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Ashlodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Ashlodge 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.

Ashlodge is a detached property close to the seafront in Bexhill -on-Sea. It provides care and support for up to 16 older people with care needs associated with older age. This includes people with low physical and health needs and people with mild dementia and memory loss. Ashlodge provides respite care that includes supporting people while family members are on a break, or to provide additional support to cover an illness.

At the time of this inspection 13 people were living in the service. This inspection took place on 14 June 2018 and was unannounced.

There is a registered manager at the home who is also one of the partners and a registered provider that owns the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

We inspected Ashlodge in February 2016 and found the provider was in breach of three regulations. At the last inspection improvements had been made but the provider remained in breach of two regulations. This was because the provider had not identified, assessed and responded to all risks in the service, or ensured all health and safety legislation had been adhered to. The management systems that included quality monitoring had not always ensured safe and best practice was followed or required improvements were responded to. Following this inspection, the provider wrote to the CQC with an action plan on how these regulations were to be met.

At this inspection we found these regulations had been met and the service was rated 'Good' overall.

However, we found the management arrangements did not ensure effective leadership in all areas. Some records had not been completed in a consistent way and although there was no evidence that this impacted on care, evidence of appropriate care and support was not always clearly recorded. This included records relating to DoLS and best interest decisions. This was identified to the registered manager as an area for improvement.

Staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They understood the principles of gaining consent and the registered manager had a good working knowledge of the MCA and involved health care professionals to support them when people did not have capacity to make decisions. They recognised when people may be deprived of their liberty and followed

correct procedures to protect people's rights.

People were looked after by staff who knew and understood their individual needs well. Staff treated people with kindness, they were polite and considerate in their contact with people. They demonstrated genuine care for each person. People's dignity was protected and staff were respectful. We received positive feedback about the care and the atmosphere in the service. People liked the 'homely' feel of the service and told us they felt 'safe'. They liked living in a small home where everyone knew each other. Visiting professionals told us staff were kind and responded to people's health and welfare needs fully and appropriately.

Medicines were stored and handled safely. People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what they should do if they believed people were at risk of abuse. Staff received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They understood the principles of gaining consent and the registered manager had a good working knowledge of the MCA and involved health care professionals to support them when people did not have capacity to make decisions. They recognised when people may be deprived of their liberty and followed correct procedures to protect people's rights.

Staff completed a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe way. Staff felt well supported and could raise any issue with the registered manager. There was an open culture at the home and this was promoted by the pleasant staff and visible registered manager. Staff enjoyed working at the home and felt supported.

People had the opportunity to take part in a variety of activities in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported to maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. A complaints procedure and comment cards were readily available for people to use.

People were very complementary about the food and the choices available. People needed minimal support with eating and staff were positive in their approach to promoting people's independence. People's nutritional needs were monitored and responded to ensuring people's needs and preferences were taken in to account.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views daily and satisfaction surveys had been completed. The registered manager was readily available led by example and responded to any feedback that she received in a positive way.

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.

Medicines were stored and handled safely. The environment and equipment was suitably maintained.

The staffing arrangements ensured there was enough staff on duty to meet the needs of people and to respond to an emergency. Recruitment procedures followed ensured as far as possible appropriate staff were recruited to work in the service.

People and relatives told us people were happy living in the service and felt safe. Staff had received training on how to safeguard people from abuse and were clear how to respond to any allegation of abuse.

Is the service effective?

Good

The service was effective.

Staff were being suitably trained and supported to deliver care in a way that responded to people's changing needs.

Staff understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to involve appropriate people, such as relatives and professionals, in the decision-making process if required.

People had access to healthcare professionals, such as the GP as necessary to promote their health and well-being.

People's nutritional needs were monitored and they had food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had demonstrated caring relationships with them. Relatives were made to feel welcome and were encouraged to spend time in the service.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People had a variety of activities and entertainment to meet their individual needs. Some visiting entertainment and activities were provided in the service.

People and their relatives knew how to make a complaint and felt they had their views listened to and responded to.

People were asked about their individual preferences and choices and these were responded to within the care and support provided daily.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Management systems did not ensure full and consistent record keeping was maintained in all areas to support the care provided.

There was an open and positive culture in the service. Quality monitoring systems were used to identify areas for improvement and monitoring.

The registered manager and staff were approachable and supportive. Staff and people spoke positively of the registered manager and
her approach when managing the service.

Ashlodge

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 14 June 2018 and was unannounced. It was undertaken by one inspector 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 the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted and contact made with us through our contact team. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we were able to talk with nine people and four visiting relatives. We spoke with three staff members the registered manager and a visiting community physiotherapist. Following the inspection, we spoke and received feedback from a specialist nurse.

We spent time observing staff providing care for people in areas throughout the home and observed people having lunch in the dining room. We used the Short Observational Framework for Inspection (SOFI) during the day. This is a way of observing care, to help us understand the experience of people.

We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments. This included 'pathway tracking' two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

We looked at three staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality

assurance records.

Good

Is the service safe?

Our findings

At the last inspection in May 2017 the provider was in breach of Regulation 12 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured people's safety and welfare always. Suitable health and safety measures had not been established in all areas and some medicines had not been stored safely. An action plan was sent to us by the provider that told us how they would meet the legal requirements.

At this inspection we found improvements had been made and the provider was now meeting the requirements of Regulation12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had ensured all equipment was checked and maintained as required to ensure staff and people's safety. This included all lifting and moving equipment. Systems had also been established to ensure health and safety matters were assessed and responded to. All medicines were stored appropriately within locked facilities.

People told us they felt safe living and being cared for at Ashlodge. They told us they felt secure with the doors being locked at night, staff were around to respond to their needs quickly and effectively. People's comments included, "I think they are kind and helpful and very responsible people and that is why I feel safe," "I am happy with the way they watch me moving about, I do not need hoisting but I do have a wheelchair," "I feel safe because they make sure I can't fall here like I did at home," and "I know they keep me safe, they put the commode by my bed so I don't try to get to the toilet in the night." Relatives were confident that people were safe and well attended to. One said, "I can go home and sleep easy." Another said, "This place is safe and secure." A third said, "The bells are answered quickly."

Systems followed by staff ensured the management of medicines was safe. People told us they received their correct medicines when they needed them. One person told us, "I receive all my medicines safely, they never forget them and if I have a headache they give me paracetamol." Some people were prescribed 'as required' (PRN) medicines. PRN medicines are only taken if they were needed, for example if people were experiencing pain. Individual protocols and guidelines were in place to guide staff on the safe and consistent administration of these medicines.

Staff gave people their medicines in an individual way. Staff explained what they were doing and asked people if they needed any as required medicines. They gave people time and support to take their medicines without rushing. Medicines were only given by staff who had received additional training on the safe handling of medicines. The arrangements for storing medicines had been improved to include a locked facility within the fridge for those requiring refrigeration. Other medicines were stored appropriately within locked cupboards and a drugs trolley. The medicine administration record (MAR) charts were well completed and recorded when people had received their medicines. Records relating to topical creams clearly documented when, where and how these medicines were to be administered.

Staff recruitment records showed the required checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. These checks included confirmation of identity references and a disclosure and barring check (DBS). The DBS identify if prospective staff had a criminal record or were barred from working with children or adults at risk. The registered manager co-ordinated the recruitment of staff and told us they took account of people's personality when recruiting staff. They confirmed they would be recording recruitment interviews in the future to evidence the process more clearly.

Staff had received safeguarding training from the local authority and understood their responsibilities in relation to safeguarding people. Staff described different types of abuse and what action they would take if they believed someone was at risk. Staff told us they would report to the registered manager immediately but also knew what action to take if they were not available. There was safeguarding information on display. This contained relevant contact numbers for the local safeguarding authority.

The provider promoted a safe and clean environment. Staff undertook training on infection control. Infection control procedures were followed and staff used protective clothing appropriately. Hand hygiene was promoted and hand sanitisers were available at key areas throughout the service along with instructions on handwashing. Ashlodge was found to be clean and hygienic. One relative said, "Although it is an old building it is very clean and modern and well maintained. The cleaner keeps all the sinks and toilets very clean and hygienic and in immaculate condition and there are no unpleasant odours."

Security measures were in place and all visitors entering the service signed a visitor's book at the reception area. Health and safety checks and general maintenance was completed. For example, carpet replacement was being progressed during the inspection. The service's equipment was regularly checked and maintained. Safety checks had been carried out and these were planned and monitored. They addressed the environment, water temperature, appliances including portable electrical appliances, lifting equipment, wheelchairs and fire protection equipment.

The emergency procedures and contingency plans had been reviewed and updated recently. Fire procedures were used to promote fire safety in the service and the registered manager had completed a fire risk assessment. Each person had a Personal Emergency Evacuation Plan (PEEP). These directed staff and emergency services on the safe evacuation of people from the service in the event of an emergency. These were readily available and the registered manager told us after the inspection that a 'grab bag' had also been located near the front entrance containing these and other emergency information. People and staff were confident with the fire safety arrangements. One person told us, "The fire alarm goes off each week, all the doors close. I imagine someone would come in to take me out if the fire was real otherwise we are told to stay put." A staff member told us, "We have training every year. We have just done fire evacuation training in May."

Risks to people's safety and care were identified and responded to. Risk assessments were used to identify and reduce risks. For example, risks associated with nutrition, moving people and pressure areas were documented, and a risk management plan was then established. This included ensuring people received care to ensure people were moved safely and with assistance when required. Equipment was used to assist people when moving if they could not stand on their own. This had been supplied on an individual basis and reflected individual need. Staff were seen to move people safely and use equipment appropriately and safely. For example, a handling belt was used to support one person when standing.

Good

Is the service effective?

Our findings

People and their relatives were confident that the staff were well trained and competent to look after them effectively. People told us staff were attentive and responded to their individual needs. One person said, Staff always know what to do and do it well." Relatives complimented the staff on their approach and the way they understood people and how to support them. They trusted staff would identify if people's needs changed and would follow up as necessary with the local health services. One relative said, "They always make sure a GP is called if they are unwell." Visiting professionals told us staff had the skills to look after people and responded to all advice given.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff and the registered manager had completed training on the Mental Capacity Act (MCA) and DoLS. Staff asked people's consent and offered them choices prior to delivering any care or support. There was information in care plans about people's mental capacity and these were regularly reviewed. The registered manager took account of people's capacity to make specific decisions around their care and treatment. When people were assessed not to have capacity, decisions were made in their best interest and DoLS applications were made to the local authority. We have highlighted in the 'Well-led' section of our report where we found concerns about the consistent completion of records to support capacity assessments and best interest decisions.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. The registered manager was committed to supporting staff to learn and develop. Staff that were new to the service attended a structured induction programme based on the Skills for Care common induction framework. These standards provide a set of standards thathealth and social care workers can work in accordance with. The registered manager worked alongside new staff and structured the training programme to reflect their learning needs.

Staff and training records confirmed that a programme of essential training was in place. This training included health and safety, infection control, food hygiene, safe moving and handling, dementia, equality and diversity, safeguarding and MCA and DoLS. Additional training was provided that gave staff the skills and competency to support people with a wide range of needs and conditions. For example, staff had been updated on recent changes on best practice guidelines on food textures. Staff understood the correct textures needed for those people at risk of choking. This ensured people were supported to eat foods that were safe for them. Training was provided in a variety of forms including online training attendance at external training courses and internal training. Staff told us they were encouraged and supported to undertake further professional development that included recognised training in health and social care.

People were supported to maintain good health and received on-going healthcare. Staff communicated regularly with each other, verbally and in written form. Staff used a diary and wipe board to ensure important information was not missed. Verbal communication between staff was effective with constant interaction between staff and the registered manager. A structured handover at the end of shifts ensured all staff were up to date with people's needs. Staff knew people well and recognised when their health care needs were changing. Staff contacted other health care professionals for advice and guidance and when people wanted this contact. Visiting health professionals confirmed staff referred to them quickly and appropriately which improved health outcomes for people.

Ashlodge's environment was adapted to meet the needs of older people. Rooms had level access to all areas in the service via a passenger lift. There was an adapted shower for people with limited mobility. There was level access to the front of the service and into the garden which allowed wheelchair access. This ensured people were not restricted and discriminated against and could move around the service and community regardless of their disability. Signs around the home enabled people to navigate around the service unaided. For example, toilets were clearly marked.

People were very complimentary of the food and choices provided to them. People and their relatives told us it was all 'home cooked' and the chef was 'very good'. One relative told us, "The food is really very good. I stay occasionally as it is so good, it's a treat they have a roast twice a week." Another relative said, "My mother can be fussy but she polishes off all the food."

People chose where they wanted to eat, with most choosing to have their meals in the dining room. Staff were available to support and encourage people to eat. They ensured people had the meal they wanted and could eat independently whenever possible. For example, staff supported people to have extra gravy and extra helpings if wanted. This allowed people to have control over what and how they ate. Food was reflective of people's needs and preferences. Nutritional assessments were completed and these identified people's preferences and any nutritional risks. A record of people's preferences were recorded in the kitchen and people were asked each day what their meal choice was and given a range of alternatives. Risk assessments and observations including people's weights were used to identify people who needed close monitoring or additional support to maintain nutritional intake. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. Meals were adapted in accordance with any advice as required. For example, one person had a pureed diet to minimise the risk of choking. Where a need was identified, staff monitored how much people ate and drank each day on fluid and diet charts.

Good

Is the service caring?

Our findings

People were treated with kindness and staff demonstrated a caring compassionate approach to people and their relatives. Everyone was very positive about the approach and care shown by the registered manager and staff working at Ashlodge. People and their relatives told us staff were consistently kind and understanding and Ashlodge felt like a 'real home'. One person said, "The staff are really kind you can ask them to do anything." A relative said, "Nothing is too much trouble, it's home from home." Another person said, "They even do my shopping." A visiting professional confirmed the staff were caring, and said it was clear, "The staff are here for the job not the money."

The SOFI and general observations showed interactions between staff and people were meaningful and caring. Staff were pleasant, showed a genuine warmth towards people and were patient and understanding in their approach. For example, they regularly checked each person sitting in the lounge area ensuring they were comfortable in their position and were happy with the temperature of the room. Staff chatted happily with people making sure each person was spoken with and were part of any conversation. Staff took a genuine interest in what people had to say and how they were feeling. One person told us, "They are very good at night, they come and chat to me, I am not a good sleeper." Another described how one staff member brought them fresh garden fruit which they loved. Staff had training on privacy, dignity and respect along with equality and diversity. One staff member had been allocated a lead role on 'dignity' and the registered manager confirmed they had completed additional training to support them in this role.

Peoples' equality and diversity was respected. People told us they were treated the same regardless of their gender or disability. One person said, "No one ever discriminates against us. Everyone is polite and caring." Staff supported people to maintain their personal relationships and contacts. This was based on people's choices and staff understanding of who was important to the people taking account of their life history, their spiritual and cultural background and sexual orientation. For example, one relative who had travelled a long distance was able to stay as long as they wanted in the service, often staying for meals. People in a relationship were recognised as a couple and had private time together. A visiting professional shared their view that the staff did not discriminate against people because of their age. "People were treated as any other adult."

People were encouraged and supported in maintaining links with their friends and relatives and to maintain relationships that were important to them. People were able to move into the service with their partners and shared a room if they wanted to. Relatives and visiting professionals told us they were able to visit at any time and were made to feel welcome. Staff understood it was important to encourage visiting and to promote a 'warm feeling in the home.' One relative said, "I feel like this is like her own home, I can come and relax, read the paper and just sit and be in her company." Staff recognised people's spiritual needs, respected these and supported people if this was needed. Visiting faith leaders were arranged as people wanted and any spiritual needs were discussed with people as part of the individual assessment process.

People's individuality was recognised and supported. Staff used people's preferred names and knew people's choices, personal histories and interests. People were involved in decisions about their day to day

care and support. People were supported to dress as they wished. For example, one relative told us they chose their relative's clothes with them for the next day and left them on a hanger for staff to use. People said staff respected them and took account of their privacy and dignity. One person said, "Our privacy as a married couple is well respected and we spend as many times we want alone as a couple if we want to." Another told us, "I am treated with respect and dignity when I am washed or showered." People's bedrooms were seen as their own personal area and private to them. Bedrooms contained personal items that were important to people. This included pictures and photographs to make rooms look more homely. One relative had recorded within satisfaction surveys how important it was to her mother that she had her own furniture in her bedroom. Bedroom doors could be locked and a further locked facility was provided to people if they wanted a private and secure facility in their bedroom. One person told us, "I am safe and so are my possessions. There is a key in the door and I can lock valuables in a drawer for which I have a key."

Staff understood the importance of maintaining people's confidentiality. Staff ensured health care professionals met with people in private. Staff had received training on maintaining people's confidentiality and records were kept securely in a staff only area.

Good

Is the service responsive?

Our findings

People were treated as individuals with their care and treatment being personalised to their wishes and preferences. People said they were very happy with the individual care and support provided to them at Ashlodge. One person said, "We are treated really well here, in fact we are treated like royalty." Another told us how the care was tailored to meet their needs and said, "They have everything in hand. I have special cream for my skin. They let me do things for myself but watch out for me. I have no worries." People and their representatives were involved in deciding how people's individual care was planned and provided as people would want. They felt consulted with and listened to. One relative told us, "I can discuss my mother's health with the manager and carers anytime or they will contact me if they have any concerns. They always have time for you."

People's choices were respected and responded to with people having control over how they spent their time. One person, liked to spend time on their own but did like to mix with staff and other people usually at meal times. This choice was fluid and staff understood that this choice changed, they did not assume what their choice was from day to day.

The registered manager carried out an assessment before people were admitted into the service which included a meeting with the person and usually their representatives. This assessment was used to ensure the service could meet the person's identified needs and to formulate an individual plan of care. A relative described the assessment process and how important the process was for them and their relative. "They asked us all about my mother's likes and dislikes when they came to the house to do the assessment. They put my mind at rest."

The assessment included people's individual needs, life histories, beliefs and cultural choices. Care plans gave guidelines to staff on how to meet people's needs, while promoting an individual approach to people's care. Staff knew people well and were able to tell us about each individual person in depth. A visiting health care professional told us staff took time to get involved with the individual care required. For example, one person had a specific exercise programme and staff followed this to improve the mobility of this individual. Another health professional told us staff were available and worked with them responding to their recommendations to improve health and well-being outcomes for people.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although the registered manager was not familiar with AIS they had assessed and identified the communication needs of people. People's identified needs were recorded within individual care plans along with strategies to enhance communication. For example, people who used hearing aids had this recorded with a reminder to check that these were in good working order.

People and their relatives said that they could raise concerns or complaints if they needed to. They told us they would talk directly to the registered manager who they found approachable and always willing to

listen. One person said, "I have no reason to complain. If I had I would talk to the manager direct, she is very approachable." When complaints were received, the registered manager responded appropriately and used the information to improve the service. For example, one person could not use their bell as it was falling out of reach. A way to secure the bell for this individual was provided and can now be used if the problem occurs for other people. People were encouraged to share their views on the service. One person told us, "I give feedback to the manager she often comes for a chat." Another said, "You can ask questions anytime about anything." There was a complaints procedure in place which was accessible to people. A suggestions box was also available in the front entrance of the home. The registered manager maintained regular contact with people and their relatives and often spent time talking to people to gain feedback on all areas of the care and support provided. When compliments and gratuities were received the registered manager ensured these were shared with all staff. This meant staff received any positive feedback on the care and support provided.

The registered manager kept people's health and care needs under review. If people's assessed needs changed in a way that the staff could no longer meet them an alternative placement was found in conjunction with the person and their representative. Staff could support people at the end of their lives appropriately with the involvement of community health care professionals. The registered manager had ensured staff had completed additional training on end of life care and had made links with the local hospice team. People's wishes around end of life care were discussed and recorded and staff worked with each other and people's representatives to ensure these were respected.

People told us they joined in the activities as they wanted and there was enough entertainment and activity in the service to keep them occupied. One person told us, "All birthdays and festive occasions are celebrated. These are arranged by the manager and her team of carers." The registered manager had developed an activities programme for staff to work with. They told us it was based on a system to ensure people 'lived well through activities' and recognised suitable activity for people helped them to maintain their health and mental well-being. Staff engaged with people and arranged activity and games that people showed an interest in. They were gentle in their approach when encouraging people to be involved. A variety of activity and entertainment was provided and staff told us how the activity programme was being developed and were 'excited' about expanding the activities further. One staff member said, "Church singers come in and at Christmas we have a very funny Pantomime too. A few weeks ago, a man brought in Kittens which everyone loved." People told us how they had enjoyed the trips down to the seafront and were looking forward to more time out in the garden. If people preferred their own company this was respected and staff supported their own hobbies. For example, ensuring they had the papers or a book to read.

Requires Improvement

Is the service well-led?

Our findings

People were happy and content to be living in Ashlodge. One person said, "I love living here it is like home from home." They were confident that the service was well managed and all their needs were attended to. They told us they could approach and talk to the registered manager and staff working in the service at any time. People and relatives said they were listened to and the culture of the home was open and relaxed with a pleasant atmosphere. The registered manager had a pleasant demeaner when talking to people, staff and visitors.

At the last inspection in May 2017 the provider was in breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have proper systems in place to assess, monitor or improve the quality of services provided. Policies and procedures were not consistent or accurate. Complaints were not recorded or managed appropriately and did not demonstrate that they were used to improve the service. The PIR was poorly completed and the provider had not notified the CQC of all significant events which had occurred in line with their legal obligations. An action plan following the inspection completed in February 2016 had not been provided as required.

At this inspection we found the leadership of the service had improved. Policies and procedures had been reviewed and updated. The complaints procedure had been implemented with records and confirmed any complaint raised had been investigated and responded to. The most recent PIR had been fully completed and was being used as a quality review tool. An action plan was provided to the CQC following the last comprehensive inspection completed in May 2017. This confirmed the action to be taken to ensure compliance. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had ensured the CQC were informed of significant events appropriately.

However, we found the leadership of the service was not effective in all areas. Records relating to people's ability to make decisions and how decisions were made in their 'best interest' when they lacked capacity were not completed in a consistent way. For example, professionals and relatives involved in decisions on people's behalf when they lacked capacity was not clearly recorded. This was identified to the registered manager as an area for improvement. The registered provider was working with the local authority to ensure all records relating to the MCA and DoLS were completed appropriately and recorded all actions taken to safeguard people's rights.

A variety of quality monitoring systems had been established. This included health and safety checks on the environment, an infection control audit and auditing on medicine records and stock checks. These were used to improve the service with the registered manager responding to issues identified within these checks including any area for general maintenance.

Staff were positive about working at the service and told us how much they enjoyed their work and felt supported and encouraged in their roles. They told us the registered manager was approachable and always available if they needed her. The registered manager provided the on-call cover for the service and staff told

us she or her husband was always contactable day or night for advice and guidance. Team meetings were held and staff felt they had the opportunity to share their views at these. Team meetings were also used to share best practice and to re-enforce the values of the service. For example, improved medicine handling arrangements were highlighted at meetings with agreed actions to embed these into every day practice. The staff team worked well together supporting each other through the daily duties and roles and covering each other's annual leave and sickness. Staff were committed to the service, felt appreciated and were proud of the way they cared for people. One staff member said, "I feel valued as a staff member, the manager gets me involved."

Staff had regular and meaningful supervision, and appraisals. The registered manager also completed observational supervision and used this to improve practice and to motivate staff. This ensured staff received positive feedback along with constructive analysis. Staff told us the supervision process was useful for individual development. It was also used to reinforce the values of the service and to ensure people received appropriate care. For example, one staff member told us, "The manager watched me provide care the other day. I know I provide good care but it can be improved by preparing better. So, getting everything together before washing someone."

The registered manager sought feedback from people and those who mattered to them to improve the service. This was completed through regular contact with people and their relatives and satisfaction surveys. The registered manager knew people and their representatives very well. She had regular contact with them and ensured people were at the centre of the care provided with individual choice given a high priority. Satisfaction surveys were completed annually and feedback provided was taken up directly with people concerned to improve outcomes for individuals. The content of the surveys recorded a high satisfaction. One person had suggested improvements to the garden and the registered manager told us these were being responded to. She confirmed a patio area was being provided. This demonstrated that the provider listened and responded to people's feedback.