North Heath Care Home Ltd

Heathfield Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 24 and 25 May 2018 and was unannounced. This was the provider's first inspection since their registration in April 2017.

Heathfield Court Care Home is a 'care home' providing residential care for older people with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heathfield Court Care Home accommodates up to 66 people. There were 63 people using the service at the time of our inspection.

The service did not have a registered manager in post. The previous registered manager left the service in March 2018. The provider had appointed a new manager to run the home in March 2018. The new manager's application to the CQC to become the registered manager was being processed. 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.

Staff knew how to keep people safe. The service had clear procedures to support staff to recognise and respond to abuse. The new manager and staff had completed safeguarding training. Staff completed risk assessments for every person who used the service and they were up to date with detailed guidance for staff to reduce risks.

The service had an effective system to manage accidents and incidents, and to prevent them from happening again. The provider recognised people's need for stimulation and social interaction. People had end-of-life care plans in place to ensure their preferences at the end of their lives were met. Staff completed daily care records to show what support and care they provided to each person.

The provider carried out comprehensive background checks of staff before they started working and there were enough staff to provide support to people.

Medicines were managed appropriately and people were receiving their medicines as prescribed. Staff received medicines management training and their competency was checked. All medicines were stored safely.

The service had arrangements to deal with emergencies and staff were aware of the provider's infection control procedures and they maintained the premises.

The provider trained staff to support people and meet their needs. People and their relatives told us that staff were knowledgeable about their roles and that they were satisfied with the way staff looked after them.

The provider supported staff through regular supervision and yearly appraisals.

The new manager and staff understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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 support this practice. People consented to their care before this was delivered.

Staff assessed people's nutritional needs and supported them to maintain a balanced diet. Staff supported people to access the healthcare services they required, and monitored their healthcare appointments. The new manager and staff liaised with external health and social care professionals to meet people's needs.

People or their relatives, where appropriate, were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff supported people in a way which was kind, caring, and respectful. Staff protected people's privacy and dignity.

The service had a clear policy and procedure for managing complaints. People knew how to complain and told us they would do so if necessary.

The service sought the views of people who used the service, their relatives and staff to improve the service. Staff felt supported by the new manager. The provider had effective systems and processes to assess and monitor the quality of the care people received which helped drive service improvements. The service worked effectively with health and social care professionals, and commissioners.

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 and their relatives told us they felt safe and that staff and the new manager treated them well. The provider had a policy and procedure for safeguarding adults from abuse, which the new manager and staff understood.

Staff completed risk assessments for every person who used the service and they were up to date with guidance for staff to reduce risks. The service had a system to manage accidents and incidents to reduce recurrence.

The service had enough staff to support people and carried out satisfactory background checks on them before they started work.

Staff were aware of the provider's infection control procedures and they maintained the premises safely. They administered medicines to people safely and stored them securely. The service had arrangements to deal with emergencies.

Is the service effective?

Good

The service was effective.

People and their relatives commented positively about staff and told us they were satisfied with the way they looked after them. The provider supported staff through training, supervision and an annual appraisal, in line with the provider's policy.

Staff assessed people's needs and completed care plans for every person, which were all up to date.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

People consented to the care staff provided for them. The new manager and staff knew the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People had access to the healthcare services they needed. The new manager and staff liaised with external health and social care professionals to meet people's needs.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and treated them with respect.

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

Staff respected people's choices, preferences, privacy and dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good

The service was responsive.

Staff recognised people's need for stimulation and social interaction.

Staff involved people or their relatives in the assessment, planning and review of their care.

Staff prepared, reviewed, and updated care plans for every person. Care plans were person centred and reflected people's current needs.

People had end-of-life care plans in place to ensure their preferences at the end of their lives were met.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives commented positively about the new manager and staff.

The service had a positive culture, where people and staff felt the service cared about their opinions and acted on their feedback to make improvements to the service.

Information about the management of the service was shared with staff through regular meetings to ensure they understood the responsibilities of their roles.

The provider had effective systems and processes to assess and monitor the quality of care people received.

The provider worked effectively with health and social care professionals and commissioners.

Heathfield Court 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 24 and 25 May 2018 and was unannounced. A specialist nurse advisor, one inspector and an expert by experience inspected on 24 May 2018. The inspector and an expert by experience returned to the service on 25 May 2018 to complete the inspection. 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 the inspection we looked at the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had 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. We also contacted health and social care professionals involved in people's support, and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

During the inspection we spoke with 13 people and 12 relatives, eight members of staff, the deputy manager, the new manager, and the business manager. Not everyone at the service could communicate their views to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at 10 people's care records and 10 staff records. We also looked at records related to the management of the service such as the quality audits, administration of medicines, accidents and incidents reports, Deprivation of Liberty Safeguards (DoLS) authorisations, health and safety records, and the provider's policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and that staff and the new manager treated them well. One person told us, "I couldn't have better staff. Oh yes I feel safe." Another person said, "Yes, I do trust them [staff]. Yes, I do feel safe it is very secure here." A relative told us, "Yes, I do trust them [staff] because they have never said or done anything untoward. Yes, I do feel my relative is safe here as they [staff] know her physical needs." Another relative said, "Staff are always there to help my [loved one] with anything that she needs. I trust them [staff] implicitly, I feel very safe with them." A third relative commented, "I feel that my relative is very safe here." We observed staff kept a close, but discreet, eye on people who posed risks to themselves as they moved around the home.

People were kept safe from the risk of abuse. The service had a policy and procedure for safeguarding adults from abuse. The new manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the new manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. Staff we spoke with told us they completed safeguarding training. The training records we looked at confirmed this. Staff knew the procedure for whistle-blowing and said they would use it if they needed to. The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The provider worked in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as they were required to. The local authority safeguarding team confirmed that they did not have any current ongoing safeguarding investigations in relation to the service.

Risks to people were managed to keep them safe. Staff completed risk assessments for every person who used the service. These included manual handling risks, falls, eating and drinking, pressure sore prevention and wound care. The risk assessments we reviewed, were all up to date with detailed guidance for staff to reduce risks. For example, where the risk of pressure sores was identified, staff sought the advice of the tissue viability nurse (TVN). A risk management plan addressed the support needed to prevent pressure sores and the use of correct equipment. Staff monitored people's skin regularly and records we saw confirmed this. In another example, where a person was identified at risk of falls, their risk management plan stated what equipment should be used to help prevent falls and we observed that this was put in place. In a third example, where a person was identified at risk of epileptic seizures, staff spoken with were aware of the protocols to follow. We saw records which confirmed they had taken appropriate action when the person had suffered a seizure recently.

Incidents and accidents were recorded and analysed to reduce the risk of harm to people. The service had a system to manage accidents and incidents to reduce them happening again. Staff completed accident and incident records. These included actions staff took to respond to and minimise future risks, and who they notified, such as a relative or healthcare professional. The service had a process for analysing accidents and incidents and identifying if there were any trends. For example, the service had identified that falls were happening during particular hours of the day. This was tracked and managed by reviewing risk assessments and management plans.

People received their medicines as prescribed. Staff administered prescribed medicines to people safely and in a timely manner. One person told us, "Yes, they [staff] are good at giving the medicines. Yes, they do give me the right pain relief when I need it." One relative said "Yes, they [staff] are good at medication and the doctor does come and visit my [loved one]." Another relative commented, "Yes, I believe that they [staff] are good with medication and doctors come around once a week."

Staff checked medicines against the MAR sheet and ensured that people were positioned correctly and comfortably before giving them medicines. Only the registered nurses administered the medicines, and they were trained and competency assessed to do this. The Medicines Administration Records (MAR) were up to date and the medicines administered were clearly recorded. The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely. The protocols gave information about when the medicines should be given. The medicines were safely stored in a locked trolley in a locked treatment room. Staff monitored fridge and room temperatures to ensure that medicines were stored within the safe temperature range. A monthly medicines audit was carried out by the provider and no concerns had been found. This was further confirmed by the duty nurse who said that there had been no medicine errors since the registration of the service in April 2017.

People were supported by sufficient numbers of effectively deployed staff. There were enough staff on duty to help support people safely in a timely manner. The provider carried out a dependency assessment to identify staffing levels required to meet the needs of people using the service. The dependency assessment was kept under regular review to determine if the service needed to change staffing levels to meet people's needs. The staff rota showed that staffing levels were consistently maintained, to meet the assessed needs of the people. If they needed extra support to help people, they arranged additional staff to cover. People using the service and their relative's comments included, "Recently there were some issues around staffing levels. At the residents meeting last night we addressed some of the issues." "They [the provider] is trying to recruit more staff." The new manager told us that recently they had recruited an additional member of staff for a twilight shift, to meet people's changing needs. The service had a call bell system for people to use when they required support. One relative told us, "We had a slight issue with call bells not being answered but we raised it with the new manager and the problem has got better."

People were supported by staff who were suitable. The provider carried out comprehensive background checks of staff before they started work. These checks included details about applicants' qualifications and experience, their employment history and reasons for any gaps in employment, references, a criminal records check, proof of identification, and registration for qualified nurses with their professional body. This ensured staff who worked with people were suitable to do so.

The service had arrangements to deal with emergencies. The service carried out regular fire drills and records we saw confirmed this. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

People lived in a clean and safe environment. Staff were aware of the provider's infection control procedures. We observed staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. There was an infection control policy in place. The home was clear of malodours and the bedrooms and communal areas were kept clean and tidy. Staff and external agencies where this was necessary carried out safety checks for fire, gas safety, hoists, slings, portable appliances, emergency lighting and electrical equipment installed.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them, and that staff were knowledgeable about their roles. One person told us, "I find that the staff are very friendly and good. I like the comfort of the home." Another person said, "I couldn't have better staff. I just like them, they are great, anything I want I get." One relative commented, "They [staff] do a good job. I think I can trust staff, they seem to be nice. When I come and visit my [loved one] she seems to be content."

The provider trained staff to support people and meet their needs. Staff told us they completed induction training, when they started work. Staff told us they had completed mandatory training identified by the provider. The mandatory training covered areas from basic life support, food safety, health and safety, infection control and safeguarding vulnerable adults to moving and handling and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff as and when they needed. Staff training records we saw confirmed this.

Records showed the provider supported staff through regular quarterly supervision and yearly appraisal. They included discussions about staff members' wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they felt supported and could approach the new manager at any time for support.

People's needs were assessed prior to admission to ensure the provider could meet these. The assessments involved people and feedback from relatives, where appropriate and covered medical conditions, physical and mental health; personal care, mobility, nutrition and skin care needs. The assessment considered the level of support they required, their choices and preferences, day-to-day needs and any identified areas in which they needed support. This information was used as the basis for developing personalised care plans to meet their individual needs.

People's rights were protected as the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The new manager knew the conditions under which an authorisation may be required to deprive a person of their liberty in their best interests under DoLS. Records showed that appropriate applications had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted.

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example, someone was not allowed to get into the lift on their own and needed staff support and for others, decisions had been made about the use of bed rails to keep them safe.

Staff asked for people's consent, where people had the capacity to consent to their care. One relative told us, "When they [staff] provide care they always tell my [loved one] what they are going to do and close the door." Records were clear on people's choices and preferences about their care provision and how staff sought their consent before giving them care in relation to giving them a wash, shower or personal care. Staff we spoke with understood the importance of gaining people's consent before they supported them.

People were supported to eat and drink sufficient amounts for their wellbeing. People and their relatives told us they had enough to eat and drink. One person told us, "The food is very good. You look at the food on the day and you can choose. No, I never go hungry or thirsty." Another person said, "Yes, I get a choice and I get enough. No, I never gone hungry or thirsty." One relative commented, "My [loved one] is capable of eating and drinking without support. I think they could be offered more fluids and I have raised this too and there are now fluid charts." Staff recorded people's dietary needs in their care plan and shared this information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. For example, we saw information available to kitchen staff about which people needed soft foods or fortified diets.

People were protected from the risk of malnutrition and dehydration. Staff completed nutritional assessments for each person and monitored their weight as required. We saw action had been taken where risks associated with nutrition had been identified. For example, where people were at risk of malnutrition, records showed that food and fluid charts were completed to monitor people's intake. We saw during the inspection that staff ensured people were kept hydrated. Drinks and snacks were available and offered to people throughout the day. People received appropriate support to eat and drink. One person told us, "Oh yes, I get a choice and staff help me cut up my food for me." Interactions between people and staff during a lunchtime meal were positive and the atmosphere was relaxed and not rushed. We observed staff providing support to people who needed help to eat and drink. They had meaningful conversations with people, and helped those who took their time and encouraged them to finish their meal.

Staff supported people to access healthcare services. One person told us, "They [staff] would support me to access GP and healthcare appointments." One relative said, "Yes, I am happy with the support my [loved one] gets to attend GP and healthcare appointments." The service had strong links with local healthcare professionals including a GP surgery, tissue viability nurse, Speech and Language Therapist (SALT), dietician, and the chiropodist. We saw the contact details of external healthcare professionals in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. Staff attended healthcare appointments with people to support them where needed. Two external healthcare professionals told us the new manager and her team did a good job and said that they were happy with the service.

People benefitted from an environment that was suitably adapted and designed to meet their needs. People's bedrooms were immaculately presented, well-furnished and were personalised. Doorways and hall ways were wide for easy movement and easy access to other parts of the premises. There were enough communal rooms that were elegantly decorated so that people and their relatives could meet in privacy and

relax. We saw people with their relatives sitting in the balconies, the bistro, and garden. Some people had brought personalised items from their previous home which had been used to make their rooms familiar and comfortable. They all had an ensuite bedrooms and the ground floor bedrooms had their own gardens. There were door guards on all the bedrooms which automatically released in the event of the fire alarm being triggered.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and treated them with respect. One person told us, "Oh yes, I am definitely being well cared for otherwise I wouldn't stay here." Another person said, "Yes, they [staff] are very kind. They help you and they are there to support you if you need any help." A third person mentioned, "I understand the qualification to work here is 'kind' and yes, the staff are kind." One relative commented, "Oh yes, they [staff] treat my [loved one] kindly, they all know her, and respect her background and culture."

People were cared for by staff who were kind and caring. We observed staff communicating with people in a caring and compassionate manner throughout the time of our inspection. Staff took time to talk to people on a one to one basis, talking softly and in a dignified manner. For example, when people required support staff pro-actively engaged with them, using touch as a form of reassurance, by holding people's hands, and by maintaining eye contact with them which was positively received.

People and their relatives were involved in the assessment, planning and review of their care. Staff completed care plans for every person, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family and friends. Staff told us this background knowledge of the person was useful to them when interacting with people to ensure their individual needs were met.

Staff respected people's choices and preferences. For example, staff respected people's decisions about where they wanted to spend their time; such as in their own room, the lounge or walking about in the home or garden. One relative told us, "Staff do respect my [loved one's] background and culture. My [loved one] said to me that I am happy, when I can do things I like. I don't feel bored or isolated, it is like a little family here."

People and their relatives told us staff treated them with dignity, and that their privacy was respected. One person said, "They [staff] do respect my privacy and dignity, background and culture." One relative told us, "Yes, they [staff] do respect my [loved one's] privacy and dignity for example, today she has to be hoisted to go to the bathroom, they will always use a blanket to cover her legs, her dignity is always paramount." Another relative said, "Yes, they [staff] do respect my [loved one's] privacy and dignity, they are always observant of closing doors." We saw staff knocked on people's bedrooms before entering people's rooms and they kept people's information confidential. We noticed people's bedroom doors were closed when staff delivered personal care. We saw people were well presented. Records showed staff received training in maintaining people's privacy and dignity.

Good

Is the service responsive?

Our findings

People received personalised care and support that met their needs. One person told us, "We really couldn't be better treated, they [staff] treat us like royalty. I like it here, I can wheel my trolley and get around." Another person said, "I read and talk to people and like watching the TV. I like talking to the staff because they are quite understanding of my needs. Oh yes, we have plenty to do. Occasionally they do sit and chat with me but usually they are very busy." A relative commented, "Yes, whatever my [loved one] wants, she was baking a cake this morning, she does planting in the garden, painting and they have a singer who comes in. Yes, she does have enough to do and staff do sit and chat with her."

Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. The service employed an activities coordinator who arranged activities daily. The provider brought in outside entertainers including singers and people to do arts and crafts sessions. Staff told us that they asked people what they would like to do and developed programmes to suit them. Activities on offer included musical events, pampering sessions, quizzes, arts and crafts sessions, a twice a week minibus tour and external entertainers. We observed that these activities had a positive effect on people's wellbeing. We observed people responded positively to these activities. The service had recently celebrated the 74th wedding anniversary of a couple using the service with a big garden party.

Care plans were person centred. Staff had developed care plans for people based upon their assessed needs. These contained information about their personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included dependency assessments which identified the level of support people needed in areas including identifying the things they could manage to do by themselves. People were supported to maintain their independence. Staff told us, we encourage people where necessary to wash, dress and undress, eat and drink, and brush their teeth.

Care plans were reviewed on a regular basis and reflective of people's current needs. Staff completed daily care records to show what support and care they provided to each person. They also completed a diary which listed the specific tasks for the day such as who required a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. The service used a communication log to record key events such as changes to health and healthcare appointments for people.

People were supported to maintain relationships with their friends and family. Relatives told us there were no restrictions on visitor times and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable. One relative said, "Yes, staff do treat me kindly, for example, when visiting my parents, they are very welcoming and make me a cup of coffee. I am pretty pleased that staff do have a good attitude."

People received appropriate end-of-life support. Staff completed Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms with the engagement of the person concerned and their relative where

appropriate. Their healthcare professional signed the forms too. Records showed people's end-of-life preferences had been discussed with them, and care plans developed to ensure their preferences in this area were met There was no one receiving end of life care at the time of inspection. However, people were referred to the Bexley and Greenwich Hospice if staff were concerned their condition has deteriorated to such an extent that they may need to move to end of life care. Staff told us that advance care plans would be completed and anticipatory medicines would be prescribed to meet people's needs.

People's individual diverse needs were met. People's care plans included details about their ethnicity, preferred faith and culture. The service was non-discriminatory and staff sought to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff showed an understanding of equality and diversity. They told us, that each person was treated equally, getting the same opportunity of care; and they ensured people's likes were respected always. For example, staff supported people with their spiritual needs where requested and provided food that was culturally appropriate. One relative told us, "I would like to think they [staff] do respect my [loved one's] background and culture." Another relative said, "Yes, they [staff] do respect my [loved one's] background and culture with food. My [loved one] doesn't want to practice her faith but I'm sure if she wanted a rabbi they would sort that out."

People and their relatives told us they knew how to complain and would do so if necessary. They told us that they were confident that any concerns would be taken seriously. One person told us "Yes, I do know how to complain and am comfortable to do so." Another person said, "I would make a complaint if it was necessary, to date it has not been necessary." One relative commented, "Yes, I do know how to complain and do feel comfortable to complain, but I have nothing to complain about. My [loved one] gets involved in things and I have never seen them distressed." The provider had a clear policy and procedure for managing complaints and we saw there was a copy of the provider's complaints policy in the front lobby, and notices about how to register concerns with local social services and the Care Quality Commission were made available to people. The service had maintained a complaints log, which showed when concerns had been raised. The new manager had investigated and responded in a timely manner and where necessary meetings were held with the complainant to resolve the concerns. These were about general care issues and staff attitude. The new manager told us that there had been no recurrence of these issues following their timely resolution. Records we saw further confirmed this view.

Good

Is the service well-led?

Our findings

People and their relatives commented positively about staff and the new manager. One person told us, "I think, it is a well-run home overall, there is always lots to do. They [staff] have to adjust according to the needs of the people who come. The manager keeps an eye on things and looks after things. She knows what is going on." Another person said, "I think the home is excellent quality. I enjoy living here. I like the view and some of us sit out in the garden. My room is amazing." One relative said, "I think the home is very well run, I was very impressed with the new manager. She seems okay and has a good approach. I think the overall quality is very good."

The service had an effective system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as accidents and incidents, staff observations, medicines audits, health and safety checks, pressure care and wound management, house maintenance, care planning and risk assessments, food and nutrition, and infection control. As a result of these checks and audits, the provider had made improvements. For example, care plans and risk management plans were up to date, staff refresher courses had been arranged, staff yearly appraisals had been arranged and an additional staff member was recruited.

The service did not have a registered manager in post. The previous registered manager left the service in March 2018. The provider had appointed a new manager to run the home in March 2018. The new manager's application to the CQC to become the registered manager was being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The new manager had knowledge about people living at the home, and made sure they kept staff updated about any changes to people's needs. We saw the new manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. Staff comments included; the new manager is "very good", "approachable, however I would like to see her more on the floor." One relative commented, "The new manager is absolutely very efficient, understanding and has an open door. She has only been here since March 2018 and I see significant changes for the better such as a folder in each residents bedroom and a key worker setup. The overall quality is very good from an appearances and staffing point of view."

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions. People and their relatives completed satisfaction surveys about service improvements. The results of the satisfaction survey carried out in 2017, showed that the overall quality of the service was excellent, very good and good. For example, 'people received care in a safe environment', 'respect your dignity', 'communicating information', 'housekeeping', and 'the home was well managed', scored 100% positive results. However, 'are we available when you need us' scored 85% positive results. The provider had recruited an additional staff member to support the rush hours.

The new manager encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings. Areas discussed at these meeting included menus, activities, care plan reviews and staffing levels. One relative commented, "Yes, I think I am listened to and my views taken seriously. We had a relative meeting on Wednesday night, it was a good meeting." We observed that people, relatives and staff were comfortable approaching the new manager and their conversations were friendly and open.

The new manager held meetings with staff where staff shared learning and good practice so they understood what was expected of them at all levels. Records of staff meetings showed that areas discussed had included details of any changes in people's needs, guidance to staff about the day to day management of the service, discussions about coordinating with health and social care professionals. Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

Care records we saw showed that the service worked effectively with health and social care professionals and commissioners. Their feedback also stated that the standards and quality of care delivered by the service to people was good and that they were happy with the new manager and staff at the service.