Alexander House Care Limited

Alexander House

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

The inspection took place on 12 April 2018 and was unannounced. Alexander House is a care home that provides personal care for up to 23 people. On the day of inspection there were 11 people living at the home. This was the first inspection of Alexander House; the home was registered with the Care Quality Commission on 13 April 2017.

The registered manager told us they were operating on half occupancy due to a variety of reasons. They wanted to ensure a safe takeover of the home and have time to understand the service and embed safe practices before increasing occupancy. The registered manager said they wanted to raise the profile of the home, they are working on advertisement, creating a website, integrating with the local community and working with the local authority to make the home more known to social workers. The nominated individual said they had a large refurbishment programme to undertake when they purchased the home and wanted to do this with minimal disruption to people. Strategies are in place to support more people moving into the home which include; using established working practices embedded in their other care homes; staging the number of people moving in and a team of staff that can support from their other homes which will ensure they have experienced staff to meet people's needs.

Alexander House is a care home. 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. The care home is one adapted building with private bedrooms, shared communal areas and bathrooms. Some people living at the home are living with dementia, frailty and physical disabilities.

Alexander House has a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People said they felt safe living at the home. One person said "I feel safe here, I know that I can speak to the registered manager whenever I need to. Everything here is perfect". Staff were knowledgeable about safeguarding and had received training. We saw safe moving and handling support being provided and the service had suitable staffing levels to meet people's needs. The provider had a robust recruitment process which ensured people were safe to work prior to them starting. Risks were managed effectively to ensure people were kept safe. People had access to medicines as and when they needed them and trained staff administered these. The provider ensured the management, administration, storage and disposal of medicines was safe.

People's needs were assessed when they moved into the home and regularly thereafter. Staff understood people's needs, choices and preferences. For example, one care plan said a person enjoyed 'Music, activities and communication' and the person wanted support to access 'Activities on a daily basis.' We observed this

person having meaningful interaction and attending an activity with a guest musician, which they engaged in and appeared to enjoy. People and relatives said that they were involved in their care planning and decisions made about their care. People were assisted to eat healthy and balanced diets and were offered the appropriate support to meet their nutritional needs.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA). They supported people to make their own decisions and sought consent before delivering care and support. If people's care plans contained restrictions on their liberty, relevant applications had been made to legal bodies in line with current legislation. Staff received a range of training opportunities to support them within their role which ensured they had the knowledge and skills to deliver effective care and support. Staff spoke highly of the training provided and said they felt supported within their roles.

Staff were kind and caring. One person said "The carers and kind, good and soft. Nothing is ever too much trouble." We saw consistently positive and meaningful interactions between staff and people. Staff were compassionate and offered people reassurance and emotional support as required. People and relatives said they were involved in decision making and we saw this informally through observed interactions and within people's care plans. The service had privacy, dignity, independence and respect as part of their core values and this was demonstrated in practice by both staff and the management team. People told us they felt respected and were very complimentary of the staff team.

The service was responsive to people's needs. We observed care and care planning that was personalised and considered people's life histories, preferences and choices. We observed a variety of activities throughout the inspection. These activities were meaningful to the individual and people were having fun and enjoyed themselves. Complaints and concerns were listened to and actioned in line with the provider's policy. People's wishes at the end of their lives were sought and the manager described this as an open and ongoing conversation.

The management team played an active role within the home. People and their relatives knew them and were complimentary of them. One relative said "The new management team who took over the care home have worked wonders in such a short time." There was a respectful, person centred and family orientated ethos embedded in practice.

The provider has implemented extensive renovations to the home to improve the environment for people living there. They acknowledged there were further renovations to be done as some areas remained in need of attention. The provider had a renovation plan, which is due to be completed in summer 2018. People and their relatives had responded very positively to the renovations already completed.

The provider had quality assurance systems in place and used the results from audits to action positive change. People, healthcare professionals and staff told us there was good communication in the home and staff worked effectively with other professionals to meet the needs of people.

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 home was safe.

People said they felt safe. Staff were knowledgeable about safeguarding and could recognise signs of abuse.

Risk assessments were robust and actions taken to reduce the risk of harm for people.

Systems were in place to manage, administer, store and dispose of medicines safely. People had access to medicines as and when they needed them.

There were enough suitable staff to care for people safely.

Is the service effective?

Good

The service was effective

People were cared for by staff that had the knowledge and training to meet their needs.

The provider understood the legislation relating consent to care and treatment and had applied this appropriately. People were offered choices and asked for their consent before staff supported them.

People were supported to maintain a healthy diet and had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

Staff had a caring approach when supporting people. People were treated with compassion and dignity.

People's privacy was respected and independence promoted.

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

Is the service responsive?

Good

The service was responsive

People received personalised care that was responsive to their needs.

People had access to a range of activities including group activities, entertainment and 1:1 time.

The provider listened to and responded to complaints appropriately.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were complimentary of the management and leadership of the home. Staff understood their roles and responsibilities and felt supported.

The manager and staff worked well with other health professionals to meet the needs of the people living at the home.

The quality of the service was assessed and monitored. Actions were implemented as a result of audits to improve practice.

Alexander House

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.

The inspection took place on 12 April 2018 and was unannounced. This was the first inspection of the home, the provider registered with the Care Quality Commission on 13 April 2017. Three inspectors and one expert by experience visited the home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information relating to the home. This included three 'share your experience' forms which we used to inform what we looked at on inspection, correspondence from people, professionals, and notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make.

We spoke with the registered manager, the nominated individual, five staff, three visitors and four people who live at the home. We looked at four care plans, staff duty rosters, four staff files and reviewed records relating to quality assurance, health and safety, safeguarding, infection control, compliments and complaints, medicines, staff training, supervision and appraisal. During the inspection, we observed people having their lunch, spending time in the lounge and taking part in an afternoon activity. Following the inspection, we spoke with a pharmacist and a social care professional to gain their feedback.

After the inspection, we asked the registered manager to send additional information relating to evidence of portable appliance testing (PAT), electrical certification, evidence of a Depravation of Liberties Safeguard (DoLS) application, the provider's sick absence policy and a contact list of professionals who support people living at the home. The registered manager provided this information within the requested time frame.

Good

Is the service safe?

Our findings

People and their relatives told us they thought the service was safe. One person told us, "I feel safe here, I know that I can speak to the registered manager whenever I need to. Everything here is perfect". A relative told us they thought the quality of care was excellent and the carers really looked after their relative. A staff member told us, "People are kept safe living here; we look after their equipment and know how to safeguard people from harm."

Staff received safeguarding training and knew the potential signs of abuse. They understood the correct safeguarding procedures should they suspect people were at risk of harm. Staff were aware that allegations of abuse were made to an agency, such as the local Adult Services Safeguarding Team, in line with the provider's policy. One staff member said, "The manager is really helpful. If I saw abuse going on or someone getting poor care, I know they would do something". The registered manager understood their responsibilities in reporting safeguarding and we saw evidence that safeguarding concerns were reported and investigated.

People's risk assessments identified the nature of the risk and actions staff needed to take to reduce the risk of harm for the person. For example, one person was identified as being at risk of pressure wounds. Records advised staff that the person should be using a pressure-relieving mattress and be turned four hourly to prevent pressure wounds. In addition, staff monitored the persons skin daily and topical creams were applied as prescribed. We observed the person to be using a pressure-relieving mattress and reviewed records that showed staff were working in line with the guidance. Staff were also working alongside external healthcare professionals to manage the risk of pressure areas. Staff reviewed these risk assessments monthly to ensure that the person was receiving appropriate care to meet their current needs. We observed staff assisting people to move using a variety of hoists and stands. We noted there was enough staff to do this safely and staff were competent in managing this.

People had up to date Personal Emergency Evacuation Plans (PEEP's) in place, which ensured the safe exiting of the building in an emergency. There were other risk assessments in place, for example, those associated with environmental hazards, such as the management of substances harmful to health.

The provider ensured staff were suitable to work at the home before they started. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation including professional and character references, contracts and training certificates in staff files. Applicants were asked questions in areas relevant to their roles, for example, safeguarding adults.

There were appropriate numbers of staff to meet the current level of care provision. Staff were visible throughout the home ensuring people's needs were met in a timely way. People who required assistance received this promptly, call bells were answered quickly and there were staff present in communal areas when needed.

People received their medicines safely. There were safe systems in place to manage, administer, store and dispose of medicines. A healthcare professional said "I have no concerns regarding the safety of medicines at the home; the management make safety paramount for people living there. We looked at the Medication Administration Records (MAR's) for all people living at the home, these showed that people received their medicines on time and when needed. When medicines were required on an 'as and when' basis, people had access to them and there was clear guidance in place about their use to ensure safe practice. Staff frequently monitored people who were unable to verbally communicate to ensure they were not experiencing any pain and pain relief was offered when necessary.

Trained staff administered people's medicines. Staff told us they received extensive training to safely meet people's needs and this was evident in their training files which showed updates in areas such as blood glucose monitoring and the management of people taking anticoagulants. Regular competency checks undertaken by staff authorised to dispense medicines.

People were protected from the spread of infection and the home was clean. One person told us "The home is spotless – just look around my room, it is properly cleaned every day". The provider had a monthly health and safety inspection checklist, used to identify areas requiring improvement. These were subject to regular audit and issues of concern were addressed within set timescale. Staff had a good understanding of infection prevention and control issues and they received regular training. The provider put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves.

Systems were in place to ensure the safe management of accidents and incidents. Accidents and incidents were documented in detail and included actions taken in response. Records were analysed to establish any trends which ensured that appropriate action was taken. For example, one person had fallen from bed, due to previous falls analysis by the registered manager they were able to see a trend and refer the person for the appropriate support. They referred the individual to the community falls team, discussed options with them and their family to keep them safe and implemented bed rails to reduce further risk of harm.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to provide effective support to people living at the home. We observed staff to be conscientious and professional in their manner. One person told us, "The staff here are fantastic; they bend over backwards for all of us". A relative told us they are confident their relative in properly looked after at the home.

The provider carried out an assessment before people moved into the home to gain an understanding about people's background, interests, hobbies and preferences to help form a care plan. The registered manager said, "We do this to learn things from people and start a care plan which we build upon over time." One care plan said a person enjoyed 'Music, activities and communication' and the person wanted support to access 'Activities on a daily basis.' We observed this person having meaningful interaction and attending an activity with a guest musician, which they engaged in and appeared to enjoy.

People were supported by staff with the skills and knowledge to deliver effective care and support. One staff member told us, "I was new to caring when I started here. The induction was really good. I had training before I worked here and shadowed a lot". Another staff member said, "Induction was brilliant. Everyone was really helpful and I didn't work on my own until I felt comfortable and knew the residents". Skills for Care Certificate training was in place for all new staff. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff received training in relation to the needs of older people. This ensured staff had a good understanding of how to support people living at the home. Specialist training was provided to support people living with dementia. This included living well with dementia, supporting LGBT people living with dementia and 'sundowning'. Sundowning is a term used when the behaviour of people living with dementia changes around dusk, people may experience a growing sense of agitation or anxiety at this time. This allowed staff to effectively support people who experienced this.

People were cared for by staff that were suitably supported within their roles. Staff received regular supervision. One staff member said, "We get supervision regularly and that's really good. We get to have our say". Another staff member told us, "It's really good. Obviously, I wouldn't wait if it was something urgent but it's good to have that time to talk".

People's needs in relation to food and fluid were assessed and guidance provided for staff. For example, one person required a 'fork mashable' diet. The care plan said, 'Don't leave unobserved when eating', 'Sit upright for all food and drink' and 'Cut up food into small mouthfuls'. This was all observed to be implemented in practice. One person said, "I now have to have a soft diet and they make it as appetising as possible, they bring our food to us and anything else we ever want".

We observed lunchtime to be relaxed and friendly with eight people eating lunch together. The food was well presented and looked appetising. People were complimentary of the meals. One person told us, "Food is absolutely marvellous". A relative, in a compliment letter, said 'The meals here are first class, I know because I have had a meal here'. The staff were knowledgeable about people's dietary requirements. They

were aware of the importance of healthy eating and of maintaining a balanced diet. They were also aware of the balance to be struck between the need for this and people's rights to decide for themselves. There was a choice of freshly cooked meals on offer. People chose from the menu on the day and were offered an alternative to the menu if they wished.

Staff understood people's dietary requirements and preferences. Records were completed when people first moved into the home. These contained detailed information about their likes and dislikes, possible specialist diets and cultural/religious food requirements. This information was reviewed every month to ensure that the information reflected people's current needs.

Staff worked effectively within the team and across the organisations. A staff member told us, "I think we are a great team and we communicate well with each other, I feel supported by my colleagues". There was good evidence that staff worked well with other professionals to ensure people receive effective support. For example, a referral to the Speech and Language Therapy Team (SALT) was made through a GP for one person. Staff worked with the SALT team and implemented the guidance recommended, which included, the use of thickener for fluids, providing a teaspoon and for food to be cut up into small pieces to minimise the risk of choking. People's everyday health needs were managed by the staff who accessed support from a range of health and social care professionals such as GP's, a practice nurse, community psychiatric nurses, district nurses, social workers and a chiropodist. People's health needs were documented in their care plan and staff noted when they sought advice from health care professionals and actions they took. One relative said "The practice nurse from our local surgery visits on a regular basis and the doctors from the same surgery when requested."

The provider had begun an extensive renovation programme which included full refurbishment of the main communal areas, the creation of a dining room and the purchase of new furniture. However, other areas, such as some bedrooms, bathrooms, hallways, carpets and doorframes were still in need of refurbishment. The nominated individual explained, "The home was clearly in need of refurbishment, this was a project, not just taking over of a business. We want to make the home a place where people want to be, our priority was communal areas and providing a space where people can eat and socialise together". The communal areas have been adapted so they are accessible and people with physical disabilities can move safely in these areas.

The nominated individual told us that they consulted with the residents and their relatives and phased the work to ensure minimal disruption to people living at the home. They had a clear plan for finalising the refurbishments which they said should be finished by the end of 2018. A relative said, in a compliment letter, "I have watched the improvements that have been made to the different parts of the home, especially the decorating in the lounge and dining room. The colour scheme is excellent, very bright and tidy."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were asked their consent for day-to-day decisions. We asked staff about consent and about their understanding of the MCA. The staff members had undertaken recent training in this area. They could tell us the implications of the Act and of Deprivation of Liberty Safeguards (DoLS) for the people, they were

supporting.

The management team had a clear understanding of the MCA and DoLS and had made appropriate applications to the local authority. There was evidence that when relatives had Lasting Powers of Attorney (LPA) the manager had requested and received copies of these. The management team involved others in best interest decisions to ensure people were receiving appropriate treatment in the least restrictive way.

Good

Is the service caring?

Our findings

We observed consistently positive interactions between people and staff throughout the day and people were treated with kindness. Staff took time to talk to people individually and have meaningful conversation. People were engaged in these conversations and were happy. One person told us "The carers and kind, good and soft. Nothing is ever too much trouble." Another person told us "The staff are all so kind and cheerful". A member of staff said "I think it is a very caring place. I wouldn't work here if it wasn't."

Staff had a good understanding of people's backgrounds and interests and knew people well. Staff had built a compassionate rapport with people. For example, we observed one member of staff offering a person emotional support when they were talking about their family. The person was visibly reassured and calmed by the interaction. A relative told us that their relative is very happy and settled at the home. Another relative commented in the annual survey that their relative has stayed in three residential homes prior to arriving here and has never received better care.' The provider told us in their PIR, 'During formal and informal supervision sessions, a staff member's caring attitude is monitored. Staff provide person-centred care by getting to know the residents and understanding their background and value system.' We observed this in practice, staff knew people well and understood their needs and preferences.

The atmosphere in the home was calm and relaxed and had with an informal and homely feel. Staff did not wear uniforms; the nominated individual said, "Staff do not wear uniforms as this is not a nursing home; we want people to feel like this is their home. Our ethos is to create a homely, relaxed and friendly environment." One relative had commented in the annual survey, 'Glad to see no uniforms, it is a more relaxed atmosphere.' Relatives were welcome in the home and one relative told us, "We are always made to feel welcome when we visit and are very pleased with the care."

People and their relatives told us they could express their views and be involved in making decisions about their care. Staff took the time to listen to people and involve them in decision making. We observed one member of staff discussing evening meal options with people in the dining area. They took the time to explain the food available and showed them the food they could have, this helped the person decide what they wanted. There was information about advocacy services on display; this was alongside other information about the home and other services available in the local community. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care were respected.

People's privacy and dignity was respected. Staff we spoke to respected people's confidentiality. Staff recognised the importance of not sharing information inappropriately. Observations showed staff knocking on people's doors before entering a room and waiting to gain people's consent before supporting them. We observed a person have full assistance with transferring from a wheelchair to an armchair in the lounge. Two members of staff treated the person respectfully and in a dignified manner, explaining their actions and offering reassurance throughout.

Equality, diversity and human rights were part of the core values of the home. These principles were embedded within the home. People were treated fairly and in a non-discriminatory way. For example, we observed staff having respectful conversations with people living with dementia offering emotional support when needed.

People's independence was promoted. We observed one person being assisted to eat, the person wanted to hold the spoon and eat independently. Staff supported the individual to do this and offered help when needed. During the afternoon entertainment, staff encouraged people to join in and supported them to engage in an attentive way whilst promoting their independence.

Good

Is the service responsive?

Our findings

People and relatives told us that the staff were responsive to their needs. One person told us, "I have been here for over four years since my husband died, and I am now looked after very well. The staff know how to help me and I am confident with them". A relative told us, "For someone who would never be seen at communal entertainment events, they attend everything. They are definitely doing a great deal right here."

Care being received was person centred and responsive to the individual needs of the person. People's care plans contained information about the person's life history, preferences and way in which they like to be supported. People, where able, were involved in their care planning. The registered manager said, "We ensure people and relatives are continually involved in their families care by having a monthly call to review the person's care and we then make necessary changes to their care plan". We saw evidence in people's care plans that these calls took place and comments acted upon which shows staff are responsive to peoples changing needs.

People were able to share their views within residents' meetings. In the Provider Information Return (PIR) the provider said, 'In order to be more responsive we will, in 2018, start to hold monthly residents' meetings. This will further enhance communication lines with the residents.' Records demonstrated that that frequency of these meetings had indeed increased.

The provider had responsive practices in place for when people's needs changed. For example, when people went into hospital the provider had a 'knowing me' bag ready. These bags are in place for all people should they need to go into hospital. The registered manager said this had a positive impact making the transition from the home to hospital calmer for people as the hospital have all of their relevant information immediately resulting in a smooth transition of care.

People had access to a variety of activities throughout the day. Staff engaged fully with people throughout the inspection. This included chatting, doing crosswords and reading the newspaper with people. People were talking about their enjoyment of horseracing, staff spoke with them about this and said they would put the racing on in the afternoon, which they did. People were animated and appeared to enjoy watching this together.

In the afternoon an entertainer visited which was very popular and many people came to the lounge to join in. The registered manager told us, "We have a variety of people coming in to provide activities and entertainment which people enjoy". The staff we spoke with felt there was enough time to engage in this aspect of people's care and spend time with them.The nominated individual told us that they plan to hold a community open day in the summer to invite local people into the home to develop community links for people.

People were given information in a way they could understand. We saw that people were given a handbook about the home in an accessible, pictorial format to aid their understanding. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or

sensory loss are given information in a way they can understand. There was basic signage around the home to help people navigate and identify where they were. The nominated individual said "We've introduced some signage; arrows and notices to direct people. We want to introduce more pictures as part of the refurbishment."

The registered manager had considered the use of assistive technologies to improve people's experience. The registered manager said that they were introducing electronic tablets and internet applications to improve the range of activities provided at the home.

We reviewed records of comments, compliments and complaints. The complaint received was responded to appropriately and in line with the provider's policy. The procedure for raising and investigating complaints was available for people. People we spoke with said they had not needed to make a complaint recently, but felt confident they could if needed.

People were offered the opportunity to plan for the end of their lives. Discussions had taken place with people and their families about their end of life care wishes. People had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) in place if they wanted them. A DNACPR decision provides immediate guidance to those present on the action to take should someone suffer a cardiac arrest. The registered manager and nominated individual said they had both undertaken training to have conversations with people and their relatives about their wishes at the end of their lives. Conversations were happening around end of life care wishes when people moved into the home and on an on-going basis when appropriate. The registered manager told us, "It is an on-going conversation, people and their relatives have copies of an advanced care plan which they can discuss with us when they choose to. We have asked people if they wish to have a DNACPR and have arranged this if they wish to."

Good

Is the service well-led?

Our findings

The home was well-led. The management team were approachable and known by people and their relatives. People spoke positively of the registered manager and their leadership. One person told us, "The registered manager will help, they are really nice."

The provider had embedded practices which improved the care people received. Since taking over the home the provider has identified areas for improvement and made progress in embedding new practices. For example, the provider has implemented a strong ethos of delivering care in a relaxed and friendly environment. We saw this in practice in the way staff and people interacted and how care was delivered in a person centred way. There has been an extensive refurbishment programme. This has enhanced the lives of people in the home and improved how people dine and socialise together. A relative had said, within a compliment card, 'The new management team who took over the care home have worked wonders in such a short time.'

The provider has action plans in place to continue to further improve the home. The registered manager and nominated individual discussed their plans and strategies to increase the occupancy of the home, finalising the refurbishments and further improving care. For example, integration with the local community to improve links for people living at the home and an increased activity programme to ensure people needs and interests are meet throughout the week.

Staff told us they thought the home was well-led. One staff member told us, "I think we are a great team and the manager is really good". Another staff member said, "I think the home is somewhere between good and outstanding. Everybody gets on really well and the care is part of that". A third staff member told us, "I think it's a very caring place and a lot of that comes from the manager".

The provider had a clear vision, 'To provide high quality care to residents in a safe, relaxed and friendly environment.' The registered manager and nominated individual described the home as "Having a family ethos." The provider told us in their PIR 'A notice of our core values is on display in the entrance. During formal and informal supervision and monitoring sessions we check to ensure that staff understand and implement these key values to residents, visitors and colleagues.' We observed the provider's core values being demonstrated by staff throughout the inspection and these were embedded within the culture of the service.

There were effective quality monitoring systems in place which identified any shortfalls in service delivery so that action could be taken to address them. The registered manager had implemented a range of audits such as medicines, health and safety and accident and incidents. When any shortfalls were identified, action was taken and lessons were learned. The registered manager understood their regulatory responsibilities and submitted notifications appropriately when required.

People, their relatives and staff were involved in the running of the service. For example, the provider ensured there were annual surveys for people to complete. They produced an analysis of the responses,

which they had used to make improvements to the service. People and relatives told us they are involved in care planning, invited to resident's meetings and could leave comments in a comments box. This ensured people could voice their opinions and pass messages to the manager when they were not at the home. People said they felt listened to and supported and felt that they could talk to the registered manager when they needed to. The registered manager and nominated individual applied quality assurance arrangements consistently. Actions had been taken to introduce short and long-term improvements and were planned in consultation with people and their relatives. For example, necessary changes to the environment had been identified and discussed with the staff and people at the home prior to them starting.

The home worked in partnership with a number of other agencies to meet the needs of people. One relative told us, "It has improved dramatically since the new owners have taken over. The communication with the home is pro-active, they keep me up to date and well informed, it has taken all that worry away." A social care professional told us "We have worked with the managers closely in the past months. They listen to feedback we give them." A health care professional told us "We communicate daily and the managers are very reasonable and professional in their conversations with us. They are very open and have good standards of care."