

Sun Care Homes Limited

The Grange Nursing Home

Inspection report

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Beeston
Nottingham
Nottinghamshire
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Tel: 01159253758

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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 inspection took place on 16 February 2016 and was unannounced.

Accommodation for up to 29 people is provided in the home over two floors. The service is designed to meet the needs of older people. There were 23 people using the service at the time of our inspection.

At the previous inspection on 16 and 18 June 2014, we asked the provider to take action to make improvements to the areas of care and welfare of people who use services, management of medicines, assessing and monitoring the quality of service provision and records. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in all areas.

There is a registered manager and she was available during the inspection. 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 felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines and infection control practices were followed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action. There were systems in place to monitor and improve the quality of the service provided. The provider was meeting their regulatory responsibilities.

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 felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines and infection control practices were followed.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

Advocacy information was made available to people.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs.

A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action.

There were systems in place to monitor and improve the quality of the service provided. The provider was meeting their regulatory responsibilities.

Good ●

The Grange Nursing 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 16 February 2016 and was unannounced. The inspection team consisted of an inspector, a specialist nursing advisor with experience of dementia care 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.

Before our inspection, we reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with nine people who used the service, eight visitors, a kitchen assistant, a laundry staff member, a domestic assistant, two care staff, two nurses, the registered manager and a representative of the provider. We looked at the relevant parts of the care records of five people, three staff files and other records relating to the management of the home.

Is the service safe?

Our findings

During our previous inspection on 16 and 18 June 2014 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicine administration records (MAR) were not always fully completed and PRN protocols were not in place for 'as required' medicines. At this inspection we found that improvements had been made in this area.

People told us they got their medicines, including pain relief, when they needed them. One person said, "They always give me my medication - they never miss it." Another person said, "Yes, they always give it to me on time." We observed the administration of medicines and saw appropriate checks were made against the MAR and staff stayed with the person until they had taken their medicines.

MARs contained a picture of the person and there was information about allergies and the way the person liked to take their medicines. People's care plans also contained this information. MARs confirmed people received their medicines as prescribed.

PRN protocols were in place to provide information on the reasons for administration of medicines which had been prescribed to be given only as required. When medicines had had to be handwritten on the MAR, there were two signatures indicating they had been checked by a second person to ensure accuracy of transcribing. When people were taking medicines which required their health to be monitored this was being completed and the medicines were adjusted in line with the instructions from health professionals.

Arrangements were in place for the timely ordering and supply of medicines and we found no evidence of gaps in administration due to lack of availability. Medicines were stored safely in line with requirements in locked trolleys or cupboards. Temperatures were recorded of the areas in which medicines were stored and were within acceptable limits. Liquid medicines and external creams were labelled with their date of opening. These types of medicines have a specific timeframe in which they can be used once opened; recording the date of opening reduces the risk of people receiving ineffective medicines.

Staff had attended medicines training and had had their competency to administer medicines assessed. Staff not administering medicines were able to explain what they would do if they found a tablet in a person's bedroom.

People told us they felt safe. A person said, "Of course! There is no such thing as bullying [here]." They told us they would speak with staff if they had any concerns. A person said, "Any problems I would speak to the nurse - she is lovely!"

Staff had a good awareness of adult safeguarding issues and told us they would report any concerns to the registered manager. They were confident the registered manager would deal with any concerns reported but they were also aware of the need to report to the local authority if necessary. A staff member said, "They are someone's parents. I would treat [any safeguarding concerns] as if it was my Mum or Dad."

A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the home to give guidance to people and their relatives if they had concerns about their safety.

Risks were managed so that people were protected and their freedom supported. One person said, "I feel in control." Another person said, "I do whatever I want." A relative said, "No one stops my [family member] from doing anything." We saw people moved freely around the home and staff did not restrict people but allowed them to walk where they wished in the home whilst supervising them to keep them safe. We observed staff reminding people to use walking frames and other mobilisation aids and supporting them to mobilise safely.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcer, falls and the use of bedrails. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly. A person required oxygen at times and we saw appropriate signage was in place and hazards associated with oxygen were identified in a risk assessment and care plan in order to maintain a safe environment for the person.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening. A staff member told us that if there was an accident or incident the person's family would be informed and an investigation would take place to identify the actions needed to prevent similar incidents in the future.

People told us that the premises and their possessions were safe. A person said, "It is an old building but well maintained." A relative said, "Anything that's broken gets fixed immediately." People also told us that equipment was safe and well maintained. A person said, "They check [the equipment] all the time." Staff told us they had sufficient equipment to meet people's needs. They said equipment was checked regularly and if it needed repair it was reported and dealt with in a timely way. We saw that the premises were well maintained and safe. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People told us there were enough staff to meet their needs. One person said, "There is always someone to help you." Another person said, "There is no shortage [of staff]." Relatives agreed. A relative said, "The place is buzzing with staff." Staff told us they felt there were enough staff on duty to provide the care and support people needed and to keep them safe. They said if the number of people using the service increased the registered manager would increase staffing levels.

We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were visible in communal areas and spent time chatting and interacting with people who used the service.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager told us that staffing levels were based on dependency levels and any changes in

dependency were considered to decide whether staffing levels needed to be increased.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

People told us that the home was clean. One person said, "You should see my room, everything is very clean including the curtains." Another person said, "The men are always cleaning - they are very good!" A relative said, "No smell whatsoever." Staff were able to clearly explain their responsibilities to keep the home clean and minimise the risk of infection.

During our inspection we looked at bedrooms, all toilets and shower rooms and communal areas. All areas were clean and we observed staff followed safe infection control practices.

Is the service effective?

Our findings

During our previous inspection on 16 and 18 June 2014 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Documentation was not always fully completed to ensure that people's nutrition and hydration needs were met. At this inspection we found that improvements had been made in this area.

People were happy with the quality of food. One person said, "Food is great." People told us that they were offered choices. One person said, "There is variety." A relative said, "[Staff] realised [my family member]'s appetite has gone so they are always creative with the meals." People told us that they had sufficient to eat and drink. We saw that people were offered drinks throughout the inspection.

We observed the lunchtime meal. People received their meals promptly and when people needed assistance staff sat with them and helped people without hurrying them.

Nutritional risk assessments had been completed and care plans were in place to address people's nutrition and hydration needs. When the dietician had advised staff to fortify a person's food to help them gain weight, instructions on how to do this were included in the person's care records. Staff were aware that a person with a urinary catheter should be given plenty to drink and they told us they monitored this and the person had a good fluid intake.

Food and fluid charts were completed when people were nutritionally at risk and these indicated people were receiving enough to eat and drink. We saw that when people were prescribed nutritional supplements these were administered by the nurses and administration was recorded in the medicines administration records. We saw people were weighed regularly and actions taken where appropriate.

One person was receiving nutrition from a percutaneous endoscopic gastrostomy (PEG) tube. A PEG is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff were involving an external professional and supporting the person appropriately with this need.

During our previous inspection on 16 and 18 June 2014 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Documentation was not always fully completed to show that a person was receiving care to minimise the risk of skin damage. At this inspection we found that improvements had been made in this area.

People told us that they saw external professionals when they needed to. One person said, "The optician is organised for me." Another person said, "Yes, the doctor has been to see me." Staff told us they had a good relationship with the local GPs and if a person needed a visit they would normally visit the same day. Staff told us they received extremely good support from the respiratory nurses, dementia outreach team and dietician.

There was clear evidence of the involvement of a wide range of external professionals in the care and treatment of people using the service. Care records contained information about the involvement of a respiratory specialist nurse, continence advisor, dietician and speech and language therapist. There were also records of visits from people's doctor. Clear guidance was also available for staff on meeting people's physical health needs.

Where people required pressure-relieving equipment and assistance with changing their position, the equipment was in place and at the correct setting. We saw documentation related to a skin tear and a minor pressure ulcer. These had been assessed regularly and had healed relatively quickly.

Records had been completed to indicate people had been re-positioned in line with their care plan when necessary to prevent pressure ulcers, and night time checks had been completed along with records of the application of skin creams. These were completed consistently and indicated staff carried out frequent checks and monitored people's well-being.

People told us that staff were sufficiently skilled and experienced to support them to have a good quality of life. A person said, "They are the best - very respectful." A relative said, "[The staff] are fantastic." We observed that staff competently supported people and interacted appropriately with them.

Staff felt supported. Staff told us they had received an induction. The registered manager told us staff who were new to the service would complete the 'Care Certificate' training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff felt they had had the training they needed to meet the needs of the people who used the service. Staff told us they completed mandatory training on an annual basis and they were up to date with their training. They told us they were provided with training on clinical issues such as PEG feeding by external professionals such as the dietician.

A nurse told us they were the link nurse for continence whilst another nurse was the link nurse for tissue viability. They said they attended link nurse meetings regularly and found them very useful in increasing their knowledge and discussing issues with staff from other organisations. They told us they came back and cascaded the information to the other nurses through discussions and staff meetings.

Training records showed that staff attended a wide range of training which included equality and diversity training. A plan was in place to ensure that staff remained up to date with their training. Staff told us they had regular supervision and annual appraisals. Supervision and appraisal records contained appropriate detail.

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.

The requirements of the MCA were being followed as when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed. This included decisions about the provision of personal care and the use of a sensor mat to alert staff when people attempted to get out of bed.

People told us that staff asked for consent before providing care. One person said, "If you are doing something they wait until you finish or say they will come back." Another person said, "Yes, they always explain first." Relatives told us that staff asked for consent and respected their family member's choices. A relative said, "[Staff] come close and make sure they are heard and check if it's okay." Another relative said, "[My family member] is always asked, sometimes [staff] have to come back." We saw that staff talked to people before providing support and where people expressed a preference staff respected them. Consent for the use of photographs in people's care records was recorded in their care records. When bedrails were being used there was a record of a discussion and the consent to their use by people involving their relatives where appropriate.

Staff told us they had received training in the MCA and DoLS. They were able to discuss issues in relation to this and the requirement to act in the person's best interests. DoLS applications had been made appropriately.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place and they had been completed appropriately.

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained detailed guidance for staff in this area. We also saw notices throughout the home which encouraged staff to think about why a person may be behaving in a challenging way and to try to address the causes of the behaviour.

Is the service caring?

Our findings

During our previous inspection on 16 and 18 June 2014 we identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care records were not always stored securely. At this inspection we found that improvements had been made in this area. We saw that staff treated information confidentially and care records were stored securely.

People told us that they were treated with dignity and respect and staff maintained their privacy. One person said, "[Staff] have patience and speak to you nicely." A relative said, "Everyone is welcoming and respectful." People and relatives told us that staff knocked on bedroom doors before entering them.

We saw staff protecting people's privacy and dignity and talking to them quietly about sensitive issues. Staff told us they knocked on people's doors before entering their bedroom and took steps to protect their privacy during personal care. A relative said, "I have never seen anyone in the bathroom with the door open in all of three years!" The home had a number of areas where people could have privacy if they wanted it.

Staff received dignity training and some staff had been identified as dignity champions. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

People told us that staff supported them to be independent. One person said, "A lot of us can do things for ourselves." We observed a person knitting and commented on this to a member of staff. They said, "Yes, she needs a bit of help to start off but then she can manage."

People told us they could receive visitors at any time and that they all received visitors. One person said, "They can come as frequently as they want." Relatives told us they could visit whenever they wanted to. One relative said, "I remember when I stayed in [my family member]'s room for eight hours – [staff] were really good - they offered me refreshments and a nice meal!" We observed that there were visitors in the home throughout our inspection. Visiting arrangements were set out in the guide for people who used the service.

People told us that staff were kind. One person said, "[Staff] do really care - the way they speak and the way they look at you." A relative said, "Very caring. This place is full of smiles and is welcoming."

People told us that staff knew them well. Staff were very knowledgeable about the support needs of people they cared for, their personal preferences and previous life history. When we asked a staff member to tell us about a person, they gave a very good description of their care needs and medical history and also told us they had been a keen photographer, specialising in photographing flowers.

There was a warm, friendly and caring atmosphere throughout the home. We saw people being accompanied to the dining area for breakfast; there was some music playing and staff and people joined in the singing as they came into the room or were sitting waiting for their breakfast. Staff were happy and smiling as they assisted people. They kept people informed of what was happening and checked they were happy.

Throughout the day as staff came into a room they had a brief chat with people sitting there and made them feel part of what was going on. Everyone was included and no one left out. All the interactions between staff and people were warm and the staff treated everyone as individuals understanding their personalities and what made them happy.

People and their relatives were involved in decisions about their care. A person said, "Yes I have seen [my care plans]." However, some people told us that they had not seen their care plans. Relatives told us that they had been involved in care planning. Care records contained documents to demonstrate that people had agreed their care plan and had been involved in the reviews of their care plans which were signed by the people themselves and their relatives. Care plans were person-centered and contained information regarding people's life history and their preferences.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us. Advocacy information was also available for people if they required support or advice from an independent person.

We reviewed the care of a person who was nearing the end of their life and we saw there was a detailed care plan in place, which contained a considerable amount of personalised information about the person's preferences, ways to communicate with them and how to improve their feeling of well-being. Anticipatory medicines were in place and during the inspection we saw these being administered. When we talked with the nurse they were able to explain their reasons for giving the medicines and their approach to this to manage the symptoms whilst minimising the other effects of medication. Anticipatory medicines are medicines that are prescribed for use on an 'as required' basis to manage common symptoms that can occur at the end of life.

A staff member told us of a person nearing the end of their life who was very religious. They told us that the registered manager had spent considerable time with the person when their family were not there; reading the bible to them and singing hymns and the person had gained comfort from this.

Is the service responsive?

Our findings

During our previous inspection on 16 and 18 June 2014 we identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care records were not always accurate or fit for purpose. At this inspection we found that improvements had been made in this area.

People's care records contained an initial assessment when the person first came to the home and this included information about their preferences. Care plans were in place for people's care and support needs. Care plans provided an excellent picture of people's needs and preferences and contained all the necessary information. When people had long term health conditions, care plans provided the necessary information to enable staff to support the person to manage their condition and identify when their health was deteriorating. Where plans indicated specific care requirements or equipment needs we found this was in place. Care plans had been reviewed monthly and provided up to date and accurate information about the person's needs.

Each care record contained a 'One Page Profile' summarising the person's support needs. We saw information had been obtained about the person's life history, holidays they had enjoyed, family relationships, hobbies and things which were important to them. We saw people's care plans also contained a 'Personal Calendar of Important Dates' which had been completed with the birthdays and other dates special to the person. A staff member said, "It's important to treat people as unique individuals."

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. One person had religious needs and said, "Yes, they have someone coming here. The home organises it and there is a service." Another person said they preferred to receive support from female staff and told us that this preference was always respected.

People told us they received personalised care that was responsive to their needs. One person said, "[Staff] are always responsive." A relative said, "If [staff] are busy...they always prioritise but they do respond." Another relative said, "[Staff] respond with amazing speed!" We also observed that staff responded quickly and appropriately to people when they requested support.

People told us they were supported to follow their interests. One person said, "I like to knit and they always bring me some wool." Another person said, "I like to read and [staff] provide magazines." A relative said, "There is always something to do in the home." We observed a good mix of group and one to one activities. During the morning a group of people joined in enthusiastically with armchair exercises whilst others were sitting in another lounge reading a book or knitting. Two people who were unable to join in activities and had limited communication were asked if they would like a hand massage and their non-verbal responses indicated they enjoyed this.

One of the nurses also undertook some shifts as the activities coordinator. They said relatives were sometimes surprised at what people were engaged in and enjoyed as they may not have tried those activities previously. The enthusiasm of the activities coordinator shone through all our discussions with

them. They had a plan of regular activities with input from external visitors (a choir, theatre production, motivational classes) alongside special days organised within the home to which relatives were invited and a good range of daily activities. We saw care staff were engaged in and facilitated activities with people and we were told there was a good range of activities available. The activities coordinator said that as they were in the home at other times as a registered nurse they could suggest things for the carers to do with people and find activities people liked.

Care records we reviewed contained a care plan for social activities with information about the person's activities and interests. The information was detailed and considered a wide range of types of activities and interests from types of music, playing cards, reading Dickens, Shakespeare, to exercise and games.

People told us they knew how to complain and would be comfortable doing so. A person said, "□ I have never complained, I can speak to the manager if there is a problem." A relative said, "If I have any issues, I just speak to the [registered] manager. She has an open door policy. The small things I requested, they were resolved immediately."

Staff were clear about how they would manage concerns or complaints. They said if someone raised an issue with them they would ask them if they wanted to talk to them about it or whether they wanted to talk to the registered manager. They told us they would listen to the issues, document the complaint and try their best to rectify the issue straight away and then report it to the registered manager.

Complaints had been handled appropriately. Guidance on how to make a complaint was displayed in the main reception of the home and in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised.

Is the service well-led?

Our findings

During our previous inspection on 16 and 18 June 2014 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Audits had not identified or addressed shortcomings that we found during the inspection. At this inspection we found that improvements had been made in this area.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by representatives of the provider. Audits were carried out in the areas of infection control, care records, medication, kitchen, response to nurse call and health and safety. Action plans were in place where required to address any identified issues.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. We saw that safeguarding concerns were responded to appropriately and appropriate notifications were made to the CQC as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

People felt involved in the home. One person said, "[Staff] always ask and consult us." Another person said, "They always discuss and ask what we prefer." People told us that they attended meetings to discuss their thoughts of the home. Meetings for people who used the service and their relatives took place and actions had been taken to address any comments made. We saw that surveys had been completed by people who used the service and their families. Responses were positive and actions had been taken in response to any identified concerns. There was a notice in the main reception detailing recent feedback and the actions taken in response to it. We also saw a book where visitors had left feedback on the service and the feedback was very positive.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values and philosophy of care were in the guide provided for people who used the service and displayed in the main reception. We saw that staff acted in line with those values.

People told us that the atmosphere at the home was very good. One person said, "It's a happy place." A relative said, "A lovely, jolly atmosphere - very welcoming all the time." We observed that the home was calm and relaxed. People who used the service and staff joked with each other. A staff member said, "I am really proud of what we achieve, it's by everyone working together. And it feels like a family." They told us that people's family members treated other people using the service as family. They said, "If they bring in a cake for their relative they share it with other people. We have quite a few parties and group outings which family come along to." Another staff member said, "Everyone works hard and we get some lovely feedback. People feel comfortable with you. They are so kind here and so supportive."

A staff member told us the registered manager monitored the care provided and would regularly initiate discussions about how care could be improved. They told us, "[The registered manager] often says, 'Let's sit down and have five minutes reflection.'" A staff member told us of the improvements the registered manager had implemented including re-decoration of parts of the building and additional equipment. They said, "Most people have profiling beds now and that makes it so much easier for people and for staff." A profiling bed has a range of features which enable easy handling for care staff and increased comfort for the person using the bed.

People told us that the registered manager was friendly and approachable. A staff member said, "I have never seen anyone like [the registered manager]. She knows everything that is going on. Things have changed so much since she has been here. You wouldn't believe it is the same place. [The registered manager] has turned this place around. If something needs doing you can guarantee she will get it done. She is very strong willed." Another staff member said the registered manager was approachable and, "You can always talk to her." They said she often provided care herself.

A registered manager was in post and she was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt very well supported by the provider and told us that sufficient resources were available to provide a good quality of care. We saw that all conditions of registration with the CQC were being met and notifications had been sent to the CQC when required.

We saw that regular staff meetings took place and the manager had clearly set out her expectations of staff. Staff told us that they received feedback in a constructive way.