

Ivelhurst Nursing Home Limited

Ivelhurst 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

This inspection was unannounced and took place on 9 and 10 August 2016.

Ivelhurst Nursing Home is registered to provide care and accommodation to up to 54 people. One part of the home provides care to up to 10 people who require assistance with personal care and the main part of the home is able to provide nursing care to people. The home specialises in the care of older people. At the time of the inspection there were 51 people living at the home.

The last inspection of the home was carried out in July 2013. No concerns were identified at that inspection.

There is a 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 2008 and associated Regulations about how the service is run.

The registered manager had a real commitment to constantly reviewing and improving the service offered to people. They sought people's views to make sure improvements made were in accordance with people's wishes. Suggestions made were acted upon for the benefit of people who lived at the home.

The management team were described as caring, open and approachable. The open culture enabled any concerns to be raised and staff were confident any concerns would be effectively dealt with to make sure people were protected. The registered manager regarded concerns and complaints as learning opportunities and had made changes in response to information they had received.

People received high standards of care and support because the registered manager led by example, staff received good training and had access to up to date guidance. People had constant access to registered nurses to monitor their health and well-being and advice was sought and acted upon when people had more specialist healthcare needs.

There was a strong emphasis on supporting people to eat and drink well. Staff used creative ways to make sure meals were appealing and there were always choices of food. Meals times were constantly monitored to make sure people received effective support. People were complimentary about the food. One person told us "Food here is excellent and I always have a glass of wine with lunch which makes it even nicer."

People felt safe at the home and with the staff who supported them. People were very relaxed and comfortable with staff including the management team. One person said "They always treat you well here."

There were enough staff to make sure people were safe and received care and support when they needed it. People told us staff were always friendly, kind and thoughtful. People were always treated with respect and

dignity.

People were able to make choices about all aspects of their day to day lives. People were able to follow their own routines and staff respected these. People were able to join in with daily activities or occupy themselves. People felt at home and visitors were always made welcome.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to make sure people were kept safe and received care and support in a timely manner.

People's medicines were safely administered by trained nurses and staff who had been assessed as competent to carry out the task.

Risks of abuse to people were minimised because all new staff were thoroughly checked and knew how to report any concerns.

Is the service effective?

Good ●

The service was effective.

People benefitted from a well-trained and competent workforce who provided high standards of nursing and personal care.

Staff quickly identified when people required specialist healthcare input and made referrals to specialists to ensure people received effective treatment.

High emphasis was placed on good nutrition and the staff were creative in making sure people received a good diet.

Is the service caring?

Good ●

The service was caring.

People were cared for by kind and caring staff.

People, or their representatives, were involved in decisions about their care including the care they would like at the end of their lives.

People were treated with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care that took account of their wishes and preferred routines as far as possible.

People felt comfortable to raise complaints with the registered manager or a member of staff.

The staff supported people to take part in a range of activities to make sure they received social and mental stimulation.

Is the service well-led?

The service was well led.

People benefitted from a management team who had a strong commitment to listening to people and making on-going improvements.

The management team kept up to date with current developments and research to make sure people received care based on up to date good practice guidelines.

Staff felt well supported which lead to a warm and friendly environment for people to live in.

Good ●

Ivelhurst 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 9 and 10 August 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 29 July 2013 the service was meeting the essential standards of quality and safety and no concerns were identified.

During this inspection we spoke with 19 people who used the service, two visitors and two visiting healthcare professionals. We also spoke with nine members of staff, the registered manager and registered provider. Throughout the inspection we observed care practices in communal areas and saw lunch being served in the dining rooms.

We looked at a number of records relating to individual care and the running of the home. These included four care and support plans, three staff recruitment files, records of medication administration and records relating to quality monitoring.

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person said "They always treat you well here." A visitor said "You can really trust them. If anything happens I know they would deal with it and keep me fully up to date."

There were sufficient numbers of staff to keep people safe and make sure they were not rushed. To make sure registered nurses and care staff had time to spend with people at busy times of the day some specific roles had been introduced. These included a 'breakfast assistant' who made sure people always had supervision and support at breakfast time when other staff may be busy supporting people with more personal care. There was also a 'residents assistant' between 8am and 8pm. This person had responsibility for ensuring people were always comfortable and had support with drinks and snacks throughout the day. During the inspection we noted that people who required support to drink were given help whilst drinks were still hot and no one was left with drinks out of reach.

People said they received the support they required in a timely manner. One person said "If I ring the bell someone always comes. If they are really busy they tell you they will come back and they always do." Another person said "There's enough staff to help you with things. Not just care but little things as well." During the inspection all call bells were answered quickly meaning that people received help when they required it." One member of staff said "Although we are divided into teams, and are allocated specific people to help, we would never let any bells just ring. If people ring the bell it's because they need something. It doesn't matter if it's a person who's allocated to you that day."

Staff assessed the risks to individual people and care plans were developed to make sure people received care safely. For example where people were assessed as being at high risk of pressure damage appropriate equipment and care was in place. People's mobility was assessed and care plans outlined how people should be assisted to mobilise safely. During the inspection we saw a number of people were assisted to move using a mechanical hoist. Staff were competent when using this equipment and offered reassurance to the people being supported. One person, who required staff to support them using a mechanical hoist, said "I never thought I would need this sort of thing but they are very good and make you feel safe."

Staff were aware of how to minimise the risks of the spread of infection and there were regular audits of practice in this area. Where concerns were identified, such as equipment that was showing signs of age or cracks in flooring or walls that could pose a risk of harbouring infection, these issues were dealt with promptly. Staff told us they had adequate supplies of gloves and aprons to help to minimise the risk of the spread of infection. Standards of hygiene throughout the whole building were excellent and many people made positive comments about this. One person said "It's so lovely and clean, there's never any nasty smells."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and

barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records seen confirmed that new staff did not begin work until all checks had been carried out.

Staff all received training in how to recognise and report abuse when they began work and were regularly updated and reminded of the process to follow if they had any concerns. The home's policy on abuse stated that any staff should report their suspicions to their line manager but also gave details of organisations they could contact if they felt unable to raise their concerns this way. There were posters in the home giving information and contact details about who to report concerns to.

Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said "Things would definitely be dealt with. Nothing would be swept under the carpet." Where concerns had been raised with the registered manager they had fully investigated the issues raised. Although the incident reported had not occurred at the home the registered manager had made changes to minimise the risks of re occurrence.

People's medicines were safely administered by registered nurses and senior care staff who had received specific training and supervision to carry out the task. At the time of the inspection no one administered their own medicines but people were happy with how their medicines were administered. One person said "Oh they are very good about tablets. You get the right ones at the right time. Another person said "I needed some cream. They sorted it all out." We looked at the care plan for one person who was being given medicines without their knowledge. Records showed this had been discussed with the person's GP and relative and a decision had been made in the person's best interests.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. Medication administration records showed that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked a sample of records against stocks held and found them to be correct.

Is the service effective?

Our findings

There was a strong emphasis on supporting people to eat and drink well and the staff used creative ways to encourage people to eat good meals which demonstrated a real commitment to people's well-being.

The management team recognised the importance of mealtimes and had spent time researching ideas about how to improve the experience for people. As a result of this the management team wanted staff to better understand the experience of people at meal times. They had set up practical training sessions to enable staff to empathise with what it may be like to eat when they could only use one hand, if they had a visual impairment or if they needed to be physically fed. This all helped to ensure staff respected people and supported people to eat well. At lunch time people received support to eat in a dignified and professional manner. Staff sat with people who required physical help to eat and assisted them at their pace. People looked comfortable with the staff who supported them and chatted happily.

A member of the management team had carried out observations of mealtimes and in response to this a number of changes had been made. These had included serving people who ate in their rooms before meals were served in the dining rooms. This ensured that staff had sufficient time to support people in their rooms with meals. They had also introduced special plates for some people which helped to keep food warmer for longer. This enabled people who ate very slowly to maintain their independence whilst still enjoying a hot meal. We noticed staff did not rush people who ate in their rooms and spent time chatting and laughing with the people they were helping which made it a very sociable time.

People's nutritional needs were assessed and specialist advice, such as speech and language therapist's and dietician's assessments, were sought where there were concerns about a person's intake or weight. Staff were aware of who needed encouragement to eat and drink and were able to tell us about how they encouraged and supported people. The cook used high calorie ingredients to fortify food and made sure people who required a high calorie diet received it. Some people had been prescribed food supplements and these were given in accordance with recommendations. The cook had also been inventive by freezing some food supplement drinks into ice lollies which they said made them more appealing to people especially on hot days.

The care plan we read for one person who was assessed as requiring specific help with meals gave clear instructions for staff to follow. During the inspection we saw the person received food and drink in accordance with their care plan. Staff were monitoring the person's weight on a weekly basis and records showed they were maintaining a stable weight showing the plan of care was effective in meeting their needs.

A high number of people needed their food to be pureed to assist them to swallow and minimise the risk of choking. It had been noted by the management team that many pureed meals looked unappetising which did not encourage people to eat a good diet. Following research into how to change this the home had purchased moulds to improve presentation. The moulds enabled pureed foods to be served in shapes that represented what food they were. For example pureed chicken was presented in the shape of a chicken leg and vegetables looked like the correct vegetable. Pureed meals served during the inspection looked very

appetising and people ate well.

One member of staff said "I think the pureed meals are brilliant, I'm sure they help as they look so good." Another member of staff said "It's fun as well and we always talk to people about what the food is which we might have forgotten to do before."

There was a four week menu in the home which gave people a choice at each meal. There was also an overnight menu of hot and cold snack meals that could be requested during the night. The registered manager assured us that people were always able to ask for an alternative if they did not like anything on the menu. One person said "They will always make you something." The kitchen staff kept a supply of shaped pureed meals in the freezer so people who needed this type of food always had an attractive alternative choice of meal.

Lunchtime was a pleasant and relaxed experience. People chose what they ate and drank and where they sat. There were tables and chairs on a patio outside the main dining room and during the inspection two people chose to eat outside. People made positive comments about the food served. One person said "It's good home cooking here so I am quite happy with that." Another person said "Food here is excellent and I always have a glass of wine with lunch which makes it even nicer." After the meal had finished people were offered hot drinks and chocolates. One person said "I look forward to the chocolates."

There was a separate dining area in the part of the home which did not provide nursing care. People here chose to eat around one large table because they found it more social. People were able to choose to eat in this area or in the main dining room. One person told us they went to the main dining area on some days because they had friends there and enjoyed their company.

People had their health needs monitored and received effective treatment from registered nurses who were available throughout the day and night. Care staff said they reported any changes in people's mental or physical health to the registered nurses so that prompt action could be taken. One member of staff said "We work as a team and anything that worries us is reported to nurses and they are on it straight away."

The registered nurses ensured people were referred to more specialist healthcare professionals when required. One visiting healthcare professional told us they were impressed with how quickly concerns were picked up and referred to specialists. Another visiting healthcare professional told us the home dealt extremely well with people's day to day healthcare needs but asked for advice when required. They told us any advice given was always put into practice to make sure people received effective care and treatment. We saw an email from a healthcare specialist who praised the nursing staff for the treatment they had carried out in response to their advice.

People said the staff helped them to see healthcare professionals when they needed. One person said "If anyone is poorly they get the doctor out right away." Another person said "It's a top to toe service. From the dentist to the chiropodist, you get it all here."

Staff were pro-active in ensuring people did not develop pressure sores. A number of people relied on staff for all mobility and were unable to move themselves without staff support. To minimise the risk of pressure damage staff assisted people who were nursed in bed or sat in chairs to change position regularly. We saw that anyone using the communal lounge was assisted to sit in a comfortable chair and no one was sat in a wheelchair during the day unless they were being supported to move. One member of the care staff team said "We had really good training on pressure care. It made us all realise how quickly pressure sores can develop so we are very diligent." Another member of staff said "If people are sat for a long period we always help them to have a bit of a shuffle. I tell people it's time for a little dance so it's a bit of a laugh." There were

systems in place to make sure all specialist mattresses were checked twice daily to ensure they were correctly set to the individual's needs. At the time of the inspection no one living at the home had any pressure damage which showed people were receiving effective care in this area.

People received their care and support from staff who had the skills and knowledge to meet their needs. Staff underwent a thorough induction programme when they began work which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One member of staff said "I was able to shadow other staff then when I was confident I was paired up with someone more experienced. My induction was very good."

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Registered nurses told us they had access to training which enabled them to keep their clinical skills up to date. Staff skills and knowledge were regularly monitored by ongoing supervision and annual appraisals which helped to make sure staff were competent to provide good standards of care to people.

People were very complimentary about the staff who supported them and felt they were competent in their roles. One person said "The staff here are very good. It's hard work I imagine but they are always cheerful." Another person said "They must be well trained because they are all so good." One visiting healthcare professional told us they thought the nursing staff were 'Excellent' which lead to very high standards of nursing care for people.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person said "You don't have to do anything you don't want to."

The Mental Capacity Act 2005 provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had received training about the mental capacity act and all were able to tell us how they supported people so they could make decisions for themselves. Where people were unable to make a decision staff consulted with relevant professionals and family members. One member of staff said "We talk to families because they would know the things that were important to them."

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The home had appropriate policies and procedures regarding the Deprivation of Liberty Safeguards and had made referrals to make sure people were fully assessed if they felt people required this level of protection to keep them safe.

Is the service caring?

Our findings

People were supported by kind and caring staff. There was a warm and welcoming atmosphere in the home and people were very comfortable and relaxed with staff. Comments from people included; "Staff are really kind and caring," "The carers always do their best" and "Staff are kind and nice to you."

In the small part of the home which did not provide nursing care people said it was like a big family. One person said "It's definitely home. It's a big happy family." People sat together in the lounge and had obviously formed friendships with other people and staff.

The staff had received numerous thank you cards which reinforced comments made by people. One card said "Thank you for the amazing care and affection you showed to [person's name]." Another said "Thank you for your kindness and care."

One visitor told us they thought the staff always showed thoughtfulness and sensitivity when supporting people. During the inspection we saw many instances of this. For example; one person spent the morning holding a doll. When staff assisted the person to go to the dining room they helped the person to gently put down the doll and assured the person it would be safe. Another person had difficulty walking but obviously wanted to be independent and staff showed great patience when assisting them.

People received care and support in a manner that respected their privacy and dignity. One person said that although they needed help with all personal care they never felt embarrassed because staff were very sensitive when helping them. They told us "They are very respectful and always make you feel special." During the inspection we saw that staff were always polite and respectful and assisted people in a dignified way. Where people needed support with personal care this was always provided in private.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People were well dressed and clean showing staff took time to support them to maintain their appearance. A hairdresser visited the home regularly and some people commented on how nice this was. One person said "It's nice to have your hair done. Makes you feel human." Some people were extremely frail and spent a large part of their day in bed. People were comfortable and warm and had the radio or TV on if they wanted it. One person told us they liked to get up in the morning but go back to bed in the afternoon. They said "They help me back after lunch. Always make sure I'm comfortable and have anything I need."

People were encouraged to treat Ivelhurst as their home and visitors were always made welcome. One visitor said "It doesn't matter what time you turn up staff always seem happy to see you." A person told us "They tell you it's your home so anyone can come and see you. It's home from home." People were able to see visitors in communal areas or in the privacy of their own rooms. There was a large treatment room where people could see healthcare professionals if they did not wish to see them in their bedrooms.

People felt involved in decisions about the care and support they received and we saw some care plans were signed by people to say they agreed with them. One visitor said the staff always went through the care plan with them and made sure they were kept informed of any changes. People and their representatives had also been involved in making decisions about how and where they would like to be cared for at the end of their lives. One person said "I want to stay here until the end. I know I will be well looked after."

The home had been awarded the Gold Standards Framework award which is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Staff told us they always made sure anyone nearing the end of their life was comfortable and pain free. One member of the care staff team said "Nurses here are brilliant when someone is at the end of their life. They are never alone and they get every attention." A number of thank you cards praised the staff for the care people had received at the end of their life. One card thanked staff for "The gentle and thoughtful way in which they were looked after during their final weeks – we could not have hoped for better care." Another card "The care they received was excellent. They had everything they needed to remain as comfortable as possible."

In order to continually improve the service offered to people at the end of their life and their families the registered manager sent questionnaires to family members following the death of someone at the home. This was part of the home's commitment to on-going improvement.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person said "You can totally relax here and follow your own routines." Another person said they had always been an early riser and staff continued to assist them to do this.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. One person said "[Registered manager's name] came to see me, they explained everything. I haven't been disappointed yet."

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. One care plan we read gave conflicting advice to staff as information had been added outlining family wishes which differed to the original care plan. We raised this with the registered manager who immediately took action to address the issue.

Staff had a good knowledge about people's individual needs and said they had excellent handover meeting when they began work each day which kept them up to date with people's needs. Staff told us they used the care plans and handover meetings to make sure they were meeting people needs. One member of staff said "All the information you need is in the care plans. If you've been on holiday or something you can read the care plan and everything is there. But we all talk a lot too."

People received care in accordance with their care plans. During the day we observed how people were cared for and checked care plans to see if care delivered matched the assessed needs. For example where care plans outlined how somebody needed to be moved we saw staff acted in accordance with the care plan. Where care plans gave information about how people needed to be assisted to eat and drink and the constituency of food and fluids people received the correct support.

The staff responded to changes in people's needs and adapted care to meet people's changing needs. Care plans were regularly up dated to make sure they fully reflected people's up to date needs. If someone required a specific nursing intervention, such as a wound dressing, a care plan was put in place and followed by nursing staff. Staff told us that if people required specialist equipment this was always provided. One member of staff said "If we need something to make someone's life better then we put our case forward and we always get it."

People were able to take part in a range of activities according to their interests. There were activities each day in the main part of the home and in the smaller part which did not provide nursing care. On the first day of the inspection there was a very lively quiz going on. People were laughing and joking and the atmosphere was very happy. One person said "There is always plenty of activity here. We have a laugh." Another person said they preferred not to join in with activities but liked to remain in their room. They said "You don't feel

alone though because they come in and out. Even the activity girl comes to see me."

The registered manager sought feedback from people and staff and took action to address issues raised. One person told us they attended meetings at the home. They said "At the meetings they ask you about everything, what you like and don't like and any changes you want." When we asked one member of staff if they thought there was anything the home could do better they said they would like to see more activities at weekends. We raised this with the registered manager who said this had already been suggested to them and they were in the process of employing an additional activity worker so this could be achieved. This demonstrated how the registered manager responded to suggestions made.

Each person received a copy of the complaints policy when they moved into the home. People we spoke with did not have any complaints but said they would be comfortable to speak with a member of staff or the registered manager if they were unhappy. One person said "They listen to what you say. The staff here are marvellous." Another person said "Everything is as it should be here. I don't have any complaints but if I did I wouldn't hesitate. They'd sort out anything."

Is the service well-led?

Our findings

The home was well led by a registered manager, an assistant manager and lead nurse. The registered providers were also very involved in the running of the home and supported the registered manager. The management team were very approachable and accessible to people. During the inspection visit we noticed that people and staff were very relaxed and comfortable with members of the management team. One person told us "[Registered manager's name] comes to see me to make sure everything is to my liking." A member of staff said "The management are lovely. Very hands on and always ready to listen."

People thought the registered manager had the skills and attitude required to manager the home. People told us they thought everything was very efficient and professional. One visitor said "Everything is very efficient and there is a genuine caring attitude that definitely comes from the top." A visiting professional said they thought the registered manager was an exceptional nurse and manager.

The registered manager had a clear vision for the home which they told us was to be as friendly and homely as possible whilst providing high standards of care. The registered manager led by example and their vision and values were communicated to staff through staff meetings and informal discussions. People's comments showed the ethos was put into practice. One person said "Everyone is so friendly." Another person told us "I feel at home here and the way they look after me is beautiful."

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Where a concern had been raised with the home the registered manager had worked in partnership with other authorities to carry out a full investigation. The registered manager told us "Of course we are not perfect but we are always learning and seeing how we can improve things for people." The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Any concerns raised were used as an opportunity to review practice. For example when one person was admitted to hospital they suffered some pressure damage to their skin. In response to this the registered manager changed the documentation which accompanied anyone to hospital. The new documentation gave clear details for hospital staff to follow to minimise risks of pressure damage to people even if they were waiting before being admitted to a ward.

The registered manager was very committed to making ongoing improvements to make sure people received high quality care and support. They had a range of formal quality assurance systems in place and also more informal methods of seeking views and monitoring quality. The registered manager was a registered nurse and they told us they often worked shifts in the home to make sure they were able to monitor day to day care and be available to people. Discussions with the registered manager demonstrated they had an excellent knowledge of individuals who lived at the home.

Staff said the registered manager was constantly asking for suggestions that would improve the service

offered. One member of staff said "They always want to know what you think and how we could do things better. They actually act on things like the residents assistant which has meant we have more time for personal care." Another member of staff said "If we suggest things we put them into practice and monitor how they work. Not everything works but we are always given the chance to try new ideas."

The management team kept themselves up to date with good practice guidelines and research by reading, liaising with other professionals and attending training sessions. They kept policies and procedures up to date to make sure they reflected good practice guidelines and legislation. When policies were amended all staff were informed and asked to sign to say they had understood any new information.

The management team continually monitored practice to make sure improvements were sustained. For example; mealtimes continued to be monitored by a member of the management team. One recorded observation showed that a person was being fed with a metal teaspoon which was not in accordance with current research about the best ways to assist older people to eat. The records showed this was immediately changed to a plastic spoon. It also noted that broad beans served did not look appealing and were not eaten by a lot of people. These were therefore removed from the menu as a single vegetable and incorporated into mixed vegetables.

People's opinions and suggestions were used to make sure changes and improvements were in accordance with people's wishes. There were a variety of quality assurance questionnaires used by the service to enable them to continually monitor and improve. Anyone who moved to the home received a survey to complete after they had been there for two weeks. This enabled the registered manager to gauge people's first impressions and act swiftly if people were unhappy with any aspect of the service. There was also an annual survey to make sure people continued to be able to share their views. All surveys were read and analysed and the latest returned surveys showed a high level of satisfaction. Where one survey had contained a comment about a person's individual care the registered manager had met with the person and their family. Issues raised had been addressed and we saw reminders about what had been agreed at the meeting were displayed in the person's room and the staff office.

Regular audits of the building, records and care helped to promote good practice and continually improve the service and facilities for people. Where audits highlighted shortfalls these were addressed. For example where an audit of medication records had highlighted some missing signatures a system was devised to make sure records were checked at the end of each shift. This meant that any mistakes or omissions could be quickly identified and dealt with. It had also been identified that some parts of the building were confusing for people to find their way around. In response to this new signage had been ordered to help people and visitors to move around more independently.

There was a staffing structure which provided clear lines of accountability and responsibility. During the day in the main part of the building there were two registered nurses who took overall responsibility for people's care and organising the staff. In addition to registered nurses there were a team of senior carers who offered ongoing supervision and guidance to care staff. The smaller part of the home was led by a senior carer. The senior carers all told us registered nurses were always available to them to offer advice and support to make sure people's needs were met. During the inspection we observed that registered nurses and the care team worked together to provide people's care and support.

Staff felt well supported and this led to a very happy environment for people to live in. A number of people commented on how cheerful staff were. One person said "Nothing is ever too much trouble for them. Everything is done with a smile so you never feel a burden." Records showed that where there were concerns about a member of staff's performance issues were sensitively dealt with and additional support was

provided to the staff member. One member of staff said "It's a happy staff team with very little sickness. The manager is totally supportive and wants your ideas. Hopefully that that makes it a really nice place for people to live."