Southern C C Limited

The Meadows Nursing Home

Inspection report

656 Birmingham Road
Spring Pools
Bromsgrove
Worcestershire
B61 0QD

Tel: 01214535044
Website: www.asterhealthcare.co.uk

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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 took place on 25 July 2016 and was unannounced .

The provider of The Meadows Nursing Home is registered to provide accommodation and nursing care for up to 36 people. The facilities within the home are arranged over two floors and divided into three units, Pine, Willows and Beeches. Pine and Willow units are on the ground floor and care for older people with mainly nursing care needs. The Beeches unit is located on the first floor and cares for people with dementia related care needs. At the time of our inspection 20 people lived at the home.

The provider is required to have a registered manager in post. Since our previous inspection a new manager had been recruited and is currently in the process of applying to become registered with us. 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 risks to people's safety had been reduced by the improved measures which had been introduced since our last inspection. The home environment was checked and action was taken to identify any hazards to people's wellbeing and safety so these could be removed.

People were supported by staff that knew how to identify harm and abuse and how to act to protect people from the risk of harm. Staffing numbers had been assessed to make sure they were available to support people's individual needs and keep them as safe as possible. The manager actively listening to where staffing arrangements needed to be reviewed to ensure they were enough staff on all shifts including during the night shift.

People had their prescribed medicines available to them and staff followed safe medicine practices. This included staff always signing to show they had applied people's prescribed cream and this now needed to be sustained by staff checking this was consistent practices.

Staff had received the training they needed to fulfil their roles and had improvements had been made to their caring practices which had positive impacts for people. Staff were supported to have opportunities of more specialised training to assist them in continuing to improve their practices for the benefit of people they supported.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well. Where people may have restrictions on their liberty and freedom in order to keep them safe applications had been made to the local authority to make sure people were not unlawfully restricted.

Staff were knowledgeable about people's needs and how to meet those needs and care records were in the process of being improved to accurately reflect the care people received. The care records showed the personalised care people required to help staff consistently meet people's needs and we saw staff followed these.

People were provided with appropriate food and drink to meet their health needs. People were happy with the food offered. Mealtime experiences had improved to assist people in meeting their eating and drinking needs. Staff showed they were eager to continue to develop and enhance their mealtime practices. This included focusing upon the needs of people with dementia so people's personal preferences could be met.

Staff were caring and respectful towards people with consideration for people's interests and life histories when chatting with people. People's right to private space and time to be alone with their relatives and friends was accepted and respected.

People were supported to have interesting and fun things to do. Further work was in hand to ensure staff practices promoted quality of life for all people by offering social opportunities on a daily basis.

People knew how to make a complaint and felt able to speak with staff or the registered manager about any issues they wanted to raise. People were encouraged to give their views and experiences of the home through meetings and by speaking with staff and the manager who had an 'open door' policy.

The manager was keen to develop their staff team and showed they listened to their suggestions. This was evidenced by the on-going developments staff had made to the home environment to make sure it meets the needs of people with dementia as well as making it a nice place for people to live. The manager was dedicated, open and responsive to making further improvements so people consistently received good standards of care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People's safety and wellbeing was promoted by improved staff practices which included reducing environmental hazards. Staff were able to recognise any signs of potential abuse and knew how to report any concerns they had. The manager regularly reviewed staffing numbers and took action if these needed to be increased to meet people's individual needs. Medicine arrangements had been focused upon and action taken to ensure people received their medicines in the right way and at the right time.

Is the service effective?

Good

The service was effective. People's health and wellbeing needs had been enhanced by improvements in staff practices. People were supported to make their own decisions and to consent to their care and treatment. People's mealtime experiences had improved by the development of staff's understanding around the subject of dementia care. People were now provided with individualised care at mealtimes including staff support and people liked the food provided.

Is the service caring?

Good

The service was caring. People told us that staff were kind. People were involved in their own care as staff offered them choices and provided care based on people's own preferences. People's right to spend time alone and be with their visitors as they chose was respected.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. People were supported with fun and interesting things to do. Further work was in hand to ensure staff supported people consistently with social activities to enhance their daily lives. People and their relatives knew how to raise concerns. Any

complaints or concerns were used as an opportunity to focus upon areas of improvements to care practices.

Is the service well-led?

Good

The service was well led. The involvement of people who lived at the home and staff in the running of the service had been encouraged and promoted. People benefited from a manager who actively checked the quality of the care people received to drive through improvements. The manager was responsive to the areas which needed to be developed further so people consistently enjoyed better care.

The Meadows 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 25 July 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor. The specialist advisor has a specialism in nursing care of people with dementia.

We looked the notifications the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. Providers are required to notify the Care Quality Commission about specific events and incidents that occur. We refer to these as notifications. We contacted the local authority and the clinical commissioning group who commission services from the provider for their views of the service people received. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with seven people who lived at the home, two relatives and one friend. A further two relatives spoke with us by telephone. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The manager, two nurses, four care staff, chef and the maintenance person spoke with us. We looked at a sample of the care and risk plans and monitoring records for seven people and medicine records. We also looked at incident and accident reports, meetings for people who lived at the home and staff, complaints and compliments. Records were viewed about the running of the services people received. These included how the manager and registered provider assessed, managed and monitored the quality of the services people received.

Good

Is the service safe?

Our findings

We saw the checking arrangements for making sure the safety of people who lived at the home were promoted so people's risks were reduced. These checking arrangements included the manager walking daily around the home environment to enable them to pick up any environmental hazards. Staff also actively reported any repairs. These arrangements had been successful in reducing risks. There were no environmental hazards to compromise people's safety which we had seen at our previous inspection visit.

People who lived at the home and relatives spoken with told us how much they appreciated the steps taken by the staff to ensure risks to people's wellbeing were reduced due to staff support. One person told us about how staff had supported them in developing a routine to ensure they were not at risk from any discomfort. This was because staff had noted a red area on the person's body and had taken measures so risks to the person were reduced. This included taking advice and guidance from a health professional who specialised in the area of meeting and promoting healthy skin.

Staff we spoke with were able to tell us how they kept people safe and mitigated against any risks to people. They told us and we saw from the care records we looked at potential risks to people's wellbeing had been assessed and guidelines put in place to reduce these risks. Staff spoken with knew about the risks to each person they supported and used this knowledge to guide their daily work. For example, staff had made sure people who had reduced physical abilities had access to any aids and specialist equipment they would benefit from to promote their safety. Some people had bed sides in place. This had been done with the agreement of the people concerned and or their representatives so they could be comfortable in bed and not have to worry about rolling out.

People told us they felt safe living at the home when staff supported them. One person told us, "I feel safe and comfortable." One relative told us, "[Person's name] is very safe there as staff are on hand and they are pleasant to him." We also saw this was a consistent theme in the comments people made in the questionnaires. One person commented in the questionnaire about what they thought was the best thing about the home. These read, 'The safe and secure feel to the home and the attitude of the staff towards residents.'

Staff spoken with were confident in how to recognise when people's safety was at risk due to abusive practices. They told us they had been trained to understand how to recognise abuse and to use appropriate policies and procedures for reporting concerns they may have. Staff felt confident to report any concerns to the manager. Our records showed where allegations of abuse had been reported the manager had taken appropriate actions, followed local authority safeguarding procedures and notified the Care Quality Commission as required.

Another measure of helping to reduce risks to people was the practice of staff reporting incidents and accidents which happened at the home. We saw examples of the actions taken which included one person being encouraged by staff to wear suitable footwear to reduce the risk of them falling. Another person's wellbeing and safety was focused upon by staff who had sought advice from an occupational therapist to

support the person's needs. We saw the action taken had reduced the risks to the person's wellbeing. The manager also told us they monitored incidents and accidents to identify any trends which may indicate a change in people's needs or medical condition. This was a further measure the manager had adopted to mitigate against the risk of avoidable harm to people.

People who lived at the home and relatives we spoke with did not have any concerns about staff not meeting their needs in a timely way and/or responding to these safely without rushing people. One person said, "(There is) always enough staff to take me out in the garden sometimes I have to wait a bit. Another person told us, "I don't have to wait long for staff assistance." They went on to say staff took time when they helped them to move. A further person said, "They (staff) have enough time to chat to me. Only very occasionally have to wait." One relative said, "There always seems to be staff around to help people, I have no concerns about care not being provided when [person's name] needs it." Staff we spoke with felt people's safety was not compromised due to the availability of staff. One staff member told us, "Staffing levels are enough to keep people safe." Another staff member said it could be very busy but staff met people's needs without long delays. A further staff member said they had spoken with the manager about having an extra care staff member as this would make a difference. They felt the manager had listened and would consider their request.

Throughout our inspection we saw staff were busy but made sure people's care and support needs were met. For example, we saw one member of staff chatting to one person about their day and another staff member supporting one person to understand their experiences of pain. This was done in a patient way to aid the person's understanding.

The manager had focused their efforts on recruiting staff to vacant posts to ensure the availability of staff with different skills to meet the particular needs of each person who lived at the home. They had also considered each person's needs when deciding upon the numbers of staff required on each shift and told us they would increase staffing numbers if this was required. We raised with the manager the issues of staffing numbers at night taking into account the layout of the building and the individual needs of people who lived at the home. Following our inspection visit the manager confirmed to us staffing numbers would be increased at night to provide added benefits to people who lived at the home.

People spoken with told us they were happy with the support staff provided to take their medicines. One person told us they would be happy to ask for pain relief if they needed this. Another person said, "They are so helpful with my tablets as they know what I have to take, I don't have to worry about them."

We saw people were supported to receive their medicines in a dignified and sensitive way. For example, staff knew how people liked to take their medicines and made sure people had drinks so they were able to swallow their medicines with comfort. Medicines were available for people and stored safely in locked medicine trolleys. The records for each person's medicine contained a photograph of the person to reduce the risk of medicine being given to the wrong person. Staff had written information to refer to when people were prescribed 'when required' medicines so risks to people of not having these medicines consistently in the right way were reduced.

We spoke with staff who were supporting people to take their medicines during the inspection. They told us they had received training to assist them in their work and promote best medicine practices. Staff showed they used their knowledge in different ways to support people's safety. For example, staff had the knowledge about the different medicines prescribed to people and what the possible side effects could be. We also heard examples of staff requesting doctors to review people's medicines to ensure people's good health was promoted.

Medicine administration and management arrangements had been strengthened following our previous inspection. For example, staff ensured when people had support to apply their prescribed creams they had signed to confirm this. The manager had also identified a new medicine system to assist staff in maintaining good medicine practices. This was introduced to assist in reducing the risk of people not receiving their medicines in the right way and at the right time.

Good

Is the service effective?

Our findings

People spoken with told us they were happy with the care they received from staff who were helpful and supportive. One person told us, "They (staff) ensure I have the right pain relief and my skin is not sore so they have to be well trained to care for me." One relative said, "I have been totally happy with the care staff provide." The comments in the questionnaires were similarly positive. One person wrote, '[Person's name] seems happy and content with a massive improvement in her health and wellbeing since she came to you.'

We found improvements had been made since our previous inspection to support staff in raising the quality of their care when assisting people with dementia care needs. One staff member spoke about the leadership dementia course they had been supported to do. They described how this had changed their views about the subject of dementia especially challenging the assumptions made about people with dementia care needs. They told us, "One speaker changed my views considerably. Learnt about "copy skills" "sitting with them to eat, they can mimic you eating with cutlery etc." They also said the new nurse, "Is a breath of fresh air, she is really motivating people. We all want this to be the best we can be and so improve lives of residents."

We saw how training had supported staff to gain an understanding of the subject of dementia had encouraged improvements for people. For example, we saw staff had adapted hobbies for people to do. These included the 'twiddle cushions' which provided sensory experiences for people to look at, touch and to keep people interested. We also saw the home environment was continuing to be adapted to provide people with interesting things to look at which encouraged conversations, such as the bus top. Although it was acknowledged the timetable was at a height which prevented people reading this or taking it off the wall to look at.

Since coming into post the manager told us they had focused upon the training programme for staff and had sourced more specialist training. For example, training provided by a local funeral directors. One staff member told us this had helped them to gain further understanding about the range of work they do after a person has died which included explaining the involvement of the coroner.

The manager had embraced the national care certificate which sets out common induction standards for social care staff. When new staff started work at the home they were going through this alongside their training. The induction for new staff included working alongside a more experienced staff member before starting to work as a full member of the team. One staff member told us, "Even after my induction was completed, I was encouraged to ask if there was anything I was unsure of." Another staff member told us how their qualifications were beneficial to their work. They said, "You get it first-hand (knowledge)" which helped to prevent, "Picking up bad habits."

Staff we spoke with told us they felt supported by the manager since they had come into post. We saw how this had helped staff to improve their practices on an on-going basis so they were as effective as possible in their roles and responsibilities. One staff member said, "I like to receive feedback about my work as I want to improve." Shift handover meetings, a communications noticeboard, written notes and regular staff

meetings were used to ensure staff kept up to date with changes in people's care needs and any important events.

People we spoke with told us they liked the meals they were offered. One person said, "The food is good." Another person told us, "The food is nice" and they had plenty to drink. We heard similar positive comments from relatives about the standard of the food. One relative said, "Food is always good. Excellent chef." We saw people were able to write their comments and suggestions about the food in a book and or in the questionnaires. In one questionnaire one person had commented the evening meals had improved. The manager told us the menu in the evening had been reviewed and there was now a hot option as well as sandwiches. The sandwiches had also been improved upon and one relative said these were no longer dry.

The lunchtime meal experiences for people had improved because of the support staff provided. At our previous inspection staff did not always support people with their dementia care needs. We saw examples of how some people's behaviour impacted on others which distracted them from eating and enjoying their meals. During this inspection we saw staff were eager for people to have good experiences at lunchtime. People were seen to be encouraged and supported with their meals in the best possible way for each person. This included thoughtful actions from staff as to how tables were laid and sitting with people to have a meal which was not always the case at our previous inspection. We also saw drinks were offered to people during the day which included throughout the lunchtime meal so the risk of people becoming dehydrated was reduced.

Additionally, we saw and heard how the staff and manager had worked together to create spaces in the lunchtime meals so people were supported to have these over a period of time. This had been recommended to the manager and they had implemented this action. We saw this approach had been successful in providing people with the availability of individual support from staff when they required this to eat and drink. Staff we spoke with showed they were knowledgeable about how people's health needs could be impacted upon if they did not eat sufficiently. We saw evidence and heard from staff how they made sure when people were not eating sufficient amounts of food they contacted the doctor so people remained healthy and well. Staff knew people's eating and drinking needs well which included where people required supplements to support them in meeting their nutritional needs.

People who lived at the home and relatives spoken with felt staff always took action to make sure their health needs were met. One person said, "If I need a doctor I have no doubt they (staff) would call one." Another person said, "They are good at making appointments. Talk to GP for me to ask for more tablets when I need them." One relative said, "Staff always contact me when she is ill. She gets to see the GP." We saw examples of where staff had contacted people's doctors in order to continue to meet people's health needs. For example, one person did not like the taste of their medicine so with the doctors input this was changed. By doing this, the person was happier to take their medicine, so the person was not at risk from ill health. Another example was how a person's health was improving due to the treatment and support from staff. There was a medical emergency on the day of our inspection and we saw staff sought medical help in a timely manner so the person would be able to gain the treatment they needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager had considered the guidance of the MCA to ensure people's rights were protected and staff

spoken with understood the importance of the MCA in their caring roles. People told us and we saw staff sought their consent each time they offered them support. For example we saw staff asked people if they wanted any pain relief medicine or if people needed support with their needs. Staff provided people with explanations, such as what different medicines were for to gain people's consent before they took these. We saw people responded to this approach. One person said, "I always make my own decisions about getting up or going to bed or what I wear or eat".

We saw people's capacity to consent to care was considered in their care plans. Staff spoken with were able to describe to us what needed to happen if people were unable to provide their own consent and/or make certain decisions for themselves. Staff said where people were not able to make certain decisions these would be done in people's best interests with people who knew them well and were authorised to do this. For example, doctors, social workers and family members had been invited to be involved in best interest meetings.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager and staff understood the principles of the DoLS and applications had been made. At the time of our inspection four DoLS had been authorised for people where it had been assessed they were deprived of their liberty. Staff we spoke with understood how to support these people. We saw guidance about the actions staff should take were detailed in people's care plans so staff understood the choices people might make may place them at risk of harm.

Good

Is the service caring?

Our findings

People told us staff were caring as they helped them and they were happy living at the home. One person told us, "The staff are caring and look after me well." Another person said we, "Have a laugh, I play them up (staff) and them me." People who lived at the home and their relatives told us visitors were made welcome. One relative told us, "I can visit whenever I like and staff always speak with me." Another relative said, "I've booked my bed. The staff are caring. I don't have to worry about [person's name] safety. I'd sooner travel and know this." We saw relatives visited their family members. People were able to choose whether to see visitors in private or sit with them in the communal areas. There were no restrictions on people visiting.

We saw staff were kind and caring when assisting and supporting people. Staff spoken with knew each person well. They knew the details of their care as well as details of their likes, dislikes and preferences. One person told us, "[Staff are] all very good and have gotten to know my little ways very well." Staff practices reflected they knew people well as we saw examples where people were provided with particular drinks and/or fruit they liked. Another person needed support from staff to go back to their room and staff readily understood what help the person needed. We saw staff chatted with this person about their day. This person smiled as they happily shared their day with staff.

Staff treated each person with complete respect. Staff made sure they were at people's level, sitting down when they chatted with them. They gave the people their full attention, making each person feel they were interested in people's lives. One relative told us, "They always do the things he likes, they know and understand him very well." We saw examples of this during our inspection. One example was where one person with sensory needs was encouraged to feel the textures in a small rummage box which the person found enjoyment in doing.

People who lived at the home and their relatives were involved in the planning of their care and in making choices and decisions about their care. Staff told us they used a range of personalised methods to communicate with each person. In this way people were enabled to make choices about their everyday lives. One staff member described how they supported people with dementia to be as independent as possible by using different communication methods. One example provided was to use a flannel themselves to enable the person to see this and copy. This helped people who may have forgotten this skill.

Staff were skilled at ensuring people's privacy and dignity were respected and people were encouraged to be as independent as possible. One person told us, "I can do some things and they (staff) let me where I can." Staff told us they encouraged people to remain independent, such as supporting people to do their own personal care needs where they could. Additionally, we saw people's own physical abilities were nurtured. Staff made sure people had the aids they required to be as independent as they possibly could but also noticed when people struggled and supported them so their dignity and safety were maintained.

There was an individualised approach to meeting people's personal care needs; we saw people were discreetly assisted to access the toilet when they wanted it throughout the day.

Good

Is the service responsive?

Our findings

People told us that they were happy at the home and staff knew them well and cared for them in the way they wanted. One person we spoke with told us, "They (staff) always help me when I need it." All relatives spoken with told us their family members received the right care and support according to their needs. One relative told us, "Staff are very friendly, approachable and would respond to any change of needs quickly." Another relative said, "Staff know how mum is dressed which is very important to her they follow this through."

Staff we spoke with understood people's preferences, routines and care needs. Staff were able to describe how they supported people and knew changes in behaviours which may show something was wrong. Staff told us people's choices and routines were written down in their care plans together with people's life histories. We saw examples of how staff responded to meet people's preferences as assessed and planned for. For example, one person told us they preferred to eat in their room and we saw staff respected this. Another person needed support to make sure their skin needs remained healthy. We saw the best position for the person in bed was recorded and we saw this had been adopted by staff.

We saw there were arrangements to support people to express their individuality. Staff told us people were assisted to meet their spiritual needs by attending religious services if they wished. Staff also told us about one person who is visited by the church of their faith so they were able to join in religious worship, such as prayers.

People were readily supported by staff to eat their meals where this was required and to choose their meals with the aid of pictures. Staff told us further improvements were being developed to enable them to respond to people's needs in a more personalised way. For example, showing people plates of different meals as another way of promoting their abilities to make their own meal choices. Staff had recognised some people liked to eat their meal without the use of cutlery. This was supported by staff who made sure people's dignity was maintained at the same time. Although no one living at the home at the time of our inspection had requested special meals, the chef said arrangements would be made to prepare meals which respected people's religious and cultural needs should this be required.

We saw staff kept daily records of the care they provided and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and verbally shared information between the staff team, such as, at shift handover meetings. We saw a staff handover meeting had happened and the information shared reflected each person's up to date needs and their wellbeing on the day of our inspection. This daily sharing of people's needs helped staff to respond to these in the right way and at the right time. For example, the need to contact doctors about test results so people had support with any health issues in a timely way.

We found examples where arrangements for assessing, planning and reviewing people's care needs had been successful. For example, a person's skin was healing due to the care and support provided by staff.

People who lived at the home and relatives we spoke with did not raise any concerns about the availability of things to do for fun and interest at the home. One person told us, "I am happy to sit here and do my own thing." Another person said, "I do what I want and it suits me fine." One relative told us they believed there were social events for their family member to be part of. Another relative said, "[Person's name] is not bothered about activities." Staff we spoke with shared with us their views about the range of recreational pursuits for people to participate in. One staff member told us, "Things have improved and we take residents out to places which they find fun." Another staff member said there were now, "More choices, more activities and dancers and singers come in."

We saw there were no planned social activities for people to choose to take part in particularly for people who lived on Pine and Willow. However, people we spoke with told us they were happy and chose what they wanted to do. For example, we saw people enjoyed watching and or listening to the television, people were reading and other people liked their own company. On the Beeches we saw people were supported by staff who knew what interested people and what they enjoyed doing. One person was occupied with dominoes which they liked. Another person was doing a jigsaw puzzle which their facial expressions and body language indicated they were enjoying. Additionally music was played which one person particularly liked and sang along to with staff spontaneously joining in as they went about their daily work. We did raise with the manager some of the activity items for people were not age appropriate. The manager acknowledged this and a review of the items would be done.

The activities co-ordinator was not at work on the day of our inspection but we saw and heard about the range of things people were supported to do for fun and interest. In addition to this we saw there were photographs of people participating in different social events and leisure activities. These included people having the opportunity to go on day trips to different places of interest.

Following our inspection the manager told us the actions they had implemented to ensure staff consistently supported people to enhance their wellbeing particularly on Pine and Willows. This included ensuring there were available staff to support people with things to do when the activities co-ordinator was not at work.

People who lived at the home were aware they could tell staff if they were unhappy. One person told us, "If I had any worries I would speak with one of the staff or the manager." One relative said if they had any concerns they would speak with the manager. Staff we spoke with knew how to support people in raising any complaints and believed all complaints received would be listened to and action taken by the manager to resolve people's issues. Staff also told us people could raise their concerns and complaints at meetings held at the home. For example, care review meetings and group meetings which were attended by people who lived at the home and their relatives.

We saw there was a system in place to record complaints received. The complaints records showed when the manager had received a complaint they had completed an investigation. We looked at the complaints which had been received. The manager had acted on the complaints raised and people had been informed of the outcome and any actions taken. The action taken had also helped to raise standards in the home, such as making sure the laundry arrangements were improved to help avoid people experiencing the same issues.

Good

Is the service well-led?

Our findings

People who lived at the home and relatives we spoke with told us they were happy with how the care and support was provided. One person said, "She's nice" when they referred to the manager. Relatives we spoke with had confidence in the new manager. One relative said there were relatives meeting where the manager checked if the, "Care was okay" and if they had any complaints which they appreciated. Another relative told us they were, "Quite happy, definitely since [manager's name] took over, improved quite significantly." This was a consistent theme in the questionnaire responses we looked at. One person wrote, 'New manager making good improvements" and another person comments read, 'Looking much better under new manager.'

There had been inconsistencies in the management of the home as different managers had left the provider's employment. At the time of our inspection the new manager told us they were committed to their role and had submitted an application to be registered with us. The manager showed they were clearly well known to people who lived at the home, relatives and staff. One staff member told us, "[Manager's name] motivates staff" and is 'Open and honest where improvement is needed. Another staff member said, "Lots of change, things are getting better."

When the manager came into post we saw and heard from people who lived at the home and relatives their feedback was sought and used to assess and monitor the quality of care. The information from meetings, in questionnaires and complaints raised by people showed people had opportunities to discuss the service they received and make suggestions for changes. We saw one person had been supported to move rooms which they told us had made a real difference to their wellbeing together with meeting their individual needs.

The manager had a good knowledge of staff competencies and people's individual care needs and preferences. This helped her to oversee the service effectively and provide leadership for staff. We noted throughout our inspection there were clear management arrangements in place so staff knew who to escalate any issues or concerns to.

Staff showed a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the home. Staff knew about the company's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, which could not be addressed internally.

Staff spoken with believed the manager had introduced changes to improve the way care was provided. Staff said they felt the manager had involved them as they had asked for their views about what could be improved at the home for people who lived there. Staff told us they enjoyed working at the home. One staff member said, "It really feels like a home, I feel relaxed working here." Staff spoken with felt the manager made themselves available if they needed any guidance or support so they were able to carry out their roles effectively. We saw this happened on the day of our inspection as the manager was available to answer staff queries and offer support. Staff also told us the manager held team meetings where they discussed changes

in care and sought staff feedback. One staff member said, "The staff meetings are good as they make sure we get things spot on and learn." Staff we spoke with felt they were well supported in their caring roles by the manager and each other and this had helped to improve and promote good standards of care.

We saw arrangements were in place to formally assess and monitor the quality of care. These included checks of the environment, health and safety, medicines management and care records. We saw these checks had helped the manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being checked with people, care records were being developed and staff practices were improving to enhance their knowledge around the subject of dementia care.

The manager was able to tell us about the key challenges they had faced since they came into post. These included the recruitment of staff, trying to promote the home's reputation and updating the home environment which was on-going. The manager had an ethos of keeping people at the centre of the care provided and showed they engaged staff in reflecting this in their practices by sourcing more individualised training opportunities. They told us training, "Empowers (staff) to be able to understand their job." During our inspection staff showed us they were motivated by the on-going improvements and changes which had been made since our previous inspection. For example, the on-going changes to the home environment to benefit people with dementia.

People who lived at the home and relatives spoken with had noticed the improvements which were being made and told us how they valued these. One person shared with us their thoughts about living at the home. They told us the, "Manager is good will come in and see if I'm okay and if there is anything I want." One relative said, "Much happier and pleasant environment" for people to live in. One visitor believed the home was, "Managed well, (I) get a cuppa, always friendly. It's lovely, clean and tidy."

The manager understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. They showed us they were open and accountable and wanted to make improvements to the care and support people were provided. For example, when we spoke with the manager about the staffing arrangements at night and the consistent planning of activity opportunities for people they took action. This was to ensure people's lives were enhanced by the support provided.