Strong Life Care Limited

Highstone Mews 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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place 10 January 2017 and was unannounced. The home was last inspected in September 2016, at which time we found there were multiple breaches of the Health and Social Care Act (Regulated Activity) Regulations 2014. We found the provider had made significant improvements since the last inspection and that the breaches of Regulations relating to person centred care (Regulation 9), Dignity and respect (10), Need for consent (Regulation 11), Safe care and treatment (Regulation 12), Premises and equipment (Regulation 15) and Good governance (Regulation 17) were no longer present at this inspection.

Highstone Mews is a care home registered to provide accommodation and residential or nursing care for up to 60 older people, some of who are living with dementia. The ground floor of the home is configured to provide personal care for up to 30 people. The first floor provides nursing care for up to 30 people and both floors support people who are living with dementia. The first floor had been separated into two units since our last inspection; one unit offered nursing care and the other unit specialist care for people living with dementia.

There was no registered manager at the time of the inspection; however there was a manager in post who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt the care and support was safe and of a good standard.

Staff understood their roles and responsibilities in keeping people safe and protecting them from harm.

There were comprehensive risk specific assessments in place, which showed the risk and the measures which needed to be taken to minimise the risk. Personal emergency evacuation plans were in place for each person and described the assistance they would need to safely exit the building should there be an emergency.

Medicines were managed safely and people were receiving their medicines in line with the prescriber's instructions.

There were sufficient staff to keep people safe and their needs were met in a timely manner.

Staff had undertaken training to ensure they had the skills and knowledge needed to carry out their roles. Staff were supported by the management team and received supervision and appraisal meetings to discuss and monitor their performance.

The recruitment processes which were in place were robust and pre-employment checks were carried out to

ensure staff were of good character and were suitable to work with vulnerable adults.

There was a good supply of drinks and snacks available at all times. There was a good choice of meals and alternatives were always on offer. People told us they enjoyed their meals.

There had been an extensive programme of improvements undertaken since our last inspection to the environment and décor which resulted in a welcoming and homely atmosphere. There had been thought given to the needs of people living with dementia, and dementia friendly adaptations made, such as coloured doors and reminiscence boxes outside bedroom doors.

There had been thorough assessments carried out in line with the Mental Capacity Act 2005, and where a person had been deemed not to have capacity there had been Deprivation of Liberty Safeguards (DoLS) applied for to ensure people were only deprived of their liberty where this was lawful to do so.

Staff were kind, caring, sympathetic and patient. Staff knew people well and there were positive relationships between people and all members of the staff team. People were treated with dignity and respect and staff were mindful to protect people's privacy.

Care plans were detailed and person-centred. The care plans we reviewed were all up to date and contained a high degree of information about the person, including their personal history, medical conditions and preferences.

There was an extensive programme of activities. These were varied and people told us they enjoyed the activities they participated in. There had been trips out shopping and to a football match, as well as activities in the home.

Complaints were recorded, investigated, resolved and responded to in line with the organisation's policy. People told us the manager dealt with concerns very quickly.

There was clear leadership in the service. The new management team was respected and valued by the people, their relatives, the staff team and health professionals who regularly visit and work with people in the home.

There were robust procedures in place to monitor all aspects of the home and the service provided to people who lived there. The registered provider carried out regular monitoring visits to ensure standards were good and they had oversight of the quality and safety of the home.

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 told us they felt safe, and relatives told us they felt their relatives were safe in the home.

Medicines were managed safely.

Risk assessments identified risks specific to each person and there were clear measures in place to keep people as safe as possible.

There were robust recruitment processes in place which ensure staff were of good character and suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff had received training and supervision and felt supported and empowered to carry out their roles.

The service was gaining consent for care in line with the Mental Capacity Act 2005, Deprivation of Liberty Safeguards were in place to ensure people's rights were protected.

People told us food was much improved and people had gained weight as a result.

Is the service caring?

Good

The service was caring.

Staff were kind, caring, patient and sympathetic when supporting people. Staff were careful to ensure the dignity of people was protected at all times.

People had access to advocates, and there was clear evidence advocates were involved in the decision making process to support people.

Staff were encouraging people to be as independent as they were able and this was evident in the improvements in the quality of life of some people in the home.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred, detailed and contained life histories, preferences and points of reference to allow care staff to understand the people they were supporting.

There was an extensive programme of activities for people to take part in..

People were encouraged to come to communal areas and where people chose to stay in their room's staff went to check on them regularly and to chat to them.

Is the service well-led?

Requires Improvement

The service was well-led.

There was clear leadership structure in the home. Staff felt confident in the manager and the management team which was in place.

New robust systems had been put into place to monitor the performance of staff, and the quality and safety of the home.

Records were detailed and easily accessible. Most records were kept on an electronic system. There were also paper based files which were easy to access to ensure staff had access to key documents relating to people in the home.

Highstone Mews 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 10 January 2017and was unannounced. The inspection was carried out by three adult social care inspectors 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. The expert who attended the inspection had experience of older people's services and the specialist care needed for people who live with a diagnosis of dementia.

We did not ask the provider to complete a PIR (Provider information return) prior to the inspection on this occasion.

During the inspection we spoke with the manager, the deputy manager, the Human Resources (HR) Director, nine members of staff, including kitchen and domestic staff. We spoke with 10 people who used the service and eight relatives who visited the home on the day of the inspection. We also spoke with two visiting health professionals.

We reviewed a variety of records, including the care records for eight people, including risk assessments and paper based documentation. We looked at three staff recruitment files, staff training records, staff supervision and appraisal records, safety certificates, satisfaction surveys, accident and incident records, complaints and compliments and all auditing which had taken place since the last inspection.

Good

Is the service safe?

Our findings

People who lived at the home felt safe and told us, "Oh yes, I feel safe here, safer than when I was at home", "I feel so safe here, the staff make sure of that" and "As soon as you pull the bell chord someone comes to me. If I use the bell in the night they always come to help you".

Relatives told us they were confident their relatives were safe and comments included, "My [relative] is definitely in safe hands. I feel so secure in the knowledge that the staff will look after her", "It is such a comfort that my [relative] is safe, they care for [relative] so well" and "I know [relative] is safe here".

A member of agency staff told us, "I used to refuse to come and work here under the previous manager; this was not a safe place. It is so much safer for people with dementia now, the way they have reorganised the upstairs corridors is so much better."

Staff we spoke with had undertaken safeguarding training and were able to demonstrate their knowledge and understanding of their role and responsibilities in keeping people safe from harm. Staff were confident that if they had any concerns these would be well managed by the senior staff in the home.

We reviewed the risk assessments which were in place in relation to the care and treatment of people in the home. We found there had been a significant improvement in the risk assessments since the last inspection. Risk assessments identified specific risks and there were clear measures in place to minimise those risks. There was guidance contained in risk assessments to show how staff how they should keep people safe in various aspects of the care and support, for example in relation to people who were at nutritional risk, or had poor skin integrity.

The home had reviewed the personal emergency evacuation plans (PEEPS). The PEEPS now reflected the needs of each person accurately and detailed what level of assistance and equipment would be needed to help them exit the building in an emergency. The home had implemented a business contingency file, which included PEEPS for each person and listed all possible contacts which would be needed in an emergency, for example gas and electric suppliers, medical professionals, and maintenance companies. The file also detailed that the home had made an arrangement to use a nearby public house as a safe area for people in the event they needed to be evacuated from the building until such time as they could return to the home or be taken to an alternate provision if necessary.

We reviewed the safety certificates for the building and found all relevant checks had been carried out, and all mandatory certificates were in order, which meant that the building and the equipment including the lift and moving and handling equipment were well maintained and safe to use.

Following the last inspection there had been a number of anonymous whistle blowing alerts raised to us. The manager investigated all concerns we sent to them and gave us a comprehensive response which showed the allegations were unfounded. This meant that the manager took information of concern and investigated it thoroughly and in a timely manner to ensure the safety and welfare of people who lived at the

home.

We reviewed how accidents and incidents were recorded and reported. We found each accident or incident was recorded using the electronic system, to ensure the records were secure and easy to access. The manager had also implemented a process for monitoring and analysing the nature of the incidents to ensure any measures to reduce incidents were in place. We noted that whilst there had been a relatively high number of accidents and incidents in October (27) and November (28) this had significantly reduced in December (16), this was attributed to a change in the staff who were supervising key areas in the home. This showed the home was using the information they collected to make improvements to the safety of the people in the home.

We reviewed the staffing levels in the home. There was a dependency tool which was used to calculate the level of need of the people in the home and how many staff would be needed to safely meet their needs. The dependency tool showed the home required nine or ten staff dependent on changes to people's dependency. The home had 11 staff on shift to ensure that people's needs could be met and staff had time to spend with the people they were supporting. We noted that staff had time to interact positively with people whilst they offered support, did not rush people and when call bells were activated staff were very quick to attend to the person who had called for assistance. A member of staff told us, "Generally there are enough staff. If ever we need extra support the managers in the office come out to support us".

The staff team had changed since the last inspection, and a number of staff had left. This is not unusual when there is a change of ownership and a transformation of the way in which a home is operated in order to improve standards. One relative told us, "Some of the staff have left. It seems better that way. I realise they have to employ new staff but it will be better in the long-run." The manager told us there were no current vacancies for care staff; however they did have some vacancies in other areas of the home this was in relation to qualified nurses. We reviewed the recruitment process which was in place and looked at the files of three members of staff. We found the process was robust and safe and the organisational policies were followed. All files reviewed showed that all appropriate pre-employment checks had been carried out prior to staff being allowed to commence their new roles. The checks included a disclosure and barring service (DBS) check, which allows employers to ensure people are of good character and suitable to work with vulnerable people. There was also evidence that work histories had been explored and references had been gained from previous employers.

We looked at how medicines were managed in the home. We found there had been significant improvements in the storage and management of medicines since the last inspection. We found the treatment rooms were tidy and well-ordered and regular temperature checks were carried out to ensure medicines were being stored in line with manufacturer's instructions. We did note one occasion where a high temperature had been recorded; there was no record to show what had been done to rectify the situation, we discussed this with the member of staff who was present. If the temperature in a medicine storage area was high for any period this could affect the medicines and make them less effective.

We reviewed the records and arrangements for the storage of Controlled drugs (CDs). Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found CDs were stored safely and the records which were kept were correct.

We reviewed the medicine administration records (MARs) for eight people. We found there were no errors or omissions in these. We found there was clear information available for 'as and when required' medicines (PRN) which guided staff to know when this was likely to be needed, and what the expected improvement

should be when the medicine was taken. It is sometimes the case that where people are not compliant with taking their medicines, that it is agreed to be in their best interests for medicines to be given covertly (covertly would be to administer the medicines without the knowledge of the person to whom they were given), to ensure they remain well. There was a clear process in place for this, and the forms we reviewed gave all the information which staff would need to covertly administer medicines whilst protecting the human rights of the person concerned.

We reviewed the medication policy which was in place, as this had been found to be unsatisfactory at our last inspection. We found the policy had been updated and that all the additions and amendments which were required had been carried out.

We noted that staff had undertaken medication administration training and there had been competency checks carried out by qualified staff to ensure staff were competent, confident and had safe practices in relation to administering medicines to people in line with the prescriber's instructions. We did find one small error, which related to a medicine which should not have been given to a person on the day they took another medicine (only taken once per week). This was raised with the manager, and action taken to ensure this would not happen again.

We looked at the cleanliness of the home and the use of measures to protect people from the potential spread of infections. We found staff were using personal protective equipment (PPE) appropriately and there were good supplies of items such as gloves, aprons and handwashing facilities throughout the home. We saw the home recognised the risk of infection and saw they were following the correct processes to minimise the risk of infection being spread in the home. We found the home to be extremely clean and there were domestic staff working throughout the day of our visit. The home was free from malodours, which had been present at the last inspection. This was because carpets had been replaced and general cleaning standards had been improved.

Good

Is the service effective?

Our findings

People we spoke with told us, "The food is much better, you can have anything you want", "We have new menus, they made me a lovely salad yesterday" and "I have chosen my own wallpaper and light fittings".

Relatives told us, "People can have much more choice of food now, it looks really good", "[Relative] has a whole range of health care professionals coming in, staff are great at communicating this" and "[The new owners] have spent a lot of money in the home, they have plans to improve the outside in the summer."

Staff we spoke with told us they had undertaken an induction before they started work at the home and records confirmed this had been the case. Staff also 'shadowed' a more experienced member of staff for a time to allow them to get to know the people they would be supporting and the processes in the home.

We found there had been a programme of training in place since our last inspection, which included mandatory training in moving and handling, safeguarding vulnerable adults and dementia awareness. We saw there had also been additional training, including working in a person- centred way, privacy and dignity and duty of care. This meant the registered provider had ensured staff had the knowledge and skills to carry out their duties to a high standard and had recognised where there had been gaps in training.

Staff had all received a supervision meeting following the last inspection, and told us they had found these meetings to be constructive and positive. The manager told us and the HR Director confirmed there was a programme of on-going supervision and appraisal planned to ensure staff were well supported and able to discuss their personal development and further training needs. Staff told us they felt supported and able to approach any member of the management team if they needed to.

People and their relatives told us, and records confirmed there had been regular meetings held in the home for people and their relatives to express their thoughts and to gather their views on changes in the home and to encourage people to get involved in the future plans for the home and improvements which were being made. Staff also confirmed there had been a monthly staff meeting held, which gave them the opportunity to keep up to date with developments and current news in the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. We found there had been mental capacity assessments carried out where there was any question that the person may not have capacity to make specific decisions, for example, where they resided and what their care and support needs were. We found the assessments gave clear judgements on the ability of the person to make the decision. Where it was found that people did not have capacity to make those decisions, there had been decisions made in the person's best interests in agreement with relatives who had the authority to make decisions on the person's behalf, or a best interest meeting had been held involving other professionals involved in the person's care.

We found there had been appropriate applications made to deprive people of their liberty, and where authorisations had been made which included conditions; senior staff were able to demonstrate their knowledge of the conditions, a condition could be that a person needs to be able to attend a religious meeting for instance to protect their rights. This meant the home was protecting the human rights of people by ensuring any deprivation of their liberty was lawful, and best interest decisions had been made where necessary.

We found the home had documented where a person had appointed a Power of Attorney (POA) and it was clearly recorded what decisions POAs had for each person. A Power of Attorney is a legal authorisation for a chosen person to act for another person; this can be in relation to finance, health or both.

We reviewed the process which was in place to ensure people had been asked for and had given their consent to the care and treatment they received, and if people were not able to give their consent, this has been documented and a best interest decision made. We found the process was much improved and consent had been appropriately gained in all cases we reviewed.

We spoke with people about the meals and snacks which were available to them in the home. People told us the food was much improved since our last inspection. We saw there had been a number of improvements made.

There were blackboards in the corridors near each dining area which showed the menu for the next meal to be served, we found these were up to date and the writing was large enough for people to be able to read it easily. We observed there was a range of snacks and drinks readily available throughout the home during the day.

There were menus available on the tables in the dining areas, which showed an extensive choice of alternative meals which could be requested if the main meal options were not to a person's taste. People and their relatives told us, "The menus and food are definitely better" and "[Relative] has a better choice of food these days". We spoke with the manager who told us they were still making improvements to the suppliers of food, and were sourcing local produce wherever possible. One person told us, "The food is so much better; more of the vegetables are fresh".

We found there had been changes made to the way in which breakfast was served, as people were now able to access open breakfast service when they got up, this meant people could order a breakfast of their choice when they were ready. This resulted in the dining rooms being much less busy, and staff were better able to support people who needed assistance.

There had also been changes made to the units on the first floor and the deployment of staff during mealtimes, which led to a peaceful and pleasant dining experience where staff were able to interact and meet people's needs. A relative told us, "There has been some rearrangement of the management of people on this floor (1st floor); it seems so much calmer at mealtimes."

We observed that some people chose to eat their meals in their rooms; we saw that their meals were delivered in a pleasant manner and people were encouraged to sit in a comfortable and practical position to eat their meal.

We found the environment had undergone extensive changes since our last inspection. The communal areas had been re-decorated to a high standard and were welcoming and bright. The unit which offered care for people living with dementia had been updated and there had been a great deal of thought given to making the area helpful and stimulating for the people who lived there, for example the bathroom doors had been painted brightly with starkly contrasting signs to make it easy for people to identify them. Bedroom doors were also coloured to help people recognise their own rooms. There were reminiscence boxes outside each room, where personal items and photographs reassured people of which room was their own.

We noted there were forget-me-not posters on doors on the first floor. Forget-me-not is the symbol of the dementia friends. This was an unobtrusive way of reminding staff and visiting health professionals which people were living with dementia.

At the time of the inspection the home was in the process of adapting an unused room into a relative overnight room, with facilities to rest, and be refreshed. The room was to be used by relatives who do not live locally, at difficult times, for example if a relative was at the end of their life. The room would allow relatives privacy and some rest during these times.

We spoke with people about their access to healthcare services. People and their relatives told us the staff were very quick to recognise any issues and to call health professionals when they needed them. Records showed that people had regular access to district nurses, GPs, opticians, dentists and podiatrists for example. One person told us, "If I need a doctor the staff arrange it and the chiropodist comes to see me" A relative said, "Mum sees the chest specialist, the staff keep on top of the appointments".

Good

Is the service caring?

Our findings

People told us, "You cannot fault the staff, they really look after me", "The night staff are better now; there has been some changes", "I can have a real laugh with the staff here" and "They cheer you up so much."

Relatives we spoke with said, "The staff seem to take more pride in what they do", "The attitude of the staff has changed completely in the past few months", "[Relative] loves hugs from the staff" and "Staff have such care and compassion".

We observed the interactions between staff of all levels and people who lived at the home and their relatives. We found the staff to be kind, caring, sympathetic and patient without exception, and saw staff interacted with people as they walked around the home. People described to us a change in staff attitudes over recent months and were very positive about all the staff that were supporting them.

We found staff knew people well, and could describe to us their needs and their likes and preferences. It was clear from our observations that staff had built relationships with the people they supported. We saw people and staff enjoying each other's company and laughing together. One person showed us a small document called 'my needs at a glance', in their bedroom; they said it helped new staff get to know them quicker. Relatives we spoke to confirmed our observations and told us, "The staff know our [relative] so well, "They offer [relative] such wonderful care", "I know that [relative] is getting the care he needs" and "The staff are so very nice and friendly".

We noted staff were gentle in their approach and assisted people at their own pace. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. Staff were seen making sure that doors were closed when undertaking personal care for people, and there were small signs to remind staff to respect people's dignity when entering their rooms on bedroom doors.

People we spoke with were keen to tell us how they had been asked to be involved in the changes which were taking place in the home, and to the environment. People told us, "We were involved in the new decorating plans"; "They let us choose the wallpaper here" and "The decoration is so much nicer, and we were asked what we liked". Staff told us and the manager confirmed, staff are encouraged to put forward their ideas for changes in the home, based on their observations and experiences with people. The manager told us they felt this was invaluable as the staff know the people who live in the home best, this included ideas for activities and meal choices, for example.

People we spoke to were happy and felt that staff were there to support them, whatever their needs. People told us, "There are some staff that know just how I like things", "The night staff are good - they know their jobs" and "The staff are champion, they know just how I like my cup of tea".

We reviewed whether people who were unable to express their thoughts and wishes or did not have capacity to make decisions without support had access to advocates to act on their behalf. An advocate is an independent person who speaks for and acts in the best interests of the person, advocates can be

relatives or independent mental capacity advocates who are employed to assist people who require support. We found people did have advocates and the details of who they were clearly recorded.

We observed staff encouraging people to be independent and assisting them to do things for themselves where they were able to do so, this was also reflected in the care plans.

We found there had been discussions held with people, their relatives and advocates, to ascertain what people's wishes were for the end of their lives. Care plans had been created which were person-centred and detailed. This meant staff would know what people's preferences were when the time came and could observe their wishes.

Good

Is the service responsive?

Our findings

People told us, "I'm not too keen on the Vera Lynn party, but the Elvis Party was fantastic", "I love it when the singers are here, we had a great Abba night", "They took me to a football match, brilliant!" and "There is so much more to do, we had a lovely Christmas".

Relatives told us, "There is so much more to do these days. [Relative] joins in with all sorts", "I would go straight to the office if I was worried about anything; but we have regular meetings now it's much better" and "I have brought up issues in the past, but things are much better these days.'

We reviewed the care plans of eight people. We found the care plans had been written in a person- centred way. There was a large amount of detail about the person's life history, their family and their current situation in terms of their aspirations and their abilities. We found the information contained in the care plans was consistent and people's preferences were recorded throughout all the care plans we reviewed.

Care plans had been reviewed since our last inspection and were much improved. There had been additional information added and each care plan was written individually. Care plans were updated as and when there was a change to a person's ability or condition.

Care plans were created and stored on the electronic system. This made them easy to update and accessible, as care plans were written in sections relating to different elements of the person's care needs. For example, nutrition and hydration, personal hygiene, diabetes and night time routine and needs.

We saw there had been a comprehensive assessment carried out prior to people being admitted to the home, which was carried out by the manager or the deputy manager. The manager told us when they carried out assessments they considered whether the person would be happy in the environment of the home, and also whether accepting the person would cause any disruption to other people they would live with. This was in addition to ensuring the home could meet the person's needs.

The range of organised activities had improved since our last inspection and people and their relatives told us visitors were encouraged to join in any activity or outing which was taking place. We found there had been shopping trips during the Christmas period and a trip to a football match. There were a large number of social events which had taken place or were planned for the coming weeks. These included a Pantomime, Church Party, Christmas Tea dance, and Sherry club with The Rotary Club Singers, Church services, a Brass Band, Burns Night Party, Valentines Ball, Chinese New Year and an opportunity to sample other cultural foods during 'World Food Week'.

People said that regular 'residents and relatives' meetings were now held and records confirmed this. People said that they felt at ease sharing their thoughts with the management. People told us "The Manager shares his 'action tracker' with us so his actions can be acknowledged" and "We have regular meetings with the owners, we had one last night. We can see changes already."

People and their relatives knew how to complain and they told us they would inform the staff if they were unhappy with their care. We reviewed the complaints which had been received since our last visit. We found there had been three complaints, all of which had been investigated, resolved and responded to in line with the home's policy. People told us, "I can tell [manager] anything, he will sort it out", "Things are much improved here" and "The new manager wants us to be a part of the future plans for the home". A relative we spoke with told us, "Me and my family have already taken some concerns to the manager, he never makes us feel awkward, he deals with things straightaway".

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager at the time of the inspection; however there was a manager in post who was in the process of registering with the CQC.

People told us, 'The new manager is lovely", "The manager is a dream, he will doing anything for you", "I feel so much more settled here", "The new manager is smashing", "I have always said going to the residents meetings is the way to change things" and "I have more confidence in the managers and the owners now that they meet with us".

Relatives said, "We are so lucky that [manager] and [deputy manager] are here", "It is great that we are invited to meetings, we can see the difference it is making", "The managers want us to be involved in the future of the home", "We all get copies of any meetings that have taken place" and "They have worked so hard to improve things".

Staff we spoke with told us, "The manager cares so much for the residents and leads by example", "[Manager] tells us we are the experts and asks us to tell him how we can improve things together", "[Manager] is a hands on manager", "I can say hand on heart I now enjoy coming to work" and "They are really good managers. They are approachable and they want the best for the home".

Health professionals who visited the home on the day of the inspection told us, "Patient care has improved so much", "Staff are very helpful and very caring", "The home offers care and dignity to a high standard", "All staff engage and are approachable and visible", "The new management are offering strong leadership", "Since taking over the management of this care home; the management team have made lots of positive changes to the environment, to care provision, staffing, procedures and training" and "The care home is a more calm and settled environment now with happier residents".

We observed throughout the day the management team were visible within the home, interacting with people, their relatives and visiting health professionals. The HR director was also in the home and told us they worked there regularly to offer support to the manager and the staff team.

The home was warm and welcoming from our arrival and staff were positive in their feelings about the leadership and management of the home; this was evident as staff were visibly happier than at our previous inspection, and this had led to better standards of interaction. Staff described a strong sense of team and working together to bring about the improvements we observed during our inspection. Staff demonstrated a high level of enthusiasm, pride and commitment to the people they supported and the changes within the running of the home.

There was regular communication between the owners, managers and staff team to ensure everyone was kept up to date with plans and the changes which were being implemented. This was recorded in regular staff meetings.

Staff appeared empowered and demonstrated by the way they described situations where they had been unsure how to proceed and had been given guidance by senior staff to find their own solutions; this was in cases where there were particular behaviours for instance. Staff described to us how they were given support and guidance to allow them to use their existing skills and knowledge to support people differently and build their confidence by doing so.

The manager and registered provider understood the terms of their registration and were meeting these, as they were sending us notifications of events which occurred and affected the people in or the running of the home.

Since our last inspection systems had been put in place to monitor the quality and safety of the service being delivered. These included audits of all key functions of the home, including medication management, infection prevention and control, health and safety and dignity audits.

The manager had produced an action plan which they had shared with us after the last inspection and they had worked through all the actions agreed to achieve the improvements which were seen during this inspection.

The registered provider had also commenced regular monitoring visits which were carried out by the Operations Manager in order to look at key areas of the service. This ensured the registered provider was aware of any issues and that they had oversight of the quality and safety of the service.

The standard of the records which were kept in the home had improved since our last inspection. Daily records including weight records were kept electronically and there were additional resources available to allow staff to access and add information to the electronic system, as they carried out tasks and offered support. This meant that records were more accurate, as staff were not having to remember what had happened, for example what meals people had eaten or the exact time a person was assisted with pressure area prevention.

The management team had forged and maintained good professional relationships with other agencies and health professionals who were involved in the care of people at Highstone Mews Care Home, and this allowed them to work collaboratively to achieve the best outcomes for people in terms of their health and welfare needs. For example, there had been some work carried out with a Consultant physician to develop a form to be used when people required covert medication administration.

The manager also told us they met regularly with the managers of the other homes within the Strong Lives Care Limited group, as they had different backgrounds and areas of expertise. The manager told us they shared their knowledge to bring about improvements across the group and to each of the homes within in.