. One person we spoke with said, "The staff appear to be skilled to manage care safely." Mandatory training was provided in areas including moving and handling, fire safety, safeguarding, equality and diversity, communication and dementia awareness. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. The registered manager used a chart to monitor and plan training. This showed that staff training was either up-to-date or planned. Staff received refresher training to ensure they were aware of the latest best practice.

Staff spoke positively about the training they received. One member of staff told us, "The training is spot on." Another member of staff said, "The training is good. We get notices in the office saying when it is due." A third member of staff told us, "The training is fine. You get lots of good information from it and you're always learning."

Staff were supported with regular supervisions and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to review staff performance and training needs and as an opportunity for staff to raise any issues they had. Staff said they found supervisions and appraisals useful. One member of staff told us, "They're good as they let you know how you're doing and you can raise any problems."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection 22 people were subject to DoLS authorisations. These were clearly recorded in people's care plans. In line with best practice people's capacity was kept under review and we saw an example of someone regaining capacity and the service applying to remove their DoLS authorisations.

However, though care plans contained evidence of staff acting in people's best interests they did not have specific best interest assessments in place. This meant there was not always a clear record of who had been consulted when decisions were taken on people's behalf. We spoke with the registered manager about this, who said best interest documentation would be reviewed and improved.

People were supported to maintain a healthy diet. People's nutritional support needs were assessed before they moved into the service and plans put in place on how these could be met. The service used recognised tools such as the Malnutrition Universal Screening Tool (MUST) as part of these assessments. MUST is a tool used to identify people who are malnourished or at risk of malnourishment. Kitchen staff were knowledgeable about people's nutritional support needs and could explain how these were met, for example by fortifying food. We also saw that people's cultural or ethical dietary preferences were accommodated. Coloured crockery was used for people who were partially sighted or who were living with a dementia.

People spoke positively about food at the service and said there was always a choice available to them if they did not want to eat what was on that day's menu. One person told us, "I struggle to enjoy my food but chef is lovely and will get anything if I ask even if it is not on the menu." Another person we spoke with said, "I cannot eat some things but there is always an alternative and chef is really good." We observed people enjoying lunch in both units at the service, and saw that they were offered choice and supported at their own pace where this was needed. The dining rooms were well-presented with cutlery, serviettes and drinks of squash on the tables. People clearly enjoyed their lunch and in the upstairs unit had an impromptu sing-along during their meal.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of regular engagement with professionals such as GPs, community nurses, speech and language therapists (SALT) and chiropodists. Relatives told us people were supported to access healthcare services whenever these were needed. One relative said, "We get calls if our relative is unwell and the manager always ensures a quick visit by a GP or district nurse." Another relative told us, "My relative has the services of all the major high street companies for eye tests and hearing checks and also the dentist. If there was anyone else needed, like the chiropodist, then that would be fine."

The premises had been adapted to ensure the comfort, health and wellbeing of the people living there. Communal lounges and sitting areas were available so people could congregate and socialise, including a sun lounge room with tea and coffee making facilities. The unit for people living with a dementia contained appropriate signage to help people move around the building. Doors to people's rooms were coloured and styled as front doors to help people find them. People from both units had access to a walled and secure garden, which was maintained by volunteers who were relatives of staff or people living at the service and was clearly very popular. People at the service were also involved in helping to feed birds in the garden. This took place several times during the inspection, and we saw people enjoyed doing this. One person said, "When I was looking for somewhere to live we drove past and I saw that tree in the garden. I knew then that I wanted to live here. I can go out there whenever I like, and I like to sit at that table."

Is the service caring?

Our findings

Without exception people we spoke with were very positive about staff at the service and said they received kind and caring support. One person we spoke with said, "This is a family home and it is happy and I am blessed to be here." Another person told us, "The staff are jolly and the manager is always around so the place is a happy place to be." A third person we spoke with said, "I'm gloriously happy here. I wouldn't leave here for all of the money in the world" and, "I will be happy to die somewhere like this." A fourth person told us, "I spent 18 hours a day on my own in the bungalow. Here I can join in the activities and have visits from the family, sleep, do whatever I want. It is great." A fifth person we spoke with described the service as being like, "a five star hotel with care home benefits."

Every relative we spoke with was extremely positive about the caring values of staff. Relatives enthusiastically described the positive impact of the support people received, saying it had increased their own sense of wellbeing to see people receiving high quality care. One relative told us, "Every time we visit we are thankful that our family member is here. The care and love just flows and it is what we would want ourselves in our twilight years." Another relative we spoke with said, "It is always happy and there is a good atmosphere in the home." A third relative told us, "We spent ages looking and we have found 'the one' for our parent." A fourth relative we spoke with said, "We can go away and enjoy our holidays now not wondering when we would get the next call."

We saw staff being particularly sensitive to times when people needed caring and compassionate support. For example, we saw one person becoming upset and saying they missed the place they used to live at before they moved into the service. A member of staff saw this, knelt down next to the person and spent time talking with them about where they used to live. The staff member said they would look through photographs of where they used to live later in the day, and we saw this happening. This meant people's needs were effectively anticipated by highly skilled staff and that they were happy and contented.

People felt that their voice was heard and was important, in matters large and small. One person told us about a time they had felt cold and had mentioned this to a member of staff. The staff member had then brought them a warm blanket to sit under. The person said they were very comforted by this, saying, "It was nice to be listened to and spoilt. This would not happen if I had been on my own at home."

Staff were exceptionally patient, caring and kind when supporting people living with a dementia. There was a very relaxed and calming atmosphere on the unit as staff were quick to see when people were becoming distressed and were highly skilled at reassuring them. For example, one person became distressed whilst pouring a drink for themselves in the communal lounge. A member of staff assisted by prompting and reassuring. This helped the person to focus on what they were doing and return to pouring their own drink. The person looked happy as a result and sat down with their friends in the lounge. This showed that staff put the feelings and wellbeing of people at the heart of the support they delivered and always looked for ways to promote their independence.

We saw numerous examples of very kind and caring support being delivered throughout the inspection, with

staff interactions clearly increasing people's sense of wellbeing and quality of life. For example, we saw one person sitting in a lounge on their own. A member of staff saw this as they were walking by performing another task and stopped to ask if they were okay. The person said they were, but the member of staff stayed with the person for a while and asked them about their plans for the day and their family. This showed that staff were skilled at anticipating when people might need reassurance and companionship, and that they prioritised providing this.

Staff used their knowledge of people's personal history, background and things of importance to them to engage with people when supporting them. For example, we saw a member of staff telling a person there were lots of birds in the garden so it would be a good time to go and sit outside to watch them. The person thanked the member of staff and joked with them that they would stay outside until all the birds had gone. It was clear from the happy and friendly conversations between people and staff that staff knew people and their families very well and used this knowledge to increase people's sense of wellbeing.

Staff prioritised the protection and promotion of people's dignity and sense of self-respect. For example, we spoke with one person who told us they would like to go to the lounge later in the day to watch an entertainer who was performing. However, they said they were not confident enough to do so on their own. Later in the day we saw that a member of staff had spoken with the person, held their hand and taken them into the lounge. They had then found a seat for the person and sat with them for the duration of the performance so they could enjoy the show. People told us they enjoyed the time spent with the staff, felt it promoted trust and confidence and that staff genuinely cared about them.

People were actively supported to maintain their rights as active citizens. Where people practised a religion they were supported to attend services at their places of worship. Where this was not possible ministers of religion of various faiths were encouraged to visit the service. We saw that all people's various faiths were catered for by visits from local religious denominations. Assistive technology such as tablet computers were used to help people access information and subjects of interest to them, and to help stay connected with the wider world.

People and their relatives told us staff made them feel like welcome and valued members of the Ingleby Care Home community. One relative we spoke with said, "The main concern for [named person] was that they would be plonked down in front of a TV blaring out or made to join in. It could not be further from the truth. Here they are too busy enjoying themselves and those who are shy do not get forgotten, they have their own special time." We saw that in order to make people who were living with a dementia feel like active members of the community entertainment and activities was often organised jointly and took place in the unit for people living with a dementia.

People told us staff delivered support in a respectful and dignified way such that they did not feel uncomfortable. One person we spoke with said, "I feel confident when they are helping me. They chatter away and then it is all finished." Throughout the inspection we saw staff treating people with dignity and respect. Where people indicated that they wanted to speak with staff we saw staff approaching them and speaking with them quietly and privately to ensure they would not be overheard. Where staff were discussing people's support needs amongst themselves we saw them doing this privately and away from communal areas. Staff knocked on people's doors and waited for a response before entering their room. When staff delivered support we saw them doing this at a slow, measured pace while explaining to the person what they were doing at every stage.

Staff we spoke with demonstrated a real empathy for and commitment to the people they supported. One member of staff told us, "I love my job." When we asked why they said, "It's the residents for me, definitely."

Another member of staff we spoke with said, "My job is to see that residents get 100%+ pleasure out of each day, then I go home tired but happy" and, "This is not a job but my vocation and I will give it everything to make people happy."

At the time of our inspection nobody at the service was using an advocate. Policies and procedures were in place to arrange it should this be needed and people and their relatives were informed of the support available in this area.

Is the service responsive?

Our findings

At our last inspection in May 2017 we rated this domain as requires improvement. At that inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. We found records had not always been fully completed and contained gaps. We took action by requiring the provider to send us an action plan setting out how they would improve the service. When we returned for this inspection we found that records had improved and the provider was no longer in breach of regulation.

Care records contained evidence of personalised care planning and delivery. Care plans were in place in areas including medicines, moving and handling, nutrition and personal care. The plans we looked at contained lots of information on how the people wanted to be supported in that area. For example, one person needed additional support with eating following an assessment by a speech and language therapist (SALT). Their care plan had been updated with information on how staff could support them with this.

Care plans also contained information that went beyond people's support needs, including on their life history, relationships of importance and hobbies and interests. This helped to paint a picture of the person as a whole and helped staff supporting them to see beyond their current care needs.

Daily notes were used to record and monitor people's support needs and ensure staff had the latest information on the care they needed. The service was also starting to use the National Early Warning System (NEWS) to help ensure people received the support they needed. NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adults and is a key element of safety and improving outcomes.

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People and their relatives confirmed they were involved in these reviews, though most people said they were happy to let their relatives take the lead on this. One person told us, "I know about my care plan and it doesn't change much. If it did I want [named relative] to deal with it." A relative we spoke with said, "My parent is able to understand the care plan meetings but prefers some support so I go along."

People were supported to access activities they enjoyed. The provider employed an activities co-ordinator, and a wide range of activities was promoted in communal areas in the building. The activities co-ordinator used information on people's hobbies and interests from their care plans to organise activities they would enjoy. People and their relatives were also asked for feedback and suggestions about activities. Recent activities had included themed nights to raise money for charities people had chosen, meals out in the local area, trips to the cinema, entertainers visiting the service, dance, aerobics and pet therapy visits. The activities co-ordinator was able to describe the dementia friendly activities they arranged, but there was also an emphasis on trying to include everyone at the service in the same activities as much as possible. People living with a dementia had been supported to access dementia friendly film screenings at a local cinema.

People and their relatives spoke positively about activities at the service. One person told us, "We have lots

happening here and it is great to be able to choose what we get involved in and we also put forward suggestions to the activity co-ordinator." Another person said, "The activity co-ordinator as well as the manager and staff all pop in for a chat. I am not lonely here, it is like a big family home." A third person told us, "There are many trips out each month to the cinema or pub for a drink and food. We are spoilt rotten." A relative we spoke with said, "This care home has so much going on it's exhausting to watch them all enjoying themselves."

Effective policies and procedures were in place to respond to complaints. The provider had a complaints policy which set out how issues could be raised and the process for investigating and responding to them. People and their relatives were made aware of the policy when people started using the service, and information on it was displayed in communal areas. Records showed that where issues had been raised they had been dealt with in line with the complaints policy, including sending outcome letters to the parties involved. People and their relatives told us they knew how to raise issues and would be confident to do so if this was needed. One person we spoke with said, "I would not be scared to complain but would probably speak to the carers first anyway."

At the time of our inspection nobody at the service was receiving end of life care. Policies and procedures were in place to arrange this should it be needed. The registered manager told us how staff at the service had worked with external professionals such as community nurses to provide this in the past.

Is the service well-led?

Our findings

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

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Staff, people and relatives said the service was well-led and spoke positively about the leadership provided by the registered manager. One member of staff told us, "I love [the registered manager]. She's an amazing manager, the best I've had. She always has time for a sit down and to speak with you." Another member of staff said, "[The registered manager] is really good, I like her. You feel you could go and see her at any time." A relative we spoke with said, "The manager leads from the front and this cascades down through the whole team. It is an excellent home and we are pleased to have found it for our relative." The registered manager was a visible presence around the service, and clearly knew people and their relatives well. During the inspection a regional director from the provider was visiting. They also clearly knew people well and we saw that chatting and joking with people and their relatives as they moved around the building. Staff spoke positively about the culture and values of the service and provider. One member of staff told us, "It's a good place to work, with a friendly atmosphere." Another member of staff said, "It's friendly, nice place to work and a good company." A third member of staff told us, "There is an open and honest culture here which makes for a good feeling in the home both for residents and staff."

The registered manager and staff worked to create and sustain a number of community links for the benefit of people living at the service. The service had links with two local schools, whose pupils regularly visited people. A visit had taken place the day before our inspection during which pupils had helped people and staff to make fruit cocktails. There was also a church nearby, and people attended events that were hosted there. The service sponsored the local community fete and people were supported to attend it. To help mark 'National Pizza Day' some people had been supported to attend a local pizza shop and make pizzas. We saw press cuttings of this and people were clearly enjoying themselves.

Feedback was sought from people, relatives, staff and external professionals in an annual survey. We looked at results from the most recent surveys and saw they contained positive feedback. In the June 2018 external professional survey, one response read, 'Fab home. Friendly and welcoming staff. Look forward to my visits.' The most recent survey for people using the service and relatives was in September 2017, and this also contained positive feedback. One relative had responded, '[Named person] always tells me she enjoys it.' The only negative feedback was about the laundry service, and we saw action had been taken to try and improve this. People we spoke with during our inspection spoke positively about the laundry service. One person told us, "A big thank you to the laundry staff, who do such a wonderful job. Nothing has been lost

yet."

People, relatives and staff were also asked for feedback at regular meetings at the service. These included general resident meetings, activity meetings and staff meetings. Records showed that meetings were used to have open and constructive discussions on how the service could be improved. For example, at a recent meeting for people using the service a vote had been held on whether mealtimes should be changed. A recent staff meeting had been used to discuss issues raised by staff. One member of staff we spoke with said, "Staff meetings are useful, especially for newer staff who aren't that familiar with policies and procedures."

The registered manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included audits of medicines, health and safety and care plans. Where issues were identified action plans were put in place and monitored to ensure they were addressed. For example, one care plan audit identified that additional information was needed on one person's health conditions. A plan was put in place to update this by a specified deadline of two weeks, and records showed it as signed off as completed within the deadline. The service also worked with external professionals to monitor and improve standards at the service. For example, an infection control audit had been carried out in January 2018 and the service achieved the maximum score.