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Langdale 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

We carried out a comprehensive inspection of this service in March 2016 and found the provider was not meeting the legal requirements in relation to standards of care and welfare for people who lived at Langdale Nursing Home. Risks associated with people's care had not always been assessed, people had not always consented to the care they received, records held in the service were not always secure, accurate and complete and staff did not always receive adequate supervision and training to support them with their working role. The registered provider sent us an action plan detailing how they would address these concerns and said they would be compliant with the Regulations by 30 June 2016.

We carried out an unannounced inspection of the home on 18 April 2017 and found the registered provider had taken sufficient steps to be compliant with all the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home provides accommodation, nursing and personal care for up to 39 older people, some of whom live with physical disabilities. Accommodation is arranged over two floors with stair and lift access to all areas. At the time of our inspection 39 people lived at the home.

A registered manager was 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.

Medicines were managed safely and effectively in the home. Risks associated with medicines had been identified and actions taken to reduce these risks.

Risks associated with people's care had been identified and plans of care were in place to reduce these risks.

People were supported by staff who understood how to keep them safe, identify signs of abuse and report these appropriately. Staff recruitment processes were robust although records of these processes were not always orderly. We have made a recommendation about the recording of staff recruitment. Staff received sufficient support, training and supervision in the home to meet the needs of people.

People received freshly prepared nutritious food that met with their needs and preferences.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care.

Care plans reflected the individual needs of people and the risks associated with these needs.

People were supported to participate in a wide range of events and activities of their choice.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The registered manager provided strong and effective leadership whilst encouraging staff to develop in the service. They promoted open and transparent communication in the home where staff felt able to develop their skills and improve care for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safeguarding policies and procedures were in place and staff understood how to keep people safe.

Medicines were administered, stored and managed in a safe and effective manner.

Risks associated with people's care had been assessed and plans of care were in place to help reduce these risks.

There were sufficient staff deployed to meet people' needs and all staff had been assessed during recruitment as to their suitability to work with people. We have made a recommendation on the recording of staff recruitment processes.

Is the service effective?

Good

The service was effective.

People received freshly prepared nutritious food that met with their needs and preferences.

People consented to their care and where appropriate the provider was guided by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had received training to enable them to meet the needs of people.

Health and social care professionals visited people to support their needs when they were required.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were caring and supportive of people's needs. Health and social care professionals said staff were caring and supportive of people.

Staff cared for people in a kind and empathetic way and respected their dignity and privacy. They provided time and support for people in a relaxed and friendly manner. People were able to express their views and be actively involved in their care planning.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and reflect the identified needs of people and the risks associated with these needs.

People were supported to participate in a wide range of events and activities of their choice.

Systems were in place to allow people to express any concerns they may have and ensure complaints were recorded and responded to in a timely way.

Is the service well-led?

Good

The service was well led.

There were effective systems in place to ensure accurate and orderly care records were in place for people. Audits to ensure the safety of people in the home had been completed.

People, their relatives and staff had the opportunity to discuss any concerns they may have and any changes in the home.

The registered manager provided strong and effective leadership whilst encouraging staff to develop in the service. They promoted an open and transparent workplace where staff were encouraged to develop.

Langdale 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.

Two inspectors, an inspection manager and an expert by experience completed this unannounced comprehensive inspection on 18 April 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with eleven people and three visitors to gain their views of the home. We spoke with the registered manager and an administrator who were part of the registered provider partnership. We also spoke with the deputy manager, two registered nurses, four members of care staff, an activity coordinator and the cook.

We looked at the care plans and associated records for seven people and medicine administration records for 20 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, eight staff recruitment and training files and policies and procedures.

Following our visit we received feedback from three groups of health and social care professionals who supported some of the people who lived at the home.

Good

Is the service safe?

Our findings

People told us they were safe in the home. One person told us, "They [staff] help me walk with my frame. I don't walk on my own as I don't feel safe doing so." and another told us, "Of course I am safe, they (staff) are great and know what I like and how to look after me." Health and social care professionals told us they felt people were cared for by staff who knew people very well and understood how to keep them safe.

At our inspection in March 2016 we found the registered provider had failed to report incidents of serious injury and potential safeguarding concerns and to follow systems and procedures to keep people safe. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan stating they would address this matter and be compliant with this Regulation by 30 June 2016. At this inspection we found the registered provider had taken steps to address these concerns and was now meeting this regulation.

The registered manager and deputy manager had a good understanding of the safeguarding policies and procedures which were in place to protect people from abuse and avoidable harm. All incidents of potential abuse or avoidable harm had been addressed and reported promptly and appropriately to both the local authority and the Commission. For example, when two people had fallen in separate incidents which had resulted in a serious injury the registered manager had reported these appropriately and taken steps to investigate the incident and ensure the safety and welfare of people. Care staff had received training in safeguarding and were able to identify the types of abuse they may witness. They were confident to report any concerns to the registered manager, deputy manager or nursing staff and felt confident these concerns would be addressed promptly.

At our inspection in March 2016 we found the registered provider had not always assessed the risks associated with people's care and provided details as to how staff could reduce these risks to ensure their safety and welfare. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan stating they would address this matter and be compliant with this Regulation by 30 June 2016. At this inspection we found the registered provider had taken steps to address these concerns and was now meeting this regulation.

Risk assessments were in place to identify the risks associated with people's care and nursing needs. Risks associated with poor nutrition, falls, moving and handling and choking had been assessed and plans of care were in place to identify how staff could support people in reducing these risks. For people who lived with specific health conditions such as diabetes, breathing conditions, multiple sclerosis, Parkinson's disease and other neurological conditions the risks associated with these conditions had been clearly identified and plans of care were informed by these risk assessments to ensure staff had clear information on these risks and how to support people in reducing them. For one person we identified they may display behaviours which could put themselves and staff at risk of harm. Whilst this risk had been identified there was no plan of care in place to identify how staff should support this person at these times. However, staff told us they understood how to support this person at these times and would ensure care plans were amended to reflect this.

The risks associated with the safety of people in the home in the event of an emergency had been assessed and individual personal evacuation plans had been completed. In the event of an emergency there was clear information available to guide staff or emergency services on the support and care people would need to remove them from potential danger in a safe and efficient way.

For some people who wanted to manage small amounts of money independently or with the support of staff, a secure facility was provided for each person in their room and a financial record and care plan was held in their care files to identify the amount of monies available. Each transaction completed was witnessed by two members of staff. However there was no plan in place to ensure these monies were audited regularly. We spoke with the registered manager about this matter and they completed an audit immediately of all monies people kept in their room. There were no discrepancies in these monies. The registered manager implemented a monthly audit of these records following our inspection to ensure the safety and welfare of people.

There were safe methods of recruitment of staff in place although records of this recruitment process were not always clear and files were disorganised. Recruitment records held information on proof of identity, an application form and interviews of new staff. The registered provider's recruitment policy required two satisfactory references to be received before staff commenced work at the home. Two of the recruitment records we reviewed did not hold copies of these references. Following our inspection the registered manager forwarded copies of references which had been available for these people.

Disclosure and Barring Service (DBS) checks were in place for all staff although evidence of these checks were not always clearly recorded. For example, for three people who had been recently recruited to the home, a record of their DBS was not held on file although this had been completed and information on these was provided to us after our inspection. The DBS check helps employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

People who work in the United Kingdom as nurses must be registered with the Nursing and Midwifery Council (NMC) and have a personal identification number (PIN) for this. Providers must ensure all registered nurses provide the relevant documentation to show they have this registration. This information was held on file for registered nurses employed at the home.

Whilst recruitment records were not always complete, the registered provider's recruitment practices were safe. The registered manager told us they had recognised the need for this area of improvement and they were in the process of implementing a clearer format of filing for these records. We recommend the registered provider review and seek further advice on the clear and contemporaneous recording of staff recruitment records.

There were sufficient staff deployed to meet the needs of people. The registered manager told us they never used external agency nursing or care staff to cover duties in the home. Any staff absence was covered by the established staff group with a very low turnover of staff. The registered manager and deputy manager provided registered nurse cover at times and all staff were flexible to ensure there were always sufficient staff available.

The registered manager had reviewed the use of a dependency tool to identify how many staff were required to meet the needs of people; however they found they were regularly working with higher numbers of staff than identified and so no longer used this. Staff rotas showed consistent numbers of staff worked in the home and people and their relatives felt there were sufficient staff to meet their needs. Staff told us they had

sufficient time and support to ensure people's needs were met. Health and social care professionals told us there were always sufficient numbers of staff available in the home to accompany them and support people when they visited.

Medicines were always administered by registered nurses and were stored and administered safely. A care plan folder was available for each person in their room displaying information on all the medicines they were taking, what these were for and how they liked to take their medicines. Staff told us how they discussed these care plans with people each time they reviewed their medicine and care plans.

People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records (MAR). For medicines which were prescribed as required (PRN) staff recorded these medicines in line with their protocols. Risks associated with medicines had been identified and plans of care were informed of these risks. For example, for one person who required the administration of a medicine which thinned the blood and increased the risk of bruising and bleeding, an assessment of the risks associated with this medicine had been made. Staff were aware of the risks and what to do if the person should present with these symptoms. Regular blood tests were completed to monitor the effectiveness of this medicine and ensure the risks associated with it were minimised.

A system of audit was in place to monitor the administration, storage and disposal of medicines. The deputy manager completed a monthly audit of medicines and any actions required as an outcome of these audits were completed.

Good

Is the service effective?

Our findings

People we spoke with felt they were able to express their wishes and were involved in their care. One told us, "I'm an early morning person; I like to get up as soon as I'm awake. I also like to have my breakfast early and they know that here and bring it in to me". Others spoke of choices in where they spent the day, the clothes they wore, the wide variety of meals and snacks available to them and the activities they participated in during the day. Visitors felt people were offered choices in line with their preferences and needs. Health and social care professionals felt staff requested their support appropriately and followed guidance provided for them to ensure the safety and welfare of people.

At our inspection in March 2016 we found the registered provider had not always assessed people's capacity to make decisions and had not always been guided by the Mental Capacity Act 2005 to ensure people received care in line with their needs and preferences. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan stating they would address this matter and be compliant with this Regulation by 30 June 2016. At this inspection we found the registered provider had action to address these concerns and was now meeting this regulation.

Most of the people who lived at Langdale Nursing Home had the mental capacity to consent to their treatment. Staff sought their consent before care or treatment was offered and encouraged people to remain independent. Whilst people were not always able to verbally agree to their care, staff had a very good understanding of how people expressed their wishes and consented to their care. Staff were aware of the communication skills people used to demonstrate they did not wish to receive the care. For example, for one person who was unable to communicate verbally care plans gave clear information on how the person was able to identify their preferences with eye contact and smiles and they would giggle if they wanted a bath. Staff understood how to support this person to identify their choices and consent to their care.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Staff understood the processes required to ensure decisions were made in the best interests of people. For two people we saw an independent advocate had been involved in reviewing their care plans.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards. For two people who lived at the home these safeguards had been authorised and care records reflected these. Several other applications had been made to the local authority for these safeguards and care records reflected this and that the home awaited an outcome of these requests. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

At our inspection in March 2016 we found the registered provider had not always ensured staff received sufficient training to ensure they had the required skills to meet the needs of people. There was a lack of regular supervision and annual appraisal for staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan stating they would address this matter and be compliant with this Regulation by 30 June 2016. At this inspection we found the registered provider had taken sufficient action to address these concerns.

A program of induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. An induction booklet based on the Care Certificate was completed by staff when they first commenced employment at the home. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Training following this comprised of a mixture of e-learning, workbooks and face to face training. This was logged on the computer system which then alerted the registered manager to training completed, due and outstanding. Training records showed staff had access to and had completed a wide range of training which included: moving and handling, fire training, safeguarding, mental capacity and deprivation of liberty, infection control and health and safety.

The registered manager spoke passionately of providing opportunities for staff to develop their skills and knowledge in the service. All staff were encouraged to develop their skills through the use of external qualifications such as National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. An NVQ assessor visited the home on the day of our inspection to complete assessments and work with staff. They told us the registered manager was very supportive of staff development and worked closely with them to increase and develop staff skills.

Training records showed there was a range of training opportunities available to registered nurses to further develop their skills and knowledge. This ensured they were up to date with current practice and able to meet the requirements of their registration with the Nursing and Midwifery Council (NMC).

A program of supervision and appraisals was in place to ensure staff received support with their working role. This included observations of staff whilst they supported people and then reflection on these activities. Staff felt they were very well supported with training and development in their role and received good support from the registered manager to develop their skills.

People enjoyed a varied menu of home cooked meals from a rolling six week menu. Fresh fruit and vegetables were available every day and throughout the day hot and cold drinks were available. One person told us, "They [meals] are alright, we have casseroles and roasts in fact they are very nice." Another told us "The food's fine, basic but not bad." A visitor told us "It's homemade here, I've seen the lunches they look nice and [relative] likes them."

Care plans identified specific dietary needs, likes and dislikes of people and the cook was aware of these. One person told us they did not like to have too much gravy on their food and the cook and staff were aware of this and respected this choice. Another person liked to snack on cheese and biscuits during the day and this was made available for them. For people who required additional meal supplements to improve and

maintain their health, nursing staff ensured these were provided in line with their GP's prescription.

For some people who were at risk of choking or required thickened fluids to support their medical condition, staff had a good understanding of how to use prescribed thickening agents to support this need. However, we saw these thickening agents were left in people's rooms and were not always stored in a way which ensured the safety of people. We spoke with the deputy manager who addressed this concern immediately.

For some people their medical condition meant they were unable to take most or all of their food and fluids by mouth and they required their nutritional intake to be administered via a clinical feeding system. Nursing staff administered these foods and fluids and monitored them in line with guidance and prescriptions from a GP, speech and language therapist and nutritionist. All staff were aware of the need for people to be positioned appropriately whilst this feed was being administered to ensure the person's safety and welfare.

Health and social care professionals told us they were well received at the home and staff did not call them inappropriately. They felt staff had a good understanding of how to meet people's needs and followed any advice and guidance they provided. Clear records of visits from health and social care professionals including GP's, dentists, speech and language therapists, social workers, nutritional support nurses and specialist nurses were available and informed plans of care.

Good

Is the service caring?

Our findings

People and their relatives said staff were kind and caring and had a good understanding of their needs. One person told us, "I like living here. The staff are very caring." Another said, "They [staff] are kind and some are very kind. I don't always feel happy and they cheer me up." A third person told us, "It's tip top here, first class." A visitor told us the atmosphere in the home was good and that they received a warm and friendly welcome from all staff. Health and social care professionals said they always received a warm and friendly welcome and they saw staff had good caring relationships with people.

Staff knew people well and used good communication skills as they addressed people by their preferred name and took time to recognise how people were feeling when they spoke with them. One person told us, "I'm happy here, the care staff are very nice; they call me by my first name which I like." For another person who was not able to communicate verbally with people staff understood how to ensure they were provided time to effectively communicate their wishes. During our inspection one person became angry and staff went to the person and spoke calmly, quietly and slowly with them, reassuring them they were there to help and encouraging them to express themselves whilst respecting others in the room.

Staff took time to engage with people and encourage them interact with others. Communal areas of the home were well used and provided good opportunities for people to engage with each other and staff. Staff recognised some people who chose to remain in their room did not always have the opportunity to socialise with others. One person told us how they liked to spend most of their time in bed as they were most comfortable there. They told us how staff popped in regularly to see them and they told us, "They [staff] put a large mirror up for me on the wall so I can see the garden as I stay in bed a lot."

Staff told us they felt people received good care at the home. One member of care staff told us how they enjoyed their role and the fact that often doing one small thing for a person could make their day very special. One person told us, "Nothing is too much trouble for them [staff]. They make me feel very happy and they are my friends."

Health and social care professionals said staff were caring and kind and provided good support for people. They spoke of staff who knew people well and understood how to meet their needs and preferences.

Staff had a good understanding of the need to ensure people were treated with respect and dignity at all times. Rooms were personalised with people encouraged to bring their own belongings to the room if they wished to. We saw people were able to have the door to their bedroom locked when it was vacant. Staff always knocked and awaited a response before entering people's rooms.

People and their relatives were involved in providing information to inform their care plans. Care records showed staff interacted with people to understand their needs, views, preferences and dislikes. Relatives were involved in the planning of care for their loved ones and health and social are professionals were consulted to ensure plans of care fully reflected people's needs.

Good

Is the service responsive?

Our findings

People and their relatives were encouraged to express their views and be involved in making decisions about their care. Staff knew people well and understood how to support them to be as active and independent as possible whilst maintaining their safety and wellbeing. Relatives told us there were opportunities to discuss any concerns or ideas they may have with regards to the care of their loved ones. Health and social care professionals said staff knew people well and understood their needs.

At our inspection in March 2016 we found the registered provider had not always ensured people's received care and treatment which was person centred and in line with their specific needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan stating they would address this matter and be compliant with this Regulation by 30 June 2016. At this inspection we found the registered provider had taken sufficient action to address these concerns and was now meeting this regulation.

People were assessed prior to their admission to the home and these assessments were used to inform plans of care for people. Health and social care professionals were involved in assessments of people if required to help identify their physical and mental health needs prior to admission to the service. People who lived at Langdale Nursing Home often had complex health conditions which required close nursing interventions and support. These were clearly identified in their care plans. People's preferences, likes and dislikes along with any personal history were clearly documented. This allowed all staff to have a good understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify the personal abilities of people to manage their own care. They also noted people who were important to them and who needed to be involved in their lives and in helping them to make decisions.

Care plans were person centred and provided staff with information on how people liked to be supported through the day, including their night time routines. For one person who lived with Parkinson's disease their care plan identified they needed to have a rest after lunch and we saw this happened. For people who required support with changing their position, mobilising or transferring around the home care plans held clear information on how staff should support people with this. Risks associated with this care had been identified and care plans identified actions to be taken to reduce these. For people who had wounds which required dressing plans of care in place clearly identified the treatment required for these and identified this was completed in line with people's needs.

People were monitored throughout the day to ensure they were receiving effective care and support in line with their needs and preferences. Registered nurses referred to this as their 'Intentional rounding' and this was completed three times during the day and three times during the night. At the nominated times the registered nurse in charge visited each person in the home and reviewed the care the person had received and all care monitoring records such as fluid and food records, positional and turn charts to ensure people had received the care they required. The registered manager told us this was an effective tool in monitoring the care people were receiving. This allowed registered nurses the opportunity to discuss with care staff care

they had provided and any discrepancies in their record keeping or any further actions required for the person. We saw these records were completed and that the nurse in charge was able to monitor the support people were receiving and monitor the effectiveness of care records staff were completing.

There was a wide range of activities available for people who lived in the home. An activities coordinator worked in the home five days a week and had a very passionate approach to including people and staff in the activities they organised within the home. They regularly attended training from the National Activity Providers Association (NAPA) to ensure they were able to provide a wide range of activities which were 'age appropriate' and provided stimulation for all the people who lived at the home. There was an area of the home which had been adapted to provide a sensory stimulation area and the garden areas of the home were easily accessible and incorporated seating areas, a greenhouse, raised flower beds and vegetable plots. The activities coordinator told us how they supported people to grow produce from seed and then harvest this and provide fresh vegetables for the kitchen staff to prepare for people. They also promoted interactions with the community by sending surplus produce to a local hotel who in turn provided credit notes for people to have cream teas at the hotel.

Other activities ranged from bingo and quizzes to music entertainment, visits from church staff, children and their teachers to sing as part of a nationwide project and celebrations of special events and holidays such as birthdays, Easter and Christmas. Most people were able to participate in the activities at the home although some one to one interaction was also provided if people chose to remain in their room. During our inspection people enjoyed an interactive session with a guest singer in the main lounge area of the home in the afternoon. People told us they really enjoyed this activity, one told us "He [singer] got us all singing along and he is just lovely". People told us there were many activities they enjoyed and could participate in if they chose to. One person told us of the family fun which had been organised the day before our inspection for Easter. They told us, "We all had a lovely time". Another told us how they had enjoyed one particular event, "They had owls in here last week, quite big they were and tame."

The complaints policy was displayed in the entrance to the home. People and their relatives were aware of the policy and felt able to discuss any concerns they may have with staff. One person told us, "I'd tell someone if I wasn't happy about something, though I would not want to complain" Relatives knew they could approach any member of staff and discuss any concerns they may have. Effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. There had been no complaints since our last inspection.

Quarterly meetings were held for people and their relatives to share their views on the service. People were offered the opportunity monthly to review their plans of care with staff and relatives could be involved in this discussion. People and their relatives were able to express their views or concerns and felt these would be dealt with. A 'Feedback' box was situated in the front entrance to the home to encourage people and their visitors to provide any feedback on the care provided at the home. We saw comments from these responses were displayed on the wall in the entrance to the home with a response from the registered manager as to any actions taken to address concerns. For example, one feedback statement requested more notice of the events which were taking place in the home. The registered manager had responded by providing a regular update to be sent out to people and their families and more notices of events displayed in the home.

Staff welcomed visitors in a warm and friendly way and encouraged them to express any views about the service their relatives received.

Good

Is the service well-led?

Our findings

People and their relatives said they felt able to talk to staff and managers if they had any concerns and that these would be dealt with promptly. Staff felt supported in their roles. Health and social care professionals felt the home was led in a professional manner.

At our inspection in March 2016 we found the registered provider had failed to notify the Commission of serious injuries or incidents within the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered provider sent us an action plan stating they had addressed this matter immediately after our inspection. The registered provider had sent information to the Commission about any serious incident or event which had occurred in the home since March 2016 and was now meeting this regulation.

Incidents and accidents which occurred in the home were reported, recorded and investigated to ensure the safety and welfare of people. Any learning identified from these incidents was shared with staff at handover meetings or staff updates. We looked at accident and incident records reported since our inspection in March 2016. Records clearly showed actions taken following any incident including reports sent to the Commission and to the local authority. Trends and patterns in incidents and accidents were being monitored and used to inform the care people received in the home.

At our inspection in March 2016 we found the registered provider had failed to ensure accurate records were maintained in the home and that effective systems were in place to monitor and drive improvement in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the registered provider was now meeting this regulation.

Audits of care records, medicines, health and safety and infection control were completed monthly and any actions identified were actioned promptly. For example, care plans which had not been updated in line with people's needs had been identified and nominated nurses had completed these actions. Medicine audits identified any omitted signatures and addressed this matter through supervision and training. Care records such as fluid and food monitoring, positional charts and pressure mattress monitoring were closely monitored through the 'intentional rounding' system in place at the home.

The registered manager told us they recognised that it was sometimes difficult to keep up with the changes in people's needs and ensure care plans reflected these promptly. They were looking to implement a new computerised system to support these records and provide a more efficient system of care plans and records to reduce the workload for staff and ensure care records remained updated and accurate reflection of people's care needs.

People and their relatives had been asked for their views of the service and the quality of the care delivered at the home. A 2016-2017 quality assurance survey had been completed and collated in February 2017. Comments from people and their relatives were very positive and spoke highly of the care provided for people at the home. Words used to describe staff and the service they provided were; caring, attentive,

compassionate, professional, fantastic and helpful. Feedback from these surveys reflected good effective care was delivered at the home. Relatives were happy with the care being provided. One said, "I feel my [relative] is safe and very happy and have no worries about [them]."

There was a clear structure of staffing in the home. The registered manager and deputy manager worked closely to provide senior leadership in the management of the home. Registered nurses, including the registered manager and deputy manager, were responsible for the day to day clinical management of the home and provided guidance and support for senior carers and carers who worked across the home. Staff felt supported by the registered manager and deputy manager who promoted an open and transparent workplace. This encouraged staff to work well together, further develop their skills and ensure people received the best care possible. Staff said the registered manager was very approachable and visible in the service, encouraging staff to enjoy their work and increase their confidence in providing the best care for people. One member of staff told us, "They [registered manager and the deputy manager] really work hard together to keep the team working well." Another told us, "They [registered manager and deputy manager] always support us to improve what we are doing. They always want the best for people and really work with us to make it happen."

The registered manager was proactive in working with registered managers and other health care professionals in the local area to identify any new initiatives to ensure the safety and welfare of people. For example, the registered manager had attended a meeting in March 2017 with local registered managers where information was shared about the increasing number of people who required support to prevent contractures of their hands following reduced mobility or a stroke. Suggested actions to prevent or reduce this risk were discussed at a meeting of nursing staff in the home and then actions were implemented in the home to monitor and reduce this risk in the home. Daily handover sessions were used effectively to share any learning in the service and ensure staff were aware of the up to date needs of people.