Numada Health Care Limited

Bury Lodge 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 an unannounced inspection of this home on 5 September 2016. The home is registered to provide accommodation, nursing and personal care for up to 22 older people, most of whom live with dementia. Accommodation is arranged over two floors with lift and stair access to the second floor. At the time of our inspection 22 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.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff available to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, stored and ordered in a safe and effective way. We have made a recommendation about the recording of risks associated with one medicine.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. Incidents and accidents were clearly documented and investigated. Actions and learning were identified from these and shared with all staff.

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 received a wide variety of nutritious meals in line with their needs and preferences. Those who required specific dietary requirements for a health need were supported to manage these.

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 in place for people reflected most of their identified needs and the associated risks. The registered manager told us how these were being improved to include all related health conditions and the risks associated with these.

Staff were caring and compassionate and knew people in the home very well. External health and social care professionals spoke highly of the care and support people received at he home. They were involved in the care of people and care plans reflected this.

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 service had a good staffing structure which provided support, guidance and stability for people, staff and their relatives. Relatives spoke highly of the registered manager and all staff.

A robust system of audits in place at the home had identified improvements required with care plans and records in the home and this was being addressed.

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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.

Risk assessments were in place to support staff in mitigating most of the risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe. There were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner. We have made a recommendation about the recording of risks associated with a medicine.

Is the service effective?

Good

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People a wide variety of nutritious food in line with their needs and preferences.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy and content in the home.

People and their relatives were involved in the planning of their care.

Is the service responsive?

Good

The service was responsive.

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

People were supported to participate in events and activities of their choice and were encouraged to remain independent.

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

Is the service well-led?

Good

The service was well led.

People spoke very highly of the registered manager and staff. Staff felt very well supported in their roles and displayed a good understanding of the person centred values of the service.

Robust audits and systems were in place to ensure the safety and welfare of people in the home. These audits had identified areas of improvement within the service which were being addressed.

Bury Lodge 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.

One inspector completed this unannounced inspection on 5 September 2016. Before the inspection we reviewed the information we held about the service, 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. In February 2016, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR for this home.

People who lived at the home were not always able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in all areas of the home including communal lounges, the garden and in people's individual rooms. We spoke with four relatives or representatives of people and eight members of staff including; the director of nursing for the registered provider who was new to their post, the registered manager and the deputy manager, a registered nurse, the activities coordinator, the cook and two care staff. We received feedback from two health and social care professionals who supported people who lived at the home and reviewed feedback other health and social care professionals had sent to the home.

We looked at care plans and associated records for five people. We reviewed the medicines administration records for 15 people. We looked at a range of records relating to the management of the home including records of complaints, accidents and incidents, quality assurance documents, five staff recruitment files and policies and procedures.

We last visited this service in October 2013 and found no concerns in the service.

Good

Is the service safe?

Our findings

People were safe in the home and were supported by staff who knew them very well and understood how to support them to maintain their own safety. Relatives told us their loved one was safe and were supported by staff who had a very good understanding of their needs and how to ensure their safety. Health and social care professionals said they felt people were safe and well looked after at the home.

Staff had a good understanding of the safeguarding policies and procedures which were in place to protect people from abuse and avoidable harm. All staff had received training on safeguarding and knew the types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. The registered manager had worked closely with the local authority to address a recent concern which had been identified in the home. Records showed how the registered manager had reported the concern to the local authority and information on the investigation and learning from these was clearly recorded and shared in the service. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy.

Risks associated with people's nursing and care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, nutrition and mobility. For people who were at risk of falls, risk assessments had been completed and used to inform care plans about their mobility and how to avoid the risks of falling around the home. This included the identification of medicines which may have a significant impact on people's risk of falls. A log of falls had been recorded in each person's care records and was used to monitor and identify any patterns in their falls.

Most risks associated with people's health conditions had been identified and appropriate plans of care were in place to mitigate these risks. For example, for people who lived with diabetes or special dietary needs, clear risk assessments and plans of care gave staff information on how these risks should be managed. However for one person who lived with epilepsy we saw the risks associated with this health condition had not always been clearly incorporated into their care plans. We spoke with the registered manager and director of nursing who told us this work had been identified following an audit and review of records and was being completed at the time of our inspection. We saw care plans and risk assessments were being updated.

For people who displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified. Staff had a very good understanding of people's needs and the risks associated with these behaviours. They told us how they supported people to remain calm, access other areas of the home and express their concerns whilst maintaining people's safety. The actions they discussed reflected the risk assessments and care plans for people. For example, one person became agitated if there were too many people in a room and the room was noisy. We saw staff spoke calmly with this person and supported them to move to a quieter area of the home during a busy time in the morning. For another person staff were aware if they became agitated and were swearing this may demonstrate they were in pain and that they should support this person to identify the cause of their anxiety.

Incidents and accidents were reported and recorded at the home. The registered manager reviewed, logged and investigated any incidents and then these were forwarded to the registered provider's head office. The director of nursing monitored and reviewed these incidents for patterns and trends and supported the registered manager to investigate these. The director of nursing told us the system of reviewing incidents and accidents was under review at the time of our inspection.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, an application form and employment history for people. Two references were sought before people commenced work at the home, however for one person who had worked at the home for a long time, we found their records held only one reference. We brought this to the registered manager's attention and they told us they would review this. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help 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.

Medicines were always administered by registered nurses and were stored and administered safely. A system of audit was in place to monitor the administration, storage and disposal of medicines. An audit of medicines had been completed by the director of nursing two weeks prior to our inspection. This had identified areas of improvement to be addressed which included; an increase in the collections of some medicines which were no longer required, a general improvement in the tidiness of the room where medicines were stored and an up to date list of signatures for staff who administered medicines. We saw these actions had been completed.

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) we saw staff recorded when these medicines were given. Protocols were in place for most medicines which were prescribed PRN. For people who required medicines for pain, we saw pain assessment records were in use to monitor the use of these medicines.

One person received an anticoagulant medicine. These medicines thin the blood and people who take them are at increased risk of bleeding or clotting if the medicines are not managed appropriately. Whilst this medicine was being administered safely and effectively, the risks associated with this medicine had not been clearly provided in care plans to ensure staff were fully aware of these. Staff we spoke with knew this person was taking this medicine and had a very good understanding of the risks associated with it. However, all records did not always reflect these risks.

We recommend the registered manager seeks further guidance on how to ensure the risks associated with this medicine are incorporated into people's plans of care and update records accordingly.

There were sufficient staff available to meet the needs of people. The registered manager told us they had a small but stable group of staff who worked at the home and staff rotas showed there were consistent numbers of staff available each day to meet the needs of people. The registered manager told us how they worked closely with the registered provider to support any staff absence. When a staff member was absent from work through sickness, rotas showed these duties had been supported by other members of staff who worked for the registered provider's group of homes. The registered provider had a dependency tool which they would request information for should the home require additional staffing to meet the needs of people.

Relatives and staff told us there were always sufficient members of staff on duty at any time to meet the

needs of people and our observations confirmed this. Call bells were answered in a timely manner and during mealtimes we saw sufficient staff available to support people in the main dining area and also to support those who chose to remain in their rooms. Staff carried out their duties in an unhurried and calm way and had opportunities to provide support for people without being hurried.

Good

Is the service effective?

Our findings

Staff knew how to meet people's needs effectively and offered them choice whilst respecting their wishes. They took time to allow people to make decisions. Relatives told us staff supported their loved ones to make decisions and they were involved in this process.

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. The registered manager and staff had a very good understanding of the processes required to ensure decisions were made in the best interests of people.

Care records provided clear information on the decisions people were able to make, and those with which they required the involvement of others. Records identified people to involve in best interests decisions including their relatives, legal representatives, advocates and a wide range of multi-disciplinary health and social care professionals who were involved in the person's care. Care records showed staff respected people's choice when receiving care. For example, if people did not always want to have support with personal care staff would respect this wish and then return to the person later and ask if they needed any support. For one person, who frequently chose to remain in bed and not participate in activities or interact with others in the home, we saw records clearly demonstrated staff encouraged the person to be involved in the day to day activities of the home and were able to support them when they chose to do this. However they respected the person's choice when they wished to remain in bed.

People can only be deprived of their liberty so that they can 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 most people who lived at the home an application had been made to the local authority with regard to them remaining at the home to receive all care or leaving the home unescorted. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

A robust program of supervision sessions, 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. Staff felt supported through these sessions to provide safe and effective care for people. The registered manager was a mentor for nursing staff and supported them in developing skills and ensuring they were up to date with practice to meet the requirements of their registration with the Nursing and Midwifery Council (NMC)

All completed training records for staff were logged and monitored by designated staff at the registered provider's head office. They liaised with the registered manager to monitor all training needs and ensure staff received appropriate training to meet the needs of people who lived at the home. Records showed staff had access to a wide range of training which included: moving and handling, fire training, safeguarding,

mental capacity and deprivation of liberty, principles of care and health and safety. All staff had been 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. New members of staff were being supported to complete the Care Certificate if they had not already achieved an NVQ. 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.

Staff had a good understanding of their role in the home and the management structure which was present to support them and people who lived at the home. The registered manager and their deputy were integral members of the staff team, regularly working alongside staff to support them. The small staff team at the home had a clear structure to ensure registered nurses managed the day to day running of the home and senior care staff who had more experience and training were available to work alongside care staff who were new to the home and were developing their skills. One member of staff told us, "I am never afraid to ask a question, there is always someone who will be able to support me and help me to understand." Another told us, "There are lots of opportunities to learn here, everyone is really good at sharing information and learning."

People enjoyed a variety of freshly prepared foods of their choice. The cook showed us a six week rolling menu which they used to provide a wide variety of nutritious meals for people. We saw people were offered choice daily as to their preferred food option for the day and alternatives were available. For example, the cook told us how they had prepared both beef and chicken on the day of our inspection but that if people preferred something lighter they would prepare this for them.

Special diets such as those for people who lived with diabetes, required gluten free, pureed or soft diet were catered for. A relative told us how their loved one required gluten free food and the cook had adapted meals to ensure they could enjoy the same meals as others. The cook told us how they adapted a dessert of banoffee pie for people who lived with diabetes so that they could enjoy this too. Staff monitored people's daily intake to ensure they had an adequate nutritional intake.

Care plans identified specific dietary needs, likes and dislikes of people and the cook was aware of these. People's weights were monitored regularly and action taken should any significant changes be noted. For people who were at risk of choking, information in care records and displayed in the kitchen clearly identified the need for staff to thicken fluids to reduce this risk.

Whilst the home had a small designated area for dining, people chose to have their meals in the lounge areas of the home. Mealtimes were a calm time when people received the support they required to enjoy their meal. Staff were very attentive to people's needs and supported people when it was required without hurrying them or reducing their independence. Equipment such as plate guards and beaker cups were provided for people to encourage them to be independent with their meals. One person told us, "The food is fabulous, love it." For people who remained in bed, staff supported them to manage their meals independently, positioning them well in bed and allowing them to do as much as possible themselves, whilst offering encouragement and support.

Records showed health and social care professionals visited the service as and when required. Care records held feedback from GP's, speech and language therapists, social workers and a tissue viability nurse. Staff identified people's needs and involved health and social care professionals appropriately. Feedback we received from health and social care professionals showed they had a high regard for the staff at the home

and felt they provided safe and effective care for people. They told us the communication between the home and their services was very effective and nursing staff always welcomed and embraced the advice they were offered.

Good

Is the service caring?

Our findings

People were valued and respected as individuals and were very happy and content in the home. They clearly enjoyed the company of a group of staff who new them very well and understood their needs. Staff provided a calm, caring and homely environment for people to live in. External health and social care professionals and relatives said people were well looked after and their mood improved when they moved to the home.

Staff knew people very well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. For example, one person clapped when they were happy and staff encouraged them to express their feelings. Another person was very chatty and when a member of staff tried to encourage them to be weighed and sit on some scales the person was easily distracted. The staff member was very patient and gently reminded the person what they were being asked, including demonstrating how this could be done. The person eventually allowed staff to support them and staff continued to converse with them and encourage them to talk about what they were feeling. Another person was wandering in the home and walked into an area where staff were meeting. They became confused as to where they were and asked to go to the garden. Staff immediately responded to this request and supported the person to move outside to the garden where they interacted in a kind and gentle way with them as they walked in the garden.

For people who remained in their rooms, staff observed them at regular intervals and recorded this interaction. The records for these interactions were not timed but identified where the person was and any activity they may have been participating in. The registered manager told us the records for these interactions had been newly updated and staff were being encouraged to be clearer about the interactions with people, particularly those who were more isolated.

Risk assessments were in place for people who were at risk of social isolation and gave staff clear information about the need to ensure people were involved in meaningful and appropriate activities. We saw staff interacted kindly and gently with people who had limited communication skills and remained in bed. For example, a member of staff spoke calmly and softly to a person who remained in bed whilst they were supporting them with their meal. The person responded with a smile and was relaxed in the company of the member of staff.

The atmosphere in the home was calm and very friendly. Staff were caring and unhurried in responding to people's needs at all times. Relatives told us staff were always kind and responsive to the needs of their loved ones. They noted that during the regular visits they made to the home staff were always friendly and approachable and that their loved ones responded well to their caring attitude.

People were encouraged to be as independent as possible and were able to roam around the home as they chose. We spoke with the registered manager about the use of tables without wheels which were placed in front of some people when they were seated in the communal area of the home. We identified to them that this could be a potential form of restraint as the tables were not easily moved without the support of others

to allow people to move freely in the home. For people who regularly moved around the home we saw this table was placed to the side of their chair and they moved independently. The registered manager told us they would review this practice; they said there was always a member of staff present in the communal area who would support people if they needed it to move the table. We saw that a member of staff was always available to support this need.

At points in the home where there were increased risks to people of injury such as stair entrances, the kitchen and the lift, gates were placed across these entrances to deter people from entering this area. This could be considered as a restriction on people who lived at the home. However, all areas were easily accessed if people had the ability to do so or were able to ask staff for support.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed to people's rooms when they were being supported with personal care and staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained.

People were able to express their views and be actively involved in making decisions about their care. The registered manage told us it was very difficult to have meetings with the people who lived at the home due to their understanding and abilities to concentrate and communicate in a meeting. However they told us they regularly shared information about the service with people in the communal areas of the home through discussion or posters and this was an effective way of supporting people and their relatives to be involved in any new initiatives or plans for the home.

Relatives were involved in the 'Friends of Bury Lodge' group which supported activities to raise funds for activities in the home and encouraged relatives to be involved in the running of the home. The activities coordinator told us how they supported this group and ensured information was shared with relatives and people in the home.

Good

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. They were encouraged to be active and healthy in the home and were supported by staff who knew them very well. Relatives told us they were involved in supporting their loved one to make decisions about the care they received, although one relative told us they had not been involved in the planning of care for their loved one.

An assessment of people's needs was made before they came to live at the home. These assessments helped to inform plans of care for the person and records showed they were encouraged with their relatives to inform this process. People's preferences, their personal history and any specific health or care needs they had were documented. The registered manager told us how a person who had very recently been admitted to the home had provisional support plans in place to ensure staff had clear guidance on how to support them with the activities of their daily living such as personal care, nutrition, mobility and any anxieties they may have. This guidance would then be used to inform full plans of care and support in line with the person's identified needs and following discussions about their needs with the person, their relatives and the multidisciplinary team associated in their care. We saw this work was in progress.

Staff had a good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans gave detailed information for staff on how to meet the needs of people in a person centred and individualised way. For example, they provided clear information on how to support people with their personal care and encourage their independence. Care plans in place gave clear information for staff to meet the needs of people with some specific health conditions such as diabetes. Staff told us they accessed care plans to help them have a good understanding of people's needs. The registered manager explained to us how care plans were being reviewed to identify long term conditions and the impact these had on people's care as well as the risks associated with the condition. The director of nursing told us this was a piece of work they were supporting the registered manager to do and had been identified in an audit of care plans across the registered provider's homes as a need.

An activities coordinator worked at the home for 15 hours per week to support the coordination and management of activities for people. They told us they varied the hours they attended the home as they had identified some times in the day, such as after lunch, where some people were less responsive to activities. A wide range of activities were provided in the communal areas of the home including music events, games, jigsaws and water painting. The activities coordinator spoke very passionately of their role and how they tried to encourage people to participate in activities they chose or which may be of interest to them. Relatives told us their loved ones attended a tea dance at a local community centre each week which they enjoyed very much.

The central garden of the home allowed people to participate in growing plants from seeds. A recent sunflower growing competition had proved very popular. Planters had been adapted to a suitable height for people to work on them whilst seated and another planter had been placed on wheels to facilitate access for those who were less mobile.

External entertainers visited the home regularly and included musicians and visiting pets and animals. For people who preferred to remain in bed for their care the activities coordinator told us they would visit them in their rooms and encourage them to participate in any activity they chose including reading with them and sharing photographs and memories. They told us how one person who preferred to remain in bed often responded to playing with a balloon and hitting this back to the activities coordinator. This was a very good response for his person who had limited movement.

Regular social activities such as tea parties to celebrate birthdays, special events (recently the Queen's birthday), barbecues and events to raise funds for activities were held. The activities coordinator told us of a recent tabletop sale held at the home which helped to raise funds for future social events. Whilst the activities coordinator had a limited number of hours to support people, staff told us how they interacted with people to encourage them to participate in other activities such as games, reading and general discussions in communal area of the home.
The complaints policy was displayed in the entrance to the home. We saw any concerns or complaints were investigated and actions from these were implemented. Records showed any concerns or complaints had been addressed in full. The registered provider monitored all complaints and concerns as they were reported and worked closely with the registered manager to ensure all matters had been dealt with and reported appropriately.

Staff were encouraged to have a proactive approach to dealing with concerns before they became complaints. Staff welcomed visitors in a warm and friendly way and encouraged them to express any views about the service their relatives received. Relatives felt able to express their views
or concerns and knew that these would be dealt with effectively. Visiting health and social care professionals told us they felt the registered manager would respond promptly and efficiently to any concerns they may have.

Good

Is the service well-led?

Our findings

Relatives felt the service was very well led and spoke highly of the registered manager and all the staff at the home. External health and social care professionals said the service was very well led and they received a good response from all staff who knew people very well.

There was a clear staffing structure in place at the home which was supported by further managers at the registered provider's head office. A robust network of support for all staff was evident in the home. The registered provider had clear systems and processes in place to ensure the safety and welfare of people. The nominated individual for the registered provider visited the service regularly. The director of nursing gave support to the registered manager and their deputy and this ensured a stable senior management team in the home. An administrator in the home supported with all clerical duties, whilst registered nurses within the service supported the clinical day to day running of the home.

Staff told us they were able to speak with the registered manager, their deputy or registered nurses about any concerns they may have and felt these would be addressed promptly and effectively. They knew the nominated individual for the registered provider visited regularly and felt they were very supportive of the work they did at the home.

Staff felt supported through supervision, appraisals and team meetings. These were used to encourage the sharing of information such as learning from incidents, changes in documentation following review of care plans or records and new training and development opportunities.

The registered manager told us they were supported by a registered provider who promoted good working relationships between their homes. They encouraged and supported meetings of registered managers and senior managers from within the organisation to share learning and experiences across their services. Minutes from these meetings showed learning from safeguarding incidents and other incidents and accidents was shared as well as training opportunities and audit results. The registered provider actively promoted shared learning in their organisation to ensure the safety and welfare of people.

A robust program of audits was in place at the home to ensure the safety and welfare of people, including audits which were completed by managers from the registered provider's head office. Audits to ensure the safety and welfare of people included: medicines, infection control, the environment, equipment checks and fire records. The registered manager submitted to the registered provider's head office a 'Manager's Monthly Audit' which included audits on nutrition, care plans, medicines and complaints, concerns and safeguarding incidents. The director of nursing told us they then used this to discuss necessary actions with the registered manager and ensure they were actioned. Action plans were attached to the audits we saw, however we noted there were no dates of completion of these records.

We spoke with the director of nursing who had only been in post for a short time. They told us the system of audit in place, whilst robust, required adapting to ensure the registered manager at the service was able to identify and implement actions in a more timely way and have autonomy with these audits and how they

were managed, whilst ensuring the registered providers policies and procedures on various audits were observed. We saw this work was in progress.

Audits were in place to review and monitor the effectiveness of care plans and records randomly selected by the registered manager. Through discussion with the registered manager and director of nursing we saw they had identified care plans did not always hold clear information on some health conditions and this was being addressed. We saw this was being addressed as some records had been updated.

Care plans and records were reviewed monthly by registered nurses; however we identified some records contained information which was out of date and were not consistent. The registered manager told us this had been identified through an audit of care records which was why a new system of care plan documentation and review was being implemented. Whilst some records were not always consistent or up to date, we were assured this had been identified at the service and was being addressed.

People and their relatives were asked for their views of the service and the quality of the care delivered at the home. A survey of people's views was carried out in March 2016 and showed people were very happy with the care delivery at the home. A survey of health and social care professional's views of the home was carried out in March 2016 and of eleven responses all gave very good feedback about the response they received from staff on visiting and the care people received.