Havelock House Nursing Home

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Havelock House on the 20 July 2016.Havelock House Nursing Home provides accommodation and nursing care for up to 27 older people, who require personal support and for those that have nursing needs, including poor mobility, strokes, Parkinson's disease, diabetes, and people who were receiving end of life care and who live with dementia. Havelock House Nursing Home also provides respite care for those people who need short term care provision. The maximum amount of people to be accommodated was 24. There were 22 people living in the home during our inspection.

Havelock House is a detached older style building with accessible gardens to the rear, suitable for wheel chair users. Accommodation is provided over two floors with communal areas on the ground floor.

Havelock House is owned by Havelock House Nursing Home. We last inspected the home in November 2014 and no concerns were identified.

There was no registered manager in post. 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 and associated Regulations about how the service is run. There is an acting manager who is due to submit an application to be registered with the CQC.

People commented they felt safe living at Havelock House. One person told us, "I feel comfortable and cared for." Another person said, "I came here as I wasn't safe at home, I'm very safe and happy here."

Whilst care plans and risk assessments for people were in place, not all were fully reflective of peoples' individual specific health needs. However when we spoke with the staff, they knew people very well and were knowledgeable about the people they cared for. The documentation had not impacted on safe outcomes for people at this time. A new clinical lead had been employed and they were currently reviewing the care plans and risk assessments. There was at present a lack of meaningful activities for people to engage with. There were people who told us, "Not a lot going on at present." People who remained in their bedrooms and on continuous bed rest lacked a clear rationale for that specific decision and there was no guidance for how staff could meet their social needs on a day to day basis.

People and staff felt staffing levels were sufficient to meet the needs of the people they supported. One person told us, "Always lots of staff around." A staff member said, "We are well staffed and a good team, I don't feel pressured and I can do my job well."

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them.

There was a focus on providing care and support that focused on the needs of the person whilst supporting

their individuality and identity. However there was a lack of meaningful activities provided to ensure people's social and mental well-being was being fully promoted. The acting manager The acting manager told us, "The staffing levels and the caring nature of our staff means we can give people the time they need, by staff that know them well." We were also told, "We try to ensure that our residents are happy and comfortable."

Policies and procedures were in place to safeguard people. Staff were aware of what actions they needed to take in the event of a safeguarding concern being raised. There was an open culture at the home and this was promoted by the management team who were visible and approachable.

People spoke highly of the food. One person told us, "The food is very good; I've got no complaints whatever." Any dietary requirements were catered for and people were given regular choice on what they wished to eat and drink. Risk of malnourishment was assessed and where people had lost weight or were at risk of losing weight, guidance was in place for staff to follow.

People told us they were happy living at Havelock House. One person told us, "I've not been here long, and I'm glad I'm here – it's really fantastic, I like the staff and I have made friends." Staff spoke highly about the people they supported and spoke with pride and compassion when talking about people. People's privacy and dignity was respected and staff recognised that dignity was individual and should be based on what each person wants.

The provider had processes to support staff to carry out their roles safely and effectively. Staff were encouraged to take further qualifications to develop their careers.

Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the management was fair and approachable, care meetings (handovers) were held after each shift to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management team was very good; and were always available, they would be happy to talk to them if they had any concerns and residents meetings provided an opportunity to discuss issues with other relatives and staff.

The provider had systems in place to review the support and care provided. Audits were undertaken regularly, including those for care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and they were always made to feel welcome and involved in the care provided.

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

Havelock House was safe.

There were systems in place to ensure risks to people's health and well-being were assessed and measures put in place where possible to reduce or eliminate risks. However the documentation did not fully reflect the actions taken by staff to meet specific health needs.

Staff had received training on safeguarding adults and were knowledgeable about the signs of different forms of abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

The management, administration and storage of medicines was safe.

Comprehensive staff recruitment procedures were followed and there were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Is the service effective?

Good

Havelock House was effective. Staff received on-going professional development through regular supervisions. Both fundamental training and training that was specific to the needs of people was available and put in to practice on a daily basis.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

Havelock House was caring. The acting manager and staff

approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with kindness and respect. Staff ensured that people's equality and diversity needs were respected.

People were encouraged to maintain relationships with relatives and friends. Relatives were able to visit at any time and were made to feel very welcome.

Is the service responsive?

Requires Improvement

Havelock House was not consistently responsive.

People's support was personalised and care plans identified the care to be delivered. However there was a lack of meaningful activities provided to ensure people's social and mental well-being was being fully promoted.

People and visitors were given information about how to raise concerns or to make a complaint. Relatives meetings had been introduced to encourage relatives to provide feedback.

People told us they felt able to talk freely to staff or the management team about their concerns or complaints.

Is the service well-led?

Good

Havelock House was well-led. The management team promoted a positive culture which demonstrated strong values and a person centred approach.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.□

Havelock House 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 checked 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.

We visited the home on the 20 July 2016. This was an unannounced inspection. The inspection team consisted of one inspector and an expert by experience in older people's care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with 11 people who lived at the home, three relatives, four care staff, two registered nurses and the acting manager. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning in the lounge area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

During the inspection we reviewed the records of the home. These included staff training records and procedures, audits, four staff files along with information in regards to the upkeep of the premises. We also looked at ten care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Havelock House Nursing Home. This is when we looked at their care documentation in depth and obtained their views on how they found living at Havelock House

Nursing Home. It is an important part of our inspection, as it allowed us to capture information about a selected group of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the acting manager the acting manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. People told us they were, "Safe and no worries at all," and "I feel safe with everything," and "I feel safe both with the building and the staff." Visitors told us "I am very happy with the staff, they take the stress away and I know my mother is safe and everything is really good."

Risks to peoples' health and safety were well managed by knowledgeable staff. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Risk assessments included, falls, skin damage, behaviours that distress, nutritional risks including swallow problems and risk of choking and moving and handling. For example, pressure relieving mattresses and cushions were in place for those that were susceptible to skin damage and pressure ulcers. Daily checks were in place for a staff member to check the setting of the equipment to ensure that it was correct. However this daily audit had not prevented two mattresses being found incorrect. It was thought that the setting dials may have had been knocked following the cleaning of rooms. The clinical lead devised a new check list during the inspection, which included two checks to be done daily on all pressure mattresses and cushions.

Care plans highlighted health risks such as diabetes and breathing difficulties. Where risks were identified there were measures in place to reduce the risks as far as possible. People who lived with diabetes had their blood sugar levels checked regularly to ensure it was within their normal range. Guidance for staff to recognise when their blood sugar was either too high or too low was in place for staff to refer to. People who live with diabetes need regular eye and foot checks as the disease has potential to adversely impact of health. These were in place and evidence that risks to their health were mitigated. However we did find that the knowledge of staff was not always clearly documented. We discussed the quality of the documentation with the acting manager the acting manager and clinical lead, who acknowledged that improvements were needed to ensure the documentation reflected the care delivered, and the actions required by staff. People told us that they received the care they needed. One person said, "I do have some health problems but staff know about them and make sure they keep an eye on me."

Information from the risk assessments were transferred to people's main care plan summary. Staff had an in-depth handover on each shift. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. We saw that staff regularly weighed certain people who were identified at risk and updated their GP. The latest review for one person had recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and fortified foods. This was monitored closely by staff.

Staff received training on safeguarding adults. Staff knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the

steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

We observed people being safely supported to move from a wheelchair to armchair with the support of appropriate equipment. We observed that staff were mindful of the person's safety and well-being whilst being moved. Staff offered support and reassurance to the person being moved. People told us they felt safe whilst being supported to move by staff. One person said, "Staff look after me very well I must say."

The incident and accident records were being monitored and the acting manager the acting manager had introduced regular meetings with staff to discuss ways of preventing repeated falls whilst still encouraging independence. Staff used these meetings for reflecting on current practices and ways to improve.

People told us their medicines were administered safely. Comments included "I don't have to worry about anything, I get my tablets at the right time and that is important." Another said, "I can rely on the staff to give me my tablets on time and that is so important."

Medicines were supplied by a local pharmacy in weekly blister packs. Medicines were kept in locked trolleys, which were secured in a locked room. The staff ensured that the temperatures of the room and medicine fridge were monitored daily to keep medicines and topical creams at the correct temperature for safe storage conditions. We observed the lunch time medicines being administered. The nurse administered the medicines and we saw they were checked and double checked at each step of the administration process. The staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort. Staff followed the home's medicine policy with regard to medicines given 'as required' (PRN), such as paracetamol. However records had not always been completed with details of why they had been given and if it was effective in relieving the pain. This had been identified by the acting manager the acting manager and taken forward as an area to improve. The new clinical lead will be responsible for taking forward the action as part of his role.

We checked that medicines were ordered appropriately and staff confirmed this was done on a 28 day cycle. Medicines which were out of date or no longer needed were disposed of appropriately. We looked at a sample of medicine administration records and found that they were completed correctly, with no gaps identified.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment such as hoists and wheelchairs were stored securely but were accessible when needed. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and where required, each person had an individual personal evacuation plan. The provider employed a dedicated maintenance person who was responsible for overseeing the safety of the environment and premises.

Visitors and staff felt staffing levels were sufficient to meet the needs of the people they supported. One person told us, "Plenty of staff, always see them." Another person told us, "I have never been concerned about staffing levels." Visitors commented, "Always visible staff, especially in the communal areas." Staffing levels consisted of one registered nurse and five care staff, alongside the management team (manager and clinical lead).

Havelock House Nursing Home had a calm relaxing atmosphere. From our observations, people received care in a timely manner. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when supporting people with personal care and ensuring that they were ready to join other people at a time they wanted to. Staff were unrushed and this allowed people to move at their own pace. We also saw staff checking people in their room discretely throughout the day. This ensured that people who were physically frail got the care they required to prevent pressure damage. One care staff told us, "Compared to other homes we have plenty of staff, it takes the pressure of us." We spoke with a health professional who regularly visited the home who said that staff were always polite, well-informed and available to assist them if needed."

We spent time looking at the call bell responses (recorded by the home). People's call bells were answered promptly. The acting manager told us that the response time should be within two minutes. Every morning the response times for call bells over 24 hours were audited and any long response times were investigated and action taken as necessary.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. Records had a completed application form listing staffs previous work history and skills and qualifications. Nurses employed by the provider of Havelock House all had registration with the Nursing Midwifery Council (NMC) which were up to date.

Good

Is the service effective?

Our findings

People told us, "Excellent here, it's good they are keeping an eye on me," and "We know that they are trained to look after us, I see the doctor when I need to, I have also seen an optician and dentist." A visitor said, "Staff seem very clued up and are very kind."

The management team organised all staff training and worked with staff regularly to underpin what was needed in the training sessions. These sessions contributed towards staff supervisions by giving staff and the acting manager an opportunity to share and reflect on their practice. Staff received training in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. Staff also received additional training specific to peoples' needs, for example care of catheters, dementia care and end of life care. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed a National Vocational Qualification in Care -Level 2. We all complete mandatory training."

We saw that staff applied their training whilst delivering care and support. We saw that people received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were becoming forgetful. Staff ensured clocks were correct and people were reminded of the day and date in order to re-orientate people and lessen their anxiety of forgetting things.

Staff received supervision regularly. Feedback from staff and the acting manager confirmed that formal systems of staff development, including an annual appraisal was undertaken. The acting manager told us, "It's important to develop all staff as it keeps them up to date, committed and interested." Staff told us that they felt supported and enjoyed the training they received. Comments included, 'really good, valuable and the registered nurses (RN's) work with us on the floor to make sure we do things correctly.'

People commented they felt able to make their own decisions and those decisions were respected by staff. The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard the nurse say, "Would you like your tablets now? and, have you any discomfort?" Care staff were heard asking, "Can I help you to the dining room for lunch," and "Would you like me to help cut up your food?"

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). During the inspection, we saw that the acting manager had sought appropriate advice in respect of these changes in

legislation and how they may affect the service. The acting manager knew how to make an application for consideration to deprive a person of their liberty and had submitted applications where they were deemed necessary. There was one DoLS submitted and approved.

People told us the food was good and we saw staff offered choices at mealtimes and with drinks in between. People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, "They know what I like and don't like, always give me my preferred drink, meals are good." The chef told us, "People have a nutritional assessment when they arrive. We can cater for diabetic, vegan, soft or pureed and any other special diets. We don't have any gluten free or cultural preferences at the moment we would be able to meet any dietetic requirement." Havelock House nursing Home was given five stars from the environmental health officer during the inspection process.

People's weight was regularly monitored and documented in their care plan. Staff said some people didn't wish to be weighed and this was respected, "We notice how their clothes fit, that indicates weight loss or weight gain if they don't want to be weighed." The acting manager said, "The kitchen staff and staff talk daily about people's requirements, and there is regular liaison with Speech and Language Therapists (SALT) and GP." The staff we spoke with understood people's dietary requirements and how to support people to stay healthy.

We observed the mid-day meal service. People either ate in their room or in the dining areas. The dining areas were attractive with good light. Tables were set with condiments and glasses and people could choose where they sat. People told us they could choose where they ate, "The staff always ask me where I would like to take my meals, alone or in the dining area." One person who ate in their room said, "I prefer it, it's what I want, I go down occasionally but it's nicer to eat here, I do go down to parties and festivities though." Another person said, "I like sitting in my chair to eat, it's what I did at home." We saw that staff supported people to enjoy a glass of sherry or wine if that was what people wished. One person said, "I am looking forward to my glass of sherry it's a tradition." The food was well presented, people were offered condiments and were seen to enjoy their meals. Staff recorded amounts eaten and ensured people ate a healthy diet. Fresh fruit was offered at meal and drink times. We were also told that snacks were available during the evening and night if someone felt hungry. One staff member said, "The kitchen is always open we can access bread, cheese and soups."

Havelock House provided care and support to people with swallowing difficulties, for example following a stroke. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking and aspiration. Thickened fluids are easier to swallow; however, the quantity and texture must be appropriate for the individual as otherwise they can place the person at risk of aspiration. Nursing staff were responsible for the management of thickened fluids and guidance was in place on the required texture. Input from dieticians and speech and language therapists were also sourced. Guidance was readily available in people's care plans about any special dietary requirements such as a soft diet. One person's care plan had a report which identified they required a 'soft, moist diet'. We saw that this was followed. Staff informed us that this person was eating very little and their food intake chart reflected this. Staff told us of various ways they fortified people's food, "We use cream for soups and add cream to sauces, we make milk shakes as well."

People's health and well-being was monitored on a day to day basis. Staff understood the importance of monitoring people for any signs of deterioration or if they required medical attention. One care staff told us, "Some people may be unable to tell us if they feel unwell, however, signs such as not eating, facial expressions or not being themselves may indicate to us something isn't right." People had regular access to

healthcare professionals and GP's visited the home when required. A GP we spoke with felt staff were good at escalating any concerns and following their advice.

Each person had a multi-disciplinary care record which included information when dieticians, SALT and other healthcare professionals had visited and provided guidance and support. Input was also sourced from the falls prevention team and tissue viability nurse. People felt confident their healthcare needs were effectively managed and monitored. One person told us, "If I'm ever unwell, they always get the nurse for me."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "The care here is good, nothing fancy but very kind and caring. Nothing is too much trouble." Another person said, "My goodness, everyone is so kind and helpful, I never feel rushed or a nuisance, they have the patience of a saint."

People's equality and diversity needs were respected and staff were aware of what was important to people. One person liked to wear make-up, nail varnish and particular clothing to reflect their lifestyle and staff supported them to do this. Staff said to them, "You look lovely today, that colour looks lovely on you, would you like me to redo your nail varnish? We saw that people's differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. Communal areas had displays on the wall that reflected people's interests, some of which they had created at craft sessions. People were supported to live their life in the way they wanted. We spoke to people who preferred to stay in their room. One person told us, "I am happy in my room, I have all my things around me, my photos and paintings. If I wanted to go down to sit in the lounge, I could but I don't want to, staff respect that." Another told us, "We get the choice, but it's always our own decision, great respect is shown to us in all ways."

We saw staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are very sweet and caring."

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. One person told us, "They ask us for suggestions and keep us well informed, I feel supported." Another person said, "We are always consulted and involved, nothing is changed without talking it through." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage people to walk and to eat and drink independently. We observed two care staff about to move someone into the dining area by using a wheelchair. The nurse quietly asked them to encourage the person to walk as it was a good opportunity for exercise. The person then walked as far as they could before using the wheelchair.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and

ensured that their modesty was protected. One staff member said, "We should always remember they are people just like us. I wouldn't like to be sitting exposed." This showed staff understood how to respect people's privacy and dignity. We saw staff ensure that people's modesty was protected when moving them in an electrical hoist (lifting equipment). Staff explained what they were doing before they started to move them and continued to speak with them throughout the whole procedure. The moving procedure observed in the communal area was done in a professional, respectful and sympathetic way.

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. Staff ensured those who were not able to drink and eat had regular mouth and lip care. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The acting manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them." All the people we spoke with confirmed that they had been involved with developing their or their relative's care plans.

Care records were stored securely in the office area. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The acting manager told us, "There are no restrictions on visitors." A visitor said, "I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting."

Requires Improvement

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "I only have to mention a problem and it's dealt with," and "We can talk to staff at any time, about anything." We were told that special events were planned and enjoyed. One person told us they enjoyed the garden when it was nice weather and another said, "I go out with my friend and staff support me." We were also told, "I have recently had problems with my health and staff immediately took care of it."

People told us they received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver peoples' care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity.

We were told care plans were reviewed monthly or when people's needs had changed. This was to ensure that people's care plans always remained current. Work was being undertaken to improve care documentation, and the acting manager confirmed that staff receive training in care planning and documentation recording. The daily handover was very thorough and gave all staff the opportunity to discuss peoples care. Daily records provided information for each person, staff could see at a glance, for example how people were feeling and what they had eaten. For people who were on continuous bed rest, staff documented all interactions. However we could not find the rationale recorded within documentation as to the reasons people remained on continuous bed rest. There was no specific individual risk assessment that identified that this action was for the benefit of their health and well-being. There was no evidence that this had been discussed with health professionals or taken forward to be considered as a best interest decision. This was an area that required improvement.

Whilst care plans included a "this is me document" and a mental well-being care plan, the care plans did not identify or provide guidance of how staff were to meet peoples' social needs. Especially for those people who spent their time in bed or remained in their room. Photographs and comments from families were displayed in the communal areas about events and past times. However the activity co-ordinator had recently left and activities were not happening. We noted that people in the morning just sat in the lounge areas, with no interactions offered apart from the television. People who remained in their rooms received very minimal one to one time apart from personal care and assistance with meals. This was acknowledged by the manager, "Staff have time in the afternoon to ensure something is happening, put a film on, but in the mornings, staff are dedicated to personal care." One staff member said, "It's easier in the afternoon to chat to people, but circumstances have left us without our activity person." Staff did speak to people on their way through the communal areas. But as one person said, "Time drags a bit, because there's not a lot to do in the morning." Another person said, "I am new here and there's no-one to talk to really so I stay upstairs until lunch is served." Another person who had recently moved in said, "I'm told that there's a fete soon, so that will be good, but it's very quiet here at the moment." Other comments received were, "I am happy with my own company, my family visit and I'm content. A new activity co-ordinator had been recruited to the post and is due to start in August 2016. The lack of meaningful activities at this time, especially for those that

remained either in bed or in their room was an area that requires improvement.

People returned to their room at a time they decided. One person said, "I get weary in the afternoon and like to return to my room and have a nap." People were very clear about how they liked to spend their time. One person said, "I prefer my own company, I am asked if I want to join in, but unless it's a special event I don't." Other comments included, "They have special events sometimes which are nice and I enjoy the exercises.

The home encouraged people to maintain relationships with their friends and families. One person said, "My friends and relatives visit regularly and are always welcomed." Another said, "I feel the home is welcoming, my family visit regularly, staff always pop in and chat to them and offer them a drink." We saw that visitors were welcomed throughout our inspection and the interactions were warm and friendly. Visitors were complimentary about the home, "Very welcoming, and friendly," and "Lovely home, clean and very well-run."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the acting manager or any of the staff, they are all wonderful". The acting manager said, "People are given information about how to complain. It's important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager, who is so visible and approachable, always there to talk to if I need to."

A 'service user / relatives' satisfaction survey', had been completed in 2015 and were on an annual basis. Results of people's feedback was used to make changes and improve the service, for example menu and choices of food. Resident meetings were held monthly and people were encouraged to share feedback on a daily basis and visitors and people confirmed this.

Good

Is the service well-led?

Our findings

People were relaxed and comfortable in the presence of the management team. The management team knew people and their relatives by name and made time to engage with people. People and staff spoke highly of the manager. One person told us," The home is managed very well."

The acting manager had been in post for one year and spoke proudly of the staff team and the journey they have been on. She spoke of staff who were loyal and had worked in the home for many years, "One of our strengths is the staff we have working here, we are very family oriented care home." Family values were embedding into the running of the home. Every staff member was aware of the philosophy and visions of the home, commenting that they valued how the home had improved and was now a happy home.

There was no registered manager in post. The acting manager confirmed that she was aware of the need to register and confirmed that she will be submitting her application in the near future.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. There was evidence that the service had been working with the local authority to improve the service. Where recommendations to improve practice had been suggested, they had been actioned. For example, care plans. A clinical lead had been employed to assist the acting manager in further developing the care plans. It had been identified through audits that the treatment plans for health related problems needed development and clear directives for staff to follow. We saw evidence that this had been started. Following our inspection we were sent confirmation of the new improved diabetic care plan.

The management of the home was strong and effective. The acting manager was well organised and worked to her strengths. Such as organisational skills. She was also aware of where she needed support from and was pro-active in gaining that support, from nurses, health professionals and GPs.

From our discussions with relatives, staff, the manager, the provider and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing the support people living at Havelock House Nursing Home needed and wanted. Relatives and staff said the manger was always available and they could talk to them at any time. We observed the acting manager sitting with people and talking to them throughout the inspection. Relatives said the management of the home was very good, they could talk to the acting manager when they needed to and staff were always very helpful. One relative said, "The home is well led, the acting manager is always here and keeps an eye on what is going on."

The acting manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

People, friends and family and staff all described the management of the home to be approachable, open and supportive. People told us; "Always available and very approachable," and, "So understanding and ever such a lot of help." A relative said, "The management have time for you, they will stop and talk and most importantly listen." A staff member commented, "The management are supportive, they work with us, they're not just stuck in their office, but they can be very strict, which is good."

The acting manager worked with staff to provide a good service. We were told, "She leads by example and works alongside us." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; "Love it here, everybody gets on and we work as a team," and "I was made welcome when I first came here to work, it's a small home and we can do our job well because of that."

The acting manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and meals. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions and I'm not shy in putting forward ideas."

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example they were offered staff training opportunities in such areas as end of life and management courses.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue. They said; "I felt listened to, although the process could not be changed, and I now I have a better understanding behind the reason we need to do certain things."

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, infection control measures were improved following review.