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Firtree House 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

Overall summary

Firtree Nursing Home is registered to provide accommodation for people who require nursing or personal care. The home provides care for up to 35 older people, some of whom have dementia. Accommodation is arranged over two floors. At the time of our visit 16 people lived there.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager of the home had submitted their application to the Care Quality Commission to become the registered manager of the home, and had recently had their interview with the CQC.

The inspection took place on 16 December 2015 and was unannounced. At our previous inspection in March 2015 we had identified three concerns. These have since been addressed by the manager.

The manager and staff worked well to keep the environment clean and feeling homely for people. Since our last inspection the main lounge had been redecorated and a new floor had bene put in. It made the room light and airy and a pleasant space to sit in. People

Summary of findings

were positive about their experiences at the home. One person told us, "It's a lovely and warm atmosphere here; I feel we are well cared for." One relative said the home was, "120% better than it was and there was a stable staff team in place that was helping to maintain standards." They said they were, "Very confident in the manager," and this gave them, "Peace of mind."

There was positive feedback about the home and caring nature of staff from people and their relatives. One person said, "Oh definitely they (staff) are caring." When asked if anything could be improved they said, "No, I'm happy with all the care I receive."

People were safe at Firtree House Nursing Home. One person said, "I feel very safe, everybody looks after us so well." There were sufficient staff deployed to meet the needs and preferences of the people that lived there. Staff were available when people at risk of falls were moving around, or when people asked for help. One person said, "Whenever I need something they come straight away."

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received training and induction to support the individual needs of people in a safe way. The effectiveness of training for first aid was raised with the manager as some staff knowledge did not match current best practice. The manager arranged for refresher training for all the staff within two days of our inspection to ensure staffs knowledge was current. They were also looking into the training that had been provided previously to ensure it gave staff the knowledge they needed.

People's medicines were managed in a safe way and staff were trained in the safe administration of medicines. People received their medicines when they needed them.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. People told us that staff did ask their permission before they provided care. One person said, "They always ask my permission, and explain what they are doing. I can always say no, if I wish."

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. One person said, "I love the food, its food of our generation. The cook gets to know what we like to eat." Specialist diets to meet medical or religious or cultural needs were provided where needed.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. One person said, "If you're not well they call the doctor straight away, there's no dilly-dallying here."

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff holding people's hands and taking the time to sit and talk with them. People could have visitors from family and friends whenever they wanted.

Care plans gave a good level of detail for staff to reference if they needed to know what support people required. People and relatives had been involved to ensure they reflected what people wanted. People received the care and support as detailed in their care plans. The staff knew the people they cared for as individuals. People had access to activities that met their needs.

People knew how to make a complaint. Documents recorded that complaints had been responded to in accordance with the provider's policy.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Accident and incident records were kept, and were analysed and used to improve the care provided to people. Records for checks on health and safety, infection control, and internal medicines audits were all up to date.

Summary of findings

People had the opportunity to be involved in how the home was managed. Meetings and surveys were completed and the feedback was reviewed, and used to improve the service.

The manager and staff had made improvements around the home since our last inspection, so that people received a good standard of care. A relative said, “Come here if you want somewhere where staff know people as individuals; it’s clean, it’s homely, and staff are caring.”

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to meet the needs of the people. People received support quickly when they needed it.

Staff understood their responsibilities around protecting people from harm and the risk of abuse.

The provider had identified risks to people's health and safety and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them. Medicines were stored in a clean and safe environment.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there. Some training needed to be refreshed, as the external training given to staff had not been effective, as their knowledge did not match current best practice.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve when they came to live here.

Is the service caring?

Good

The service was caring.

People told us the staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals; People told us that they could understand staff.

People were supported to be independent and make their own decisions about their lives. They could have visits form friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive to the needs of people.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans.

Summary of findings

People had access to activities that they found interesting and further improvements had been planned.

People knew how to make a complaint. There was a clear complaints procedure in place. Complaints had been dealt with in line with the provider's policy.

Is the service well-led?

Good

The service was well- led.

Quality assurance records were up to date and used to improve the service.

People and staff were involved in improving the home. Feedback was sought from people via an annual survey, and regular house meetings; staff had regular meetings to talk about the home.

The home did not have a registered manager; the current manager had submitted their application the CQC. Notifications had been submitted to CQC in line with the health and social care act 2008

Firtree House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 16 December 2015 and was unannounced. At our previous inspection in March 2015 we had identified three concerns. These have since been addressed by the provider and manager to improve the outcomes for people.

The inspection team consisted of two inspectors and a nurse specialist who was experienced in caring for elderly people.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We also reviewed the 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.

During our inspection we spoke with five people, six relatives, two visiting health care professionals and seven staff which included the manager and provider. We observed how staff cared for people, and worked together. 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. We also reviewed care and other records within the home. These included six care plans and associated records, three medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the staff.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Firtree House Nursing Home. One person told us, "I feel very safe, everybody looks after us so well." Another person said, "Staff are kind, and look after me." Relatives were confident that the home offered a safe service for their family members. One relative said, "I feel it's very safe." Another said, "My family member couldn't be in a better place."

People were protected from the risk of abuse. Staff were clear about the steps they would need to take to protect people if they suspected they had been harmed or were at risk of harm. Staff knew that they would need to report abuse or suspected abuse to relevant agencies outside the home if required. One staff said, "We would report concerns." Another said, "We would always say something if we thought there was a problem." Staff knew they would need to contact social services or the police if necessary. The safeguarding policy for the home reflected current guidance and clearly outlined what constituted abuse and the steps that staff should take to address any concerns. This included raising issues with the home's manager and also contacting relevant external agencies when appropriate. Staff understood the process of whistleblowing and felt confident they would be supported by the provider.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people living at the home. One person said, "I think there are enough staff, I'm never neglected, and I haven't seen anyone else neglected either." Another said, "Whenever I need something they come straight away." Staff confirmed that although there were occasions when they were short staffed due to sickness, steps were taken to address this issue and staff would pick up additional shifts to ensure that there were sufficient numbers of staff on shift. People's care needs had been assessed and a staffing level to meet those needs had been set by the manager. Levels of staff seen during the day of our inspection matched with the level identified as being required to meet people's needs. Staffing rotas also confirmed that the appropriate number of staff had been in the home to support people for the previous month.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. Staff were made aware of accidents and incidents through regular handovers between shifts. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed.

People were kept safe because the risk of harm from their health and support needs had been assessed. Assessments had been carried out in areas such as mobility, support at night, use of bed rails and risk of pressure sores. Measures had been put in place to reduce these risks, such as pressure relieving equipment for people at risk of developing pressure sores. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, fire safety and clinical waste disposal. Staff worked within the guidelines set out in these assessments. Equipment used to support people was regularly checked to make sure it was safe to use. Items such as hoists and fire safety equipment were regularly checked. A call system was in place to alert staff when people needed assistance.

People were cared for in a clean, safe and generally well maintained environment. Relatives said the standards of housekeeping and cleanliness at the home were good. One relative said that their family member's room was, "Spotless." Cleanliness around the home and improved since our last inspection. It was clear there were systems in place to prevent cross contamination as there were different coloured cloths and buckets for various jobs. Daily cleaning charts were kept and carpets had a schedule for deep cleaning. There were no odours around the home, which confirmed people were cared for in a clean and safe environment. Staff followed best practice when providing care, or carrying out cleaning duties, such as wearing gloves and aprons and washing their hands to reduce the risk of spreading an infection.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The concerns we had identified at our previous inspection had been addressed.

Good

Is the service safe?

People's medicines were managed and given safely. The nurse checked the picture on the front of the person's medicine administration record (MAR) chart to check they were giving it to the correct person; they ensured the medicine trolley was locked whenever they left it; and ensured that all medication had been swallowed before going back to sign the MAR chart. This was a safe working system, as people could be assured they had the right medicines at the right time. One relative described how their family member needed to have their medicines administered covertly due to reluctance to take the medicines. Their family had been involved in making a best interests decision about how to administer their medicines.

Staff confirmed that they would be told about any medicines that had been prescribed and administered for people who lived at the home if they had particular side effects that they should be aware of when working with that person. For example, one person had been prescribed a medicine that may make them unusually drowsy. Staff told us that the manager had made them aware of this and they knew to monitor the side effects of the medicine.

Staff that administered medicines to people received appropriate training, which was regularly updated. Their competency was also checked by a senior staff member to ensure they followed best practice. Staff who gave medicines were generally able to describe what the medicine was for, how it affected the person's body and any precautions they needed to take, to ensure people were safe when taking it. One staff member was still learning and the manager was made aware that their knowledge of the medicines could improve.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use. Medicine given on an 'as needed' basis was managed in a safe and effective way and staff understood the purpose of the medicines they administered.

People's care and support would not be compromised in the event of an emergency. Emergency plans were clear and detailed. Each person had a personal emergency evacuation plan in place, which detailed to staff exactly what support was required to support people out of the house. Staff were aware of the steps they would need to take to protect people in case of fire. Staff were able to outline how evacuation would be managed to safely get people out of the home. The manager had carried out training specifically for night staff to ensure they were trained appropriately to manage the situation in case of fire.

There was a business continuity plan that outlined how the home would continue to operate in case of bad weather or other events that effected the safe operation of the home. This included details about which other agencies should be informed in case of certain events. The plans included specific information about where people would be taken to if it was necessary to evacuate the home.

Good

Is the service effective?

Our findings

People and relatives told us that staff had sufficient knowledge and skills to enable them to care for people. People told us they thought staff knew how to take care of them. Staff told us training had been provided to enable them to do their jobs. Relatives were confident that staff at the home had received suitable training to allow them to carry out their roles effectively. For example, staff had completed moving and handling training and relatives reported that they had seen practical sessions being carried out that would give staff the skills they needed to support people with mobility difficulties safely.

We identified one area where training had not been as effective as it could have been. Staffs first aid knowledge did not match best practice and current guidelines, even though they had received training this year form an external provider. The manager immediately booked training sessions for the staff and confirmed to us that these had been completed two days after our visit.

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they had the skills to support people effectively. The induction was based on the new care certificate to ensure staff covered nationally agreed best practice. Staff received regular ongoing training to ensure their skills where kept up to date to support people. The manager had ensured that care workers undertaking the Care Certificate had their written work and practical skills reviewed to ensure the could give a good standard of care. Staff had received training on skin care and the prevention and management of pressure wounds. They were aware of the need to monitor and report any concerns to the nursing team. Staff were able to take additional training if they wished. One staff had refreshed their NVQ in cleaning this year, which resulted in a much cleaner home.

Nursing staff were well managed. The manager had provided information for the registered nurses regarding revalidation of their registration as nurses. She had also arranged for training in venepuncture, so nurses could refresh their skills. Specialist equipment was in place for any people who were at risk of developing pressure wounds and air flow mattresses were used to prevent potential problems. Staff were aware of the need to use the equipment properly to ensure it was effective by monitoring the setting in accordance with instructions

Staff were effectively supported. Staff confirmed that they received regular supervisions and felt supported in their work. They had regular supervisions (individual one to one meetings with their line manager) and annual appraisals. They said supervisions were helpful and they were able to request extra supervisions if they felt they needed additional support. Staff told us they could approach management anytime with concerns.

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.

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. One person said, “They always ask my permission, and explain what they are doing. I can always say no, if I wish.” We heard good interaction from staff with the people they supported. Comments such as, “We'd like to move you back into the comfortable chair. Are you happy for us to do that now?” showed that staff understood consent and involved people in making decisions.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Assessments of people’s mental capacity had been completed. Where people did not have capacity, relatives with a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people’s right to take risks and the necessity to act in people’s best interests when required. They were able to describe the purpose of the Act to us and its potential impact on the people they were caring for. Staff were aware of the need to

Good

Is the service effective?

ensure that relevant people were included in any best interest's decisions in relation to medical and welfare decisions. Staff were able to give examples of when a best interest's decision might be needed. One staff member told us, "We would talk it through with the family."

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. One person said, "I love the food, its food of our generation. The cook gets to know what we like to eat." Another person said, "It (the food) is very nice." One relative said, "You can't fault the food – it's brilliant." People were involved in the menu planning and had access to the food the liked. If people did not like what was on the menus an alternative was always provided.

Lunch was observed to be a quiet, dignified and social event. People ate independently or were supported by staff when needed. Staff were patient and waited until people were ready for their next portion. Staff chatted with them during the meal and sat face to face, ensuring people had their attention. People were regularly provided with drinks throughout the day of our inspection and encouraged to drink. Staff supported people to drink when they had difficulty picking up cups, to make sure they had enough to drink.

People's special dietary needs were met. A relative was pleased that even though their family member had a soft diet their meals were still served in an attractive way. Staff were aware of special dietary needs such as soft diets and which people needed a thickening agent added to their drinks to allow them to swallow safely. The chef maintained an up to date record concerning the dietary needs and preferences of people who lived at the home to ensure they had the correct type of food to meet their needs. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. One person had lost weight and this had been identified by staff and steps had been taken to address this.

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. People said they were able to see the doctor whenever they needed to. One person said, "If you're not well they call the doctor straight away, there's no dilly-dallying here." A relative said that the service had acted swiftly when their family member was unwell and an ambulance had been called straight away. Care files demonstrated that people had regular access to external health care professionals. Regular visits were also carried out by a chiropodist, and optician. Staff confirmed that information from other healthcare professional was shared with them during handovers, so they were kept up to date with peoples changing needs.

Good

Is the service caring?

Our findings

We had positive feedback from people about the caring nature of the staff. People told us that they had good relationships with staff and that staff were kind and caring. One person said, "Oh definitely they are caring." A relative said, "Come here if you want somewhere where staff know people as individuals, it's clean, it's homely, and staff are caring." Another relative said, "The staff approach is caring." Staff said they felt the home now had a, "family feel," another said, "We're like a family."

People looked well cared for, with clean clothes, tidy hair and appropriately dressed. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Two visiting health care professionals said, "The carers are nice and friendly, they really know the people and chat away to them all the time."

Staff were very caring, attentive and had good interactions with people. Staff were knowledgeable about people and their past histories. One staff was thrilled to introduce us to a lady who had been a nurse before the war and was 100 years old. Throughout the home it was evident the staff knew the residents well. One person said, "They know I like to do things my own way." Relatives told us staff knew their family member well enough to be able to support them with their care needs. The activities coordinator and manager had completed life histories of people. This included information about their family background, work history and significant people in their lives. Staff told us that this was useful information as it helped them to relate to the people and engage with them.

People were able to make their own decisions about their care, and this was support by staff. A relative told us that their family member had recently opted to stay in bed longer in the morning. The staff had adjusted by providing the person's breakfast and personal care when they choose to get up.

Staff showed a clear understanding of the needs and preferences of the people they supported at the home. Staff were able to explain how some people should be supported due to difficulties with their mobility. Staff were aware of which people in the home needed additional support due to their dementia. Staff had attended specialist dementia training and they engaged with people in a patient and caring manner. For example, staff ensured they were at eye level when speaking with people. Relatives who visited the home confirmed that the staff approach was consistently caring. One relative said that the people at the home could be challenging to support due to their dementia but the staff knew people well and they would take steps to prevent people from becoming agitated. For example, the chef would arrange to serve lunch first to one person who may become upset around lunch time.

Staff communicated effectively with people. Staff understood what people said and also their facial and body expressions when people were unable to speak. People could also understand the staff when they spoke. This would ensure peoples wishes and needs would be understood by the staff. Staff were seen to speak to people in a manner and pace which was appropriate to their levels of understanding and communication.

People's dignity and privacy were respected by staff. People were all positive about the kind and respectful nature of the staff. Staff explained how they protected people's privacy and gave examples such as ensuring people were covered when they were provided personal care and curtains and doors were closed. Staff were heard to call people by their preferred name and they listened to what people said. Staff were very caring and attentive throughout the inspection. When giving personal care in people's rooms doors were closed to protect the person's dignity and privacy. People could have visitors when they wanted and had areas of the home they could sit and talk with them in private if they wished.

People were given information about their care and support in a manner they could understand. Staff were aware of the need to involve people when supporting them and they were able to give clear examples of how and when they would encourage people to be as independent as possible. For example, they would offer choices concerning decisions such as if a person wanted a bath that day and what activities they would like to take part in.

People's rooms were personalised with family photographs, ornaments and furniture. This made the room individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith.

Good

Is the service responsive?

Our findings

People were positive about how the service met their needs. People said they were involved in their care planning and staff supported them and met their needs. Relatives were also complimentary about the improvement that had been made to the home and the how the experiences of their family members had improved. People's care and treatment was planned and delivered to reflect their individual care plan. The records were legible and up to date.

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. People were able to visit the home and talk with the manager and staff, and to look around to see if it would be a place they could be happy.

People were involved in their care and support planning. People confirmed that they had been involved in completing the care plans. Where people could not be involved themselves relatives were involved. Relatives were overall very pleased with the care and support given, and the improvements made by the manager and the staff.

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. They gave a good level of detail for staff to be able to give people they care they wanted. Care plans were written in a positive way, and guidance given to staff to encourage people to participate in activities and assist them in lifestyle choices. Care plans were comprehensive and were person-centred, focused on the individual needs of people. Care plans addressed areas such as communication, personal care, pain management, moving and handling needs, and behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. Care planning and individual risk assessments were reviewed monthly, with appropriate ongoing observations, or more frequently if required to keep them up to date.

People had access to a range of activities. One person said, "I can't walk, and the staff make sure I have things to do. I do my knitting and I have been out on trips to the seaside and the theatre." Improvements had been made to the provision of activities for people since our last inspection. One person said, "I like the bingo – we can win prizes as well." More outings in to the community were offered, and more was available in the home. A member of staff had been allocated as the activities person and they were seen to offer a good selection of group and one to one activities with people. Relatives were positive about the activities on offer at the home. One relative praised the home's activities coordinator for the enthusiasm they brought to the role. The activities coordinator was knowledgeable concerning the types of activities people enjoyed and this was reflected in the programme of activities on offer. They were aware of the need to regularly offer different types of activities to ensure they remained interesting for the people who lived here. People were alert and engaged with conversations with each other and the staff throughout the day of our inspection. People who lived with the experience of dementia lived in an environment that prompted memories, such as pictures on the wall and some rooms had memory boxes on the doors.

People's independence was promoted by staff. When staff supported someone to eat, they encouraged him to hold the fork himself. He refused so they helped, and then prompted him again to see if he had changed his mind about holding the fork for himself. People were supported to walk independently, and were able to walk all around the ground floor if they chose.

People were supported by staff that listened to and responded to complaints. One person said, "I would tell the Matron, if they know we don't like something they are happy to make changes for us." People and relatives knew how to raise a concern or make a complaint. People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed. Complaints had been dealt with in line with the provider's policy, and to the satisfaction of people that made them. One complaint had a number of points and the manager had taken the time to investigate and respond to each point raised.

There was a complaints policy in place. The policy clearly outlined how the home would respond when a concern was raised. This included timescales and information

Good

Is the service responsive?

about other agencies complainants could approach if they were not happy with how the complaint had been managed such as the Local Government Ombudsman Relatives spoken with were confident that they would be listened to if they raised concerns. Relatives told us that they had opportunities to speak about any issues at regular meeting. A relative said, “The manager has listened to our concerns.”

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. One person said, "It's a lovely and warm atmosphere here, I feel we are well cared for."

Relatives were positive about the improvements that had been made to the operation of the home over the past year. One relative said the home was, "120% better than it was and there was a stable staff team in place that was helping to maintain standards." They said they were, "Very confident in the manager," and this gave them, "Peace of mind." Another relative said, "The manager is making positive changes."

The home was currently without a registered manager. A manager was in post and their application to CQC had been submitted, and they had recently completed their fit person's interview with the CQC. The manager provided good leadership for the home and supported the staff team in providing care and support when needed. Relatives were positive about the management of the home. One relative said, "They are on top of things," and went on to say, "Staff are open, they tell me when things go wrong."

People were reassured by the presence of the manager, who was visible around the home on the day of our inspection. She observed staff practice to ensure it was of a good standard, and checked with people that they were happy and well looked after. One person said, "Matron (the manager) is very good, she chats to us all and asks if we are alright."

Staff told us they enjoyed working here, which gave a positive atmosphere for the people who lived here. Staff expressed confidence in the home's manager. One staff member spoke positively about the way in which the manager had developed and maintained a transparent culture and said that 'everything is out in the open'.

Records management was generally good. We did identify a few minor issues with completion of records. The manager had already identified some of these issues and was working to correct them. The concerns we had identified at our previous inspection had been addressed.

Regular checks on the quality of service provision took place and results were actioned consistently to improve the service people received. The manager and other senior staff regularly checked to ensure a good quality of care was being provided to people. Audits were completed on all aspects of the home. For example, an audit was carried out by senior carers to ensure that care plans were checked and up to date. There was a 'resident of the day' system in place and this included checks on individual bedrooms to ensure they were safe, and met people's needs. Other areas covered by the audits included infection control, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. Actions were being completed, for example staff supervisions and appraisals, which had been identified in an earlier internal audit, were now taking place. The concerns we had raised at our previous inspection had been addressed.

People and relatives were included in how the service was managed. Relatives were asked for their views of the service during relatives and residents meetings. Surveys were also used to gather the views of relatives during the year so the manager could see if the home was meeting people's needs, and improving.

Staff felt supported and able to raise any concerns with the manager. One staff said, "I've had lots of support." Another staff member told us that they had been given lots of opportunities to learn and gain experience due to the efforts of the home's manager. Staff understood what whistle blowing was and that this needed to be reported.

The manager had listened to staff passed on concerns they raised to the provider. One staff said, "She gets things done." As a result the method of staff payment had been altered, and a plan to pay staff by automatic bank transfer was due to begin in April 2016. This resulted in an increase in staff morale, which made a more positive environment for people. The manager had regular access to an outside agency who offered guidance and support to implement best practice processes across the home.

Staff were involved in how the service was run and improving it. Regular staff meetings were held at the home and staff expressed the view that they could raise any issues and they would be listened to by the home's manager. They discussed any issues or updates that might have been received to improve care practice. One staff member described the manager as 'open and honest' and

Good

Is the service well-led?

said that this was reflected in how the home was run. Staff were encouraged to report problems and they told us they felt confident they would be supported if they raised concerns.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home.