Care Quality Commission

Mr & Mrs C Grant

Longmore Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Longmore Nursing Home provides accommodation and personal care for up to 20 older people. Nursing care is provided and this includes a small number of people living with dementia. At the time of our visit 20 people lived at the home.

The inspection took place on 11 January 2017 and was unannounced. The service was last inspected on 12 November 2015 when we found some improvements in relation to the quality and safety of the service were required.

A registered manager had been in post for over 12 months. 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 told us they felt safe living at the home and we saw enough staff were on duty to keep people safe and meet their needs. Since the last inspection new staff had been recruited and changes had been made to ensure people received consistent care. People spoke positively about the support they received from the consistent staff team.

The provider's recruitment procedures minimised the risk to people's safety of unsuitable staff being employed. Staff understood their responsibilities to protect people from harm and felt confident to raise any concerns. Risk assessments and management plans were in place to minimise the risks to people's safety. Staff knew people well and clear guidance was in place for staff to follow to manage the identified risks. Our discussions with staff demonstrated a consistent approach to the management of risks.

People received their medicines as prescribed. Medicines were administered safely by qualified nurses. However, the storage of some medicines required improvement.

Since the last inspection staff had completed further training to support them carry out their roles safely and effectively. New staff received an induction prior to working unsupervised and staff received training in health and social care to develop their skills further.

Since our last inspection the home manager had increased their knowledge in relation to the Mental Capacity Act (2005). They understood their responsibility to comply with these requirements. Since the last inspection 'decision specific' capacity assessments had been completed for those people who lacked capacity, so suitable decisions could be made in their best interests. The correct action had been taken for restrictions in people's care to be authorised. Staff understood their responsibility to seek people's consent before they delivered care.

People enjoyed the varied social activities that were available. Mealtime experiences were enjoyable for

people and they received a varied and nutritious diet. Where necessary, specialist diets were catered for and people were supported to eat. Staff demonstrated a good understanding of people's nutritional needs. The staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was promoted and maintained.

There had been significant improvements to the systems in place to monitor the quality of the service provided since our last inspection. Analysis of incidents and accidents took place to identify any patterns or trends to reduce the likelihood of further incidents occurring. People were more involved in planning their care since the last inspection and care plans contained more detailed information about people. This meant care was provided in a personalised way.

People told us care workers showed them kindness and they had the correct skills and experience to provide the care and support they required. People received care from staff who were respectful and ensured people's privacy and dignity was maintained. Relatives and visitors were welcomed at the home and were encouraged to be actively involved in people's lives.

People knew how to complain and said that the management team listened to them and responded promptly to their requests. People and their relatives were confident concerns would be dealt with appropriately and fairly.

Staff enjoyed working at the home and felt supported to do their work by the management team. People, their relatives and staff told us the home manager was approachable and they were happy with the way the home was run.

The provider and the home manager promoted an open culture by actively encouraging feedback from people, their visitors and staff to put forward their suggestions to make continual improvements at the home. Action was taken to ensure the home was run in-line with people's wishes.

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 felt safe living at the home and staff were available when they needed them. Staff had a good understanding of how to manage the risks associated with people's care. Risks were accurately reflected in people's records to ensure a consistent approach to the management of risks. People received their medicines as prescribed. However, the storage of some medicines required improvement.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's care and support needs because training was specific to the needs of people who lived at the home. The home manager understood their responsibilities in relation to the Mental Capacity Act (2005). Staff obtained people's consent before care was provided. People enjoyed the food and drink, which met their nutritional needs. People's health care needs were met.

Is the service caring?

Good

The service was caring.

People and relatives were positive in their comments about the staff .Staff were caring in their approach and interacted well with people. There were good relationships between the people living in the home and the staff supporting them. People's privacy was respected and staff promoted people's independence and dignity.

Is the service responsive?

Good

The service was responsive.

Staff were very responsive to people's individual needs and they knew the people they cared for well. Care plans provided detailed information about people's
preferred routines to ensure they received their care in a

personalised way. People were involved in making decisions about their care and the running of the home. People were confident to raise any concerns or complaints.

Is the service well-led?

Good

The service was well-led.

There was clear leadership of the service in place. People, relatives and the staff spoke positively about the provider's management team. Systems and processes ensured people and staff were involved in decisions related to the quality of service provided. People, visitors and staff were encouraged to give feedback about the service. Effective audits and checks were completed to ensure the service was under constant review so that improvements were made for the benefit of people who lived there.

Care Quality Commission

Longmore 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 inspection took place on 11January 2016 and was unannounced. The inspection was undertaken by two inspectors and one specialist advisor. Our specialist advisor was a qualified nurse and a specialist in dementia, mental health and end of life care.

Prior to our visit we reviewed information received about the home, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with Local Authority commissioners who funded the care some people received . They were satisfied with the care provided to people.

During our visit we spoke with six people who lived at the home, five relatives, a visiting health professional, the home manager, the nurse on duty, three care workers and the chef. We observed the care and support people received. We reviewed five people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included checks the management team took to assure themselves that people received a good quality service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Longmore Nursing Home. Comments included, "If I decide to try and walk to the toilet they (staff) are always behind me, that makes me feel safe," and, "They (staff) need to hoist me sometimes but they make me feel safe." Relatives shared this viewpoint. One said, "There are always staff around and they care for (Person) safely." Another explained they trusted the staff and this assured them their relative was safe.

During our last visit some people told us staff were not available at the times they needed them. During this visit all of the people we spoke with told us there were now enough staff available to provide their care. One person said, "I press my buzzer, staff are quick to come." A relative said, "The staff ratio is very good and there is always a nurse around; that reassures me (Person) is safe."

On the day of our visit we saw there was enough staff available to provide the care and support people needed. We discussed the recruitment of new staff with the home manager. They told us there were no current staff vacancies and this meant use of agency staff had been significantly reduced since our last visit. They explained one nurse and five care workers were on duty in the mornings and one nurse and four care workers were on duty during the afternoon and evening. At night time one nurse and two care workers were on duty. We reviewed staff rotas for the four weeks prior to our visit. These records were consistent with what the home manager had told us. This meant people were supported by familiar staff who knew them well.

We asked staff whether the improvements made to the staffing arrangements since our last visit had been sustained. One said, "Since you last came staffing has really improved. We always have enough staff," Another said, "Staff are permanent now so it makes care more consistent for people."
The provider's recruitment procedures minimised the risks to people safety. The home manager explained the service recruited staff who were of good character and checks were carried out before they stated work. Records showed and staff confirmed checks had taken place to ensure they were suitable to work at the home. One staff member said, "Yes, I had a DBS check. (Home manager) made sure I was suitable." The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services. Staff had completed training in safeguarding adults to keep people safe. Training included information on how to raise concerns and the signs to look for to indicate people were potentially being abused such as, unexplained bruising to their skin. Care workers described to us their responsibilities to keep people safe and they were confident to report any concerns to their managers. One said, "I would tell the manager immediately if I was worried about anyone being abused." We asked what they would do if action was not taken. They said, "I would bring it to the manager's attention and if the situation was being caused by the manager I would go to the head office or report it to safeguarding and CQC."

The provider's whistle blowing policy was on display for staff (a whistle blower is a person who raises concerns about wrong doing in their workplace). Staff we spoke with were aware of the policy and told us they were confident to raise concerns. One member of staff explained they would not hesitate to challenge

poor practice by other staff, for example, poor manual handling and the way staff talked to people. They said, "I would speak to them, explain what they were doing was wrong and report it to the manager."

During our last visit we identified a concern of a safeguarding nature had not been reported to the local authority as required. Our discussions with the home manager during this visit confirmed they were aware of their responsibilities to keep people safe. Records showed they had referred safeguarding alerts to the Local Authority when people had been placed at risk. These meant allegations of abuse could be investigated correctly to keep people as safe as possible.

Risk assessments and management plans were in place to identify potential risks to people's health and wellbeing. We looked at risk assessments for five people. All had been reviewed in-line with the provider's policy. For example, one person had sore skin which at times meant they were in pain. We saw clear plans were in place to manage this risk. For example, we observed they had an airflow (pressure relieving) mattress in place. We spoke with the person who confirmed the nurses checked their skin as required. They told us they were also repositioned whilst they were in bed to make them feel more comfortable. We discussed this with the nurse on duty and home manager who both confirmed that the persons' skin was improving. They had sought and were following the advice of specialist nurses to speed up the healing process.

We saw another person was at risk of losing weight. Staff were aware of this risk and they explained to us how they encouraged the person to eat to maintain their health. For example, they added extra nutrients to the person's meals and drinks. The person's relative told us staff monitored the person's fluid intake every half hour to ensure they had enough to drink. Records showed us this monitoring did take place. We asked a staff member, what action they would take if they identified other people were losing weight. They said, "I would report it to the manager, and the GP would be informed to refer onto the local dietician services".

During this visit people and their relatives spoke positively about the way their medicines were administered. One person told us "I always get my medicines on time." Another said, "No problems, I get my tablets on time, every time." People's medicines were administered by qualified nurses. The nurses had received training and their competency had been assessed by the home manager on a minimum of three occasions, before they administered medicines unsupervised. A series of regular checks and audits took place so if any errors were identified prompt action could be taken.

During our last visit we identified the disposal of medicines required improvement. During this visit we saw the necessary improvements had been made. These meant medicines were being disposed of correctly. Also, a number of people were prescribed medicines 'as required' (PRN). These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms which are not taken regularly. We identified medicine dosages were not always recorded. We checked during this visit and protocols for the administration of these medicines had been implemented to make sure they were administered safely and consistently.

We reviewed eleven people's medicine administration records (MAR's) which showed people received their medicines as prescribed. We observed the nurse on duty administering people's medicines at lunchtime. We saw they followed good practice in relation to how they administered oral medicines. For example, they took medicines to people, provided them with a drink and watched them take their medicine, before returning to sign the MAR to confirm they had taken it. The nurse locked the medicines trolley when they left it, so there was no risk medicines were accessible to people.

However, we identified the storage of controlled medicines required improvement. The cupboard used was

not big enough to store the medicines held by the home and this meant some medicines were not stored correctly. We discussed this with the home manager and the nurse on duty. They told us they would immediately purchase a new cupboard to ensure controlled medicines were stored in line with best practice.

Accidents were recorded and any injuries were monitored. There was a system to assess how many accidents occurred each month to help identify any trends and reduce the likelihood of them reoccurring. For example, an incident had occurred in November 2015 which had resulted in one person being moved unsafely in a hoist. The home manager confirmed staff had been retrained in safe moving and handling techniques to ensure the incident did not happen again.

Plans were in place to ensure people were kept safe in the event of an emergency. The provider's fire procedure was on display in a communal area which provided information for people and their visitors on what they should do. We saw evacuation plans within people's care plans which meant in an emergency people could be assisted by staff to evacuate the building quickly and safely. Staff confirmed they had received fire safety training and explained what action they would take if there was a fire. One told us, "I have fire safety training and we have fire drills which reminds me what I need to do."

Checks of the equipment in use at the home took place to ensure it was safe for people to use. For example, electrical equipment had been safety tested in January 2016 by a qualified electrician. A maintenance person also worked at the home to undertake general repairs and complete the checks.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the skills and knowledge to care for them effectively. One person said, "Staff know what they are doing; they seem to be well trained to me." Another said, "They are well trained, especially the nursing staff." They explained if the equipment they needed to maintain their health was not working, the nurses sorted it out straight away. They felt assured that the nurses had the skills they needed to provide effective care.

At the time of our last visit the home manager had identified that some staff training was out of date. During this visit, records showed care staff had completed the training the provider considered essential to meet the care and support needs of people who lived at the home. A training schedule identified when staff had completed training and when it was next due. This helped the home manager prioritise and plan training the staff needed.

One member of staff told us, "I had infection control training the other day, it was really useful." We saw they put this training into practice as they washed their hands before they assisted a person with their meal at lunchtime. We asked care staff if they had received training to support people with specific needs at the home. One said, "I have a real interest in dementia. I have completed training and it was just brilliant, it really opened my eyes." They explained how the training had increased their knowledge of the condition which meant they felt more confident to care for people living with dementia.

The nurse on duty told us they were in the process of completing an 'end of life care' training course. They explained the training had been 'really good' and had increased their knowledge of how to meet the health and social needs of people who were near to the end of their life.

Care staff had completed, or were working towards level two or three qualifications in health and social care. The home manager was also in the process of completing a level five management qualification. They said, "This is my first management role, so I am learning a lot." This meant staff had the right skills and knowledge to provide effective care and support to people.

New staff were provided with effective support when they first started work at the home and they completed an induction and the 'Care Certificate'. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. Staff told us they had spent time shadowing (working alongside) experienced colleagues to gain an understanding of how people liked their care to be provided. One said, "I was shown the ropes by more experienced staff." They told us they had also read people's care records before they worked unsupervised.

Since our last inspection the frequency of meetings that took place with staff to discuss their performance at work had increased. The registered manager told us, "Meetings with staff have been increased and things are going well. It gives me an understanding of how staff are feeling and performing." Records showed and staff confirmed their work practices were monitored through meetings and observational checks on their practice.

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 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 the home manager had increased their knowledge of the principles of MCA and DoLS since our last visit by completing training. They had completed decision specific capacity assessments for people who could not make decisions for themselves. Staff we spoke with understood the importance of gaining people's consent and following the principles of the MCA. They gave examples of applying these principles to protect people's rights. This included, asking people for their consent and respecting people's decisions to decline care where they had the capacity to do so. One staff member told us, "We listen and respect the decisions people make." Another said, "If people can, they do choose how to live their life here."

We asked one staff member what they would do if a person refused assistance with their personal care. They told us, "I would encourage them and try to find out why they didn't want me to help them but I can't force them. I would ask another member of staff to see if they could help and I would report it if they continued to refuse." The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. We saw applications had been submitted and DoLS had been agreed where potential restrictions on people's liberty had been identified. For example, due to their health conditions some people were unable to consent to their care.

People told us they enjoyed the variety of food and they had enough to eat and drink. Comments included, ""Food is very good here," And, "Lovely grub." One person explained they had chosen to have eggs on toast for their breakfast. They told us the chef was flexible and always cooked the food they wanted to order. The lunchtime experience in the dining room was positive for people. People told us the food looked appetising and we saw staff were available to assist people if they needed support. People were asked if they needed assistance cutting up their food and if their food was hot enough. We observed the way pureed meals were presented had improved since our last visit. For example, different foods were pureed separately rather than altogether. This meant people who required their food pureed due to a health condition could experience the taste of each food and choose which part of their meal they wanted to eat.

Staff we spoke with, including the chef, demonstrated a good knowledge of people's nutritional needs and their dietary requirements. For example, they knew who was diabetic and who needed encouragement to eat. The amount of fluids people consumed was monitored if people were identified to be at risk. An effective system to monitor people's weight was also in place. Records showed if any concerns were identified a review of a person's nutritional needs was undertaken to manage any risks.

During our last visit the communication processes between staff needed to be improved. This had resulted in a lack of continuity in the way people receive their care. During this visit staff told us communication had been improved. One explained this was because more permanent nurses had been employed which meant they had 'more ownership and responsibilities towards people to get things right.' We saw handover meetings took place between the staff starting and finishing their shifts. A member of staff commented, "Handover is good, very informative, we know how people are." We saw a communication book was in use. This meant staff could pass on and receive important information such as, people's health appointments.

People and their relatives told us they did receive support from health professionals when they needed it. Comments included, "Macmillan nurses and staff have been involved and we have discussed (persons) end of life care." "They (staff) are very proactive about getting the doctor if needed." And, "I only have to say if I feel unwell; once they got the doctor in within the hour and then again the next day." One person explained the medication they had been taking had made them feel drowsy. They explained the nurse had arranged for them to see the doctor and this had resulted in a great improvement to their sleep patterns and wellbeing.

Prior to our last visit we were aware that one person had not been referred to a health professional in a timely way. This had resulted in deterioration in their physical health. During this visit we checked and saw improvements had been made and sustained. The home manager explained the staff had worked hard to build up relationships with health professionals. People's records showed us how the staff worked in partnership and maintained links with health professionals. This meant people who lived at the home received the health care required to meet their needs.

Good

Is the service caring?

Our findings

People spoke positively about the staff that provided their care. They told us they were caring and showed them respect. Comments included, "The staff are so human and jolly, really pleasant. I can't fault them at all." "The staff are respectful and always ask my permission about things," and, "Staff are caring and respect my decisions."

Relatives told us, "I researched the home and looked at the CQC reports. I am more than happy with the care given." And, "I have no qualms about (Person) being here, it's homely and caring ….. we wouldn't hesitate to recommend this home to others."

We asked staff what caring meant to them. Comments included, "Patience," "Treating people with a bit of tender loving care," and, "Being trust worthy and honest." All of the staff we spoke with told us they enjoyed working at the home. One said, "I love my job, caring is in my nature." The home manager felt confident all of the staff did demonstrate a caring approach.

We observed positive interactions between the staff and the people who lived at the home. For example, we spent time in the lounge and observed staff spent time chatting with people. We saw staff knelt down to talk with people so they were at the same height as them, and people responded well to this and engaged in conversations. It was clear that staff had built up good relationships with people. For example, we heard one person say to a staff member, 'I love you.'

Staff knew how to provide comfort to people and we saw appropriate distraction techniques were used when people became anxious. For example, we saw a staff member comforted a person by stroking their hand. They told us, "Just stoking their hand can reduce their anxieties; I do it because I care about them."

People were encouraged to maintain relationships important to them. Relatives were encouraged to be involved in their relatives care and there were no restrictions on visiting times. One relative told us, "It's so friendly, we were invited for Christmas day, and it was wonderful." Another said, "I visit every day, I always feel welcome."

People told us staff involved them in decisions about their care and staff knew the importance of people being involved in these decisions. One person told us, "I know what I want and I am involved in how I like my care." Another said, "It's up to me how I spend my day; I chose not to get out of bed because I like to stay in my room."

Our discussions with people confirmed staff understood their needs. During our last visit people told us some staff did not always respect their privacy. We saw this had improved because people described to us how their privacy was maintained. They told us they were always cared for in a dignified way. For example, one person said, "When the staff help me with my personal care they will ask before helping me. That's important, it's about my privacy and dignity." A relative commented, "I watch the staff and see that they will cover people up to preserve their dignity," (if supporting them with care)

We saw staff encouraged people to be as independent as they wished in their day-to-day care. For example, we saw staff encouraged people to get up and have a walk around the home to 'stretch their legs'. A member of staff said, "It is important for people to be mobile as it maintains independence." Staff told us how they supported people to make choices. For example, they held up two jumpers and the person choose which one they would prefer to wear. This meant that staff were supporting people to make choices and communicating in a way people understood.

Information about a local advocacy service was on display in the home. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to help them to make a decision. This could help to maintain people's independence .

Staff understood the importance of maintaining people's confidentiality. Staff told us they would not speak about people in communal areas as their conversations may be overheard by others. Information held about people was kept safe and secure. People's personal information and records were kept in locked cabinets. Only authorised staff had access to this information.

Good

Is the service responsive?

Our findings

All of the people we spoke with received their care and support in the way they preferred which met their needs. During our last visit some people told us they had not seen their care plans. During this visit our discussions with people confirmed they had now been involved in planning their care and they had contributed to their care plans. For example, one person explained that the nurses spent time with them talking about their care. They told us this made them feel involved. A relative told us, "There is good communication amongst the staff and with us, (when person's needs changed) the care plan was reviewed with us."

People and their relatives told us staff were responsive to their needs. Comments included, "I only have to ask for something and it's there in a flash." And, "Staff are very responsive. I noted (persons) nails needed cutting and the next day I came in and they had been done."

Staff we spoke with were responsive to people's support needs. They explained to us in detail how they provided care in line with people's wishes. One person told us that their wishes were always listened to by the staff. For example, they preferred certain staff to assist them to maintain their personal hygiene. They confirmed staff who they had good relationships with supported them.

A keyworker system was in place. This meant people were supported consistently by a named staff member. One member of staff said, "I am a keyworker to a few people; I make sure they have all of the toiletries that they need. I know them and their families well."

There was a photo board of staff in the entrance hall so people and visitors to the home knew the staff who worked there. A relative said, "This is a good thing, we see the same familiar faces and we know who the staff are."

Pre - admission assessments were completed by the home manager or a nurse to assess whether people's care and support needs could be met at the home. People and their relatives told us they had the opportunity to visit and look around the home before they decided to move in. One person said, "I was a bit reluctant to come at first, but it is the best decision I have made."

We looked at five peoples care plans which provided detailed and personalised information about their preferred routines, likes and dislikes. This helped the staff to provide more person centred care in accordance with people's wishes and preferences. This information had improved since our last visit when we had identified some information had not been completed or was missing. The 'named nurse' system in place ensured that peoples care plans reflected their current needs. One nurse had overall responsibility for auditing and checking people's completed care plans each month to make sure the information was accurate and up to date. The home manager said, "The care plans are better and they system works well."

We also found during our last visit short falls in recordings on other care records such as charts used to

record when people needed assistance to change their position in bed. We looked at a selection of these records and the information available to us was up to date. The home manager told us one of their priorities over the previous 12 months had to maintain accurate records.

People told us they enjoyed the varied of social activities available which kept occupied. An activities co-ordinator was employed at the home. We saw one person spent time crocheting a blanket. They said, "I love doing this, staff get me the wool and I make blankets for them." This made them feel useful and kept them busy during the day time. We observed some people chose to join in with a game of dominoes during our visit. One person told us they enjoyed reading books and the staff provided a selection of books for them to choose from.

We spoke with the activities co-ordinator and they told us how they had improved the activities for people who lived at the home since our last visit. They told us, "I ask people what they would like to do and I organise it." They explained to us how they involved people in planning activities and if people enjoyed the activity it was organised again.

People knew who to speak with if they had any concerns or complaints about their care and all felt their views were listened to and acted upon. Comments included. "If I had a complaint I would tell the manager. She deals with things straight away." And, "If I had to complain I would tell the nurses." The provider's complaints procedure was displayed in the entrance hall and within people's bedrooms. It included information about external organisations people could approach if they were not happy with how their complaint had been responded to.

We looked at the complaints file maintained by the home manager. One complaint had been received in the last twelve months about the service. The complaints log confirmed the complaint had been responded to promptly by the provider and in accordance with their policy. We saw a relative in December 2016 had written, 'Thank you for all of your compassion and care,' another relative had written 'Thank you for caring for Dad he is very happy at the home.' This showed us people were happy with the service they received.

We saw that some renovations were taking place within the home during our visit to improve the environment. For example, new bedroom doors had been fitted. People told us they had been consulted on the way the home was decorated. People's bedrooms were decorated individually and one person told us they had bought their personal belongings to furnish their bedroom. They said, "It makes it feel like home."

Good

Is the service well-led?

Our findings

People and their relatives were complimentary about the home manager and they were happy with how the home was run. Comments included, "The home has improved immensely since the new manager came. The positive difference is unbelievable." "The manager handles things in a nice way. I think she has good management skills." And, "The manager is very approachable and will sit down and talk to you to see if you are happy."

A visiting health professional told us. "The manager is very good and keen to learn. They follow my advice and take action to make things better for people."

During our last visit the home manager had been in post for eight weeks. During this visit they explained that they planned to submit their application to become the registered manager of the home in August 2017. They said, "Once I have completed my diploma I will feel confident and be ready." They explained they had learnt a lot of new skills in the previous twelve months and they had worked hard to implement new systems to improve things for people and the staff who worked at the home.

There was a clear management structure in place. The provider's management team consisted of a registered manager and a home manager . The registered manager visited frequently but was not based at the home. The home manager was responsible for the daily running of the home. The home manager told us, "I feel supported by (registered manager) they often visit and are on the end of the phone if I need advice." They had built up relationships with other home managers in the local area. They attended monthly meetings to share best practice and develop their knowledge and skills.

Staff had a clear understanding of their roles and responsibilities and what was expected of them. They spoke positively about the home manager. They confirmed they felt confident to approach the manager and this made them feel supported. They also told us the manager was involved with people's care. For example, they sometimes worked a shift and provided care to people. Through discussions with staff, people who lived at the home and their relatives it was clear the home manager had an excellent understanding of people's needs and preferences.

Staff we spoke with confirmed regular meetings took place and they were encouraged to contribute items for discussion. One said, "We are encouraged to say how we feel, to make the home better." We looked at a selection of minutes from the meetings and we saw meetings had been used to discuss recent incidents that had occurred. Staff had been reminded of the safe practices they needed to follow to prevent similar incidents occurring in the future.

The managers were supported by the provider who visited the home each month to offer support, speak with people and complete quality assurance checks to ensure the home was run in line with their procedures.

The home manager was committed to the continual improvement of the home and the care people received. We observed they had made the improvements they had planned to make during our last visit. For example, staff training and care plan documentation. We asked them what they were most proud of at the home. They said, "The great staff team, without them, I could not do my job." Their biggest challenge had been delegating work to other staff members. They said, "I was working long hours, but I have handed over some tasks to the nurses as I am confident in their abilities."

The home manager completed frequent observations of staff practices and conducted daily 'walk arounds' of the home. This ensured they had an overview of how staff were providing care and support to people and gave them the opportunity to speak with people and staff. During our last visit the home manager had identified audits and checks were not taking place to benefit the people who lived there. During this visit we saw effective audit processes had been implemented. For example, a recent audit had highlighted that some flooring in the home needed replacing. This had been bought to the attention of the provider and new flooring had been ordered.

Relative and resident' meetings where people could contribute towards decisions made about the running of the home took place. One person told us, "We have meetings and they (staff) ask us what we want and tell us about what improvements are going to be made." A relative said, "We do go to the relatives meetings, they are really useful." We looked at a selection of minutes from the meetings. We saw people's suggestions had been listened to and action had been taken when people had identified the service could be improved. For example, a relative had asked for aprons to be purchased to protect their relatives clothing when they ate their meals. These had been purchased and we saw they were available if people chose to use them.

The provider and the home manager promoted an open culture by encouraging feedback from people, the staff and visitors. Questionnaires were available for people to complete. Surveys completed in 2016 showed us people were happy with the service they received. The home manger analysed the feedback and told us they would implement an action plan if improvements were required.

The home manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the home. They understood the importance of us receiving these promptly and of being able to monitor the information about the home. A copy of our last inspection report was accessible to people who lived at the home. We checked and the report was also available on the provider's internet website.