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The Old Roselyon Manor Nursing Home

Inspection report

The Old Roselyon Manor
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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

We carried out an unannounced inspection of The Old Roselyon Manor Nursing Home on 30 May 2018. The Old Roselyon Manor is a 'care home' that provides care for a maximum of 30 adults. 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. At the time of the inspection there were 27 people living at the service. The service is on two floors with access to the upper floor via stairs or a passenger lift. Some rooms have en-suite facilities and there are shared bathrooms, shower facilities and toilets. Shared living areas include two lounges, a dining room, garden and patio seating area.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

As part of this comprehensive inspection we checked to see if the provider had made the required improvements identified at the inspection of 10 April 2017. In April 2017 we found the registered manager/provider had not kept up-to-date with changes in legislation in relation to the recruitment of staff and protecting people's rights. Some audits, carried out by nurses to monitor the nursing care, had fallen behind due to nurse vacancies and sickness. We found there were missing risk assessments, incorrect air mattress settings, lack of analysis of falls and gaps in charts for when people needed to be re-positioned.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection and is now rated as Good.

Since the last inspection the service's recruitment systems had been updated to ensure all the relevant recruitment processes, including Disclosure and Barring Service (DBS) checks, had been completed before new staff started to provide care for people. This helped to ensure new staff were suitable and safe to work in a care environment.

People's legal rights were protected because management understood the legal requirements of the Deprivation of Liberty Safeguards (DoLS). Some people lacked the mental capacity to recognise the decline in their physical capabilities, which potentially put them at risk of harm, such as sustaining injuries from falls. These people were subject to restrictive practices or continuous supervision to protect them from the risk of harm and keep them safe. DoLS applications had been made to the local authority to seek the legally required authorisation to have these restrictions in place.

There were effective quality assurance systems in place and audits were routinely completed. This included

the introduction of new audits to check air mattress settings, the dating of creams on opening and the completion of re-positioning charts. A system had also been put in place for the analysing of incidents, such as falls, and where necessary changes were made to learn from events or seek specialist advice from external professionals.

Care records were personalised to the individual and detailed how people wished to be supported. They provided clear information to enable staff to provide appropriate and effective care and support. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm. In particular risks in relation people's skin care and nutrition were being effectively monitored.

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005.

People told us they were happy with the care they received and believed it was a safe environment. Comments included, "I feel safe, I've used my call bell and they come quite quickly", "I feel safe because staff know what they are doing", "I know my relative is safe, I see it every time I come in. The staff know what they are doing great respect for them all", "There's laughter here and that's important" and "It's a happy atmosphere everyone is very cheerful."

There were enough suitably qualified staff on duty and additional staff were allocated if peoples' needs increased, such as when someone was unwell. Staff were supported by a system of induction, relevant training, one-to-one supervision and appraisals. Staff knew how to recognise and report the signs of abuse.

Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists, community nurses and dentists. A visiting healthcare professional said, "The way staff have worked with me to support one person to have a bath and the communication with the home has been fabulous." Relatives told us staff always kept them informed if their relative was unwell or a doctor was called.

People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. People told us they enjoyed their meals. Comments included, "We get given a choice of things and can always get a salad if we don't want what is offered", "The food is very good, it's different every day", "I have a choice of what I would like", "The food is good, they give me a choice of two or three things."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

People were able to take part in activities supported by staff and external entertainers. These included, singing sessions, music entertainers, bingo, pamper sessions and visiting therapeutic animals from a local farm.

People and their families were given information about how to complain. People and their families were all positive about the management of the service and told us they thought the service was well run. Comments included, "One of the managers is always available to talk to", "The manager is here every day", "The girls know what they are doing, they get on with the job, very competent. It's runs well here", "It runs like clockwork and very well. Everyone appears to be cheerful and very competent" and "If you mention something they try to do it. The manager does what he can and the girls are very willing and always cheerful."

Staff told us they felt supported by the management commenting, "The management is very good", "The rotas are good, the manager tries to take each staff's circumstances into account", "Lovely management", "The manager is very approachable" and "The manager always supports you if you have any personal problems, you know you can trust him as he keeps what you tell him private."

The environment was clean and there were no unpleasant odours. Some areas of the premises were in need of re-furbishment, particularly two bathrooms. Work to build a single storey extension, to provide additional shared living areas, was planned to start shortly after the inspection. The two bathrooms were due to be upgraded as a part of the extension work. There was an on-going programme to re-decorate people's rooms. Appropriate safety checks were completed to help ensure the building and utilities were safe.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained. Risks were identified and appropriately managed.

Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met. Specialist advice was appropriately sought from external healthcare professionals.

People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Care plans gave direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in some social activities.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Is the service well-led?

Good

The service was well led. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The Old Roselyon Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 30 May 2018 and was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with ten people living at the service, five relatives and a visiting healthcare professional. We looked around the premises and observed care practices on the day of our visit.

We also spoke with four care staff, two nurses, the registered manager/provider and the assistant manager. We looked at five records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

At the last inspection recruitment systems were not robust. We also found there were missing risk assessments, incorrect air mattress settings, lack of analysis of falls and gaps in charts for when people needed to be re-positioned. Therefore the safe section of this report was rated as requires improvement.

We checked the actions taken by the provider since the last inspection. The service's recruitment systems and processes had been updated. This meant all the relevant recruitment processes, including applying for new Disclosure and Barring Service (DBS) checks, had been completed before new staff started to provide care for people. This helped to ensure new staff were suitable and safe to work in a care environment.

At this inspection we found each person's care file had individual risk assessments in place which identified any risks to the person and gave instructions for staff to help manage the risks. These assessments covered areas such as the level of risk in relation to nutrition, pressure sores, falls and how staff should support people when using equipment. Staff had been suitably trained in safe moving and handling procedures. We observed staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

Some people had been assessed as being at risk from developing skin damage due to pressure. Pressure relieving mattresses were in place for these people. Since the last inspection a system had been put in place to check if mattresses were set at the correct level for the person using them, when first used and on an on-going basis. People were weighed regularly and if their weight changed the mattress setting was adjusted accordingly.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Since the last inspection an audit system had been put in place to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

We found the service was now meeting the requirements of Regulations 19 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

People told us they were happy with the care they received and believed it was a safe environment. Comments included, "I feel safe, I've used my call bell and they come quite quickly", "I feel safe because staff know what they are doing", "I know my relative is safe, I see it every time I come in. The staff know what they are doing great respect for them all."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

There were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine administration records (MARs) were clear and there were no gaps.

Where people were prescribed medicines to take 'as required' (PRN) clear protocols had been put in place for staff to follow when administering these medicines. This helped ensure a consistent approach to the use of PRN. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly. Some people had their medicines given mixed with food or drink (covertly). This was managed appropriately with signed agreement from their GP.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held medicines that required cold storage and there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. There were auditing systems in place to carry out weekly and monthly checks of medicines.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the inspection there were six care staff and one nurse on duty in the morning and five care staff and one nurse in the afternoon. In addition the registered manager, the assistant manager, the cook, a kitchen assistant, a laundry assistant and a domestic were working at the service. If additional staff were needed, such as when someone was unwell, extra staff were on duty as well as the registered manager providing care for people. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had access to a call bell to alert staff if they required any assistance. People said staff responded quickly whenever they used their call bell. We saw people received care and support in a timely manner.

The environment was clean and there were no unpleasant odours. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary. Hand gel dispensers were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks.

The service was well maintained by the two maintenance people employed by the service. Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises. Appropriate safety checks were completed to help ensure the building and utilities were safe. Records showed that manual handling equipment, such as hoists and bath seats had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Good

Is the service effective?

Our findings

At the inspection in April 2017 people's legal rights were not fully protected because management did not have a full understanding about the legal requirements of the Deprivation of Liberty Safeguards (DoLS). The provider did not have an overview of what training each member of staff had received and when refresher training would be due. This included Mental Capacity Act 2005 (MCA) and DoLS training. When it was necessary to check people's food and fluid intake these records were not completed thoroughly enough to be able to check exactly how much food and fluid the person had taken. Therefore the effective section of this report was rated as requires improvement.

We checked the actions taken by the provider since the last inspection. The provider had arranged bespoke training for staff so they understood their responsibilities under the MCA and DoLS. Staff we spoke with demonstrated their new knowledge by giving us examples of how they used it in practice. We therefore found people's legal rights were protected because staff now understood the legal requirements of the Deprivation of Liberty Safeguards (DoLS). 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).

Some people lacked the mental capacity to recognise the decline in their physical capabilities, which potentially put them at risk of harm, such as sustaining injuries from falls. These people were subject to restrictive practices or continuous supervision to protect them from the risk of harm and keep them safe. DoLS applications had been made to the local authority to seek the legally required authorisation to have these restrictions in place.

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed appropriately by staff.

Since the last inspection the assistant manager had developed a training programme that provided an overview of what training each member of staff had received and when refresher training was due. We reviewed this programme and found all staff had received training appropriate for the needs of people living at the service. This meant people received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively.

We found the service was now meeting the requirements of Regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the effective section had improved to Good.

The registered manager and staff had a good understanding of the MCA. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full

capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Care records detailed whether or not people had the capacity to make specific decisions about their care. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

People's needs and choices were assessed prior to moving into The Old Roselyon Manor. This helped ensure people's needs and expectations could be met. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

People's health conditions were well managed and staff supported people to access healthcare services. These services included occupational therapists, GPs, chiropodists, community nurses and dentists. Health professionals told us they had no concerns regarding the care provided by the service. A visiting healthcare professional said, "The way staff have worked with me to support one person to have a bath and the communication with the home has been fabulous." Relatives told us staff always kept them informed if their relative was unwell or a doctor was called.

Staff told us they felt supported by managers and they received annual appraisals. They had regular supervisions in the form of meetings and observation of their working practices by senior staff. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service. The registered manager encouraged staff development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

New staff completed an induction which included familiarising themselves with the service's policies and procedures and working practices. The induction also consisted of a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. New staff also completed the Care Certificate which is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People told us they enjoyed their meals. Comments included, "Occasionally I see something on the T.V. and mention it to the girls who see if the cook can make it", "We get given a choice of things and can always get a salad if we don't want what is offered", "The food is very good, it's different every day", "I have a choice of

what I would like", "The food is good, they give me a choice of two or three things."

The design, layout and decoration of the service met people's individual needs. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises. Some areas of the premises were in need of re-furbishment, particularly two bathrooms. Work to build a single storey extension, to provide additional shared living areas, was planned to start shortly after the inspection. The two bathrooms were due to be upgraded as a part of the extension work. There was an on-going programme to re-decorate people's rooms.

Good

Is the service caring?

Our findings

People spoke positively about staff and their caring attitude. People and their relatives said that staff treated them with kindness and compassion. We saw that staff interacted with people in a caring and respectful manner. Comments included, "My relative has good care here. The way the girls attend to my relative is very good", "There's laughter here and that's important", "It's a happy atmosphere everyone is very cheerful", "Staff are so caring and treat me with great patience too", "The staff are courteous and polite they really care and show it" and "They are friendly polite, very kind and not condescending. They do their job just right."

During the inspection there was a calm and friendly atmosphere at the service. Staff, people, relatives and management all engaged easily with each other in a way that was cheery, respectful and polite. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the shared living areas or in their own room. On the day of our visit several relatives came into the service to visit people. Staff greeted them with a smile and showed genuine interest in their lives as well as updating them on the person living at the service.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Comments from staff included, "It's very family orientated here. Management, staff and residents are like one family" and "We all work well together as a team."

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing.

Staff had worked with people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. Relatives told us, because the registered manager/provider was so visible in the service, they spoke with them regularly and were kept informed of any developments in the service

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering. People told us, "They respect me they shut the curtains and close the doors", "They always knock on the door before they enter and shut the door to my room" and "They are discreet when doing my personal care."

Good

Is the service responsive?

Our findings

The registered manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans contained information on a range of aspects of people's needs including mobility, communication, nutrition and hydration and health. These records were accurate, complete, legible and contained details of people's current needs and wishes. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the guidance they needed to care for people.

The nursing staff team reviewed care plans monthly or as people's needs changed. Each nurse was responsible for updating and reviewing an agreed number of people's care plans. Since the last inspection the nurse vacancies had been filled and the programme of monthly care plan reviews was up-to-date. A review sheet to state when reviews took place was used and these recorded if people's needs had changed. However, any changes to people's needs were not always updated in the main care plan which meant it might be more difficult for staff to know where to find information about people's current needs. We discussed this with the registered and assistant managers and we were assured that action would be taken to rectify this omission. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans.

On each shift staff were allocated to work with specific people for the entire shift they were working. Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Daily notes were consistently completed and enabled staff coming on duty to have a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard. To ensure people with a disability or sensory loss are given information in a way they can understand.

At the time of the inspection the service had a vacancy for an activities co-ordinator. This post had been advertised but remained unfilled due to a lack of response to the advertisement. Until the activity co-ordinator post could be filled staff provided activities most afternoons as well as external entertainers visiting the service. These included, singing sessions, music entertainers, bingo, pamper sessions and visiting therapeutic animals from a local farm.

Comments from people included, "I use the hairdresser and my nails get done, I have a paper delivered. Sometimes we have some animals come in and people singing", "I have a talking book and I am a member of the RNIB. I also like to listen to the radio" and "I enjoyed the animals coming in. We have musical activities but nothing very regular we could do with more things happening."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. However, people and their relatives said they had not found the need to raise a complaint or concern.

Good

Is the service well-led?

Our findings

At the last inspection in April 2017 systems to monitor and check the quality of the service and to identify areas for improvement were not effective. Some auditing systems had fallen behind and the registered manager/provider was not aware of current practices in relation to recruitment and protecting people's rights. There was no clear training programme or an overview of what training each member of staff had received and when refresher training would be due. Therefore the well-led section of this report was rated as requires improvement.

At this inspection we found there were effective quality assurance systems in place and audits were routinely completed. This included the introduction of new audits to check air mattress settings, the dating of creams on opening and the completion of re-positioning charts. A system had also been put in place for the analysing of incidents, such as falls, and where necessary changes were made to learn from events or seek specialist advice from external professionals.

Since the last inspection the assistant manager had developed a training programme that provided an overview of what training each member of staff had received and when refresher training was due. This included arranging training for all staff in the Mental Capacity Act 2005 and DoLS. This had ensured that staff understood their responsibilities under MCA and DoLS. The service's recruitment systems and processes had also been updated.

We found the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the well-led section had improved to Good.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the running of the service, was also the provider, as they were one of the owners of the service. They were supported by an assistant manager, nurses and senior care staff.

The registered manager/provider had been running the service for over 30 years and was an experienced nurse. Although the registered manager no longer worked as a nurse they still worked at the service every day, led the handovers and worked alongside staff to provide support and monitor their practice. They had provided stability for the service and this was reflected in the positive comments that people and their families made about the service.

People and their families were all positive about the management of the service and told us they thought it was well run. Comments included, "One of the managers is always available to talk to", "The manager is here every day", "The girls know what they are doing they get on with the job, very competent, runs well here", "It runs like clockwork and very well. Everyone appears to be cheerful and very competent" and "If you mention something they try to do it. The manager does what he can and the girls are very willing and always cheerful." "I like the way everyone is so friendly. They get good staff."

Staff had a positive attitude and told us the management team provided strong leadership and led by example. There was a stable staff team and staff morale was good. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management, at daily handover meetings, regular staff meetings and one- Staff told us they felt supported by the management commenting, "The management is very good", "The rotas are good, the manager tries to take each staff's circumstances into account", "Lovely management", "The manager is very approachable" and "The manager always supports you if you have any personal problems, you know you can trust him as he keeps what you tell him private."

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.