Thornrest Ltd

Longworth House Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

Longworth House Nursing Home is a semi-detached property in a residential area close to the centre of Eastbourne. It provides care and support for up to 20 older people with nursing needs. The care needs of people varied, some people had more complex health care needs including end of life care. Others had minimal nursing needs that were associated with increasing physical fragility and medical conditions that were managed with support and close monitoring of people's health, including diabetes. Some people had limited mobility and were assisted with moving and others had additional needs associated with dementia. The home provided respite care for people wanting short stays in a nursing home. At the time of this inspection 16 people were living at the home.

This inspection took place 11 and 17 March 2015 and was unannounced.

Summary of findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager had told the provider they were unable to remain as the manager. A replacement manager had not been appointed. Due to staff vacancies the registered manager had recently had minimal management hours to undertake her management role.This reduction did not ensure the manager had adequate time to ovesee all areas of quality and safety. The provider had agreed to provide at least 30 hours management time for the registered manager as part of the registration process.

Some aspects of the home were not safe. Environmental risk assessments did not ensure all risks were identified and responded to effectively. This meant people may be exposed to risks like hot water or hot piping. Medicines were stored, administered and disposed of safely by staff who were suitably trained. However, guidelines and records relating to PRN and topical creams were not always clear and could mean that medicines were not given in a consistent way.

Feedback received from people and their representatives through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. Communication was a key area that the registered manager had focussed on people and staff had benefitted from this open and positive culture.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home. Staff had a clear understanding of the procedures in place to safeguard people from abuse.

Staff were provided with a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe fashion. The registered nurses attended additional training to update and ensure their nursing competency.

Staff knew and understood people's care needs well and there were systems in place for all staff to share information. The care documentation supported staff with clear guidelines and reference to people's choices and preferences. This ensured staff responded to people on an individual basis.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Relevant guidelines were available within the nursing home for all staff to reference. Staff at all levels had an understanding of consent and caring for people without imposing any restrictions.

People were complementary about the food and the choices available. Mealtimes were unrushed and people were assisted according to their need. Staff monitored people's nutritional needs and responded to them.

People had access to health care professionals when needed. Staff supported people and their relatives to ensure this access was well used and appropriate. A healthcare professional told us staff referred people to them appropriately and followed their advice and guidance to promote good health and nursing care.

There was a variety of activity and opportunity for interaction taking place in the nursing home. This took account of people's physical and mental limitations and were based on what people enjoyed. Visitors told us they were warmly welcomed and felt they could come to the nursing home at any reasonable time.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. A complaints procedure was readily available for people to use.

Feedback was regularly sought from people, relatives and staff. Staff meetings were being held on a regular basis this along with constructive handover meetings enabled staff to be involved in decisions relating to the home and people's care. People were encouraged to share their views on a daily basis and satisfaction surveys were being used.

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?

Requires Improvement

Some aspects of the service were not safe.

Environmental risk assessments did not ensure all risks were identified and responded to effectively.

Medicines were stored, administered and disposed of safely by staff who were suitably trained. Guidelines and records relating to PRN and topical creams were not always clear and could mean that medicines were not given in a consistent way.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough staff on duty to meet the needs of the people.

Appropriate checks where undertaken to ensure the provider employed suitable staff to work at the service.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

Staff ensured people had access to external healthcare professionals, such as the doctor or district nurse when they needed it.

The registered manager was aware of the Mental Capacity Act 2005 and DoLS and how to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of activity that staff supported them with either in groups or individually. People had their social arrangements assessed and responded to.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Some aspects of the service were not well-led.

Requires Improvement

The registered manager and provider had a high profile in the home and people and staff felt the home was well managed. However, the management hours available to the registered manager did not ensure an effective overview of all quality and safety issues.

Systems were in place to maintain equipment and to audit the care and services in the home.

The level of communication at all levels was well established promoted an open culture and good team spirit.

Longworth House Nursing Home had identified aims and objectives that were shared with people and staff. Staff received training on these during their induction.

Longworth 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.

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection took place on 11 and 17 March 2015 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home which included safeguarding alerts, associated investigation undertaken by the local authority and notifications received. A notification is information about important events which the service is required to send us by law.

We spoke to a commissioner of care from the local authority before the inspection. After the inspection we spoke with a Tissue Viability specialist and received feedback from four visiting GPs who work in a local practice.

During the inspection we spoke with eight people who lived at Longworth House Nursing Home. We spoke with four relatives, five care staff including a registered nurse and the registered manager a cleaner and the chef.

We observed care in communal areas to get a full view of care and support provided across all areas, and in individual rooms. We observed lunch sitting with people in the dining room/lounge. The inspection team spent time observing people in areas throughout the home and were able to see the interaction between people and staff.

We reviewed a variety of documents which included four care plans and associated risk and individual need assessments. We looked at four recruitment files and records of staff training and supervision. We read medicine records and looked at policies and procedures, record of complaints, accidents and incidents and quality assurance records. We listened to a staff handover session.

Longworth House Nursing Home was registered with a new provider in December 2014 and does not have a previous inspection report.

Requires Improvement

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Longworth House Nursing Home, the care was correct and the environment was safe and suitable. They told us that staff worked in a way that protected them from abuse, unkindness and bad practice. When asked what helped them to feel safe people made the following comments, "Staff answer our call bells quickly," "They do anything they can help us and keep us cheerful," and "Nothing is too much trouble for the carers." Relatives told us, "We can see people are safe here, we can see for ourselves, we have watched the day to day actions of staff."

However, we found that the environmental risk assessment completed did not cover all areas of risk to people. They did not record if window restrictors were checked for safety. We noted that the risk assessments had not identified hot piping that had not been covered to ensure people's safety. In addition we found that hot water supplied to areas accessible to people had not been restricted to a safe temperature. Some areas accessible to people had hot water supplied at a temperature over what is recommended as safe by the health and safety executive. This meant people were at risk from scalding. This was identified as an area for improvement.

The medicine storage arrangements were appropriate. These included a drugs trolley and suitable medicines storage cupboards. The registered nurses administered all medicines individually from the medicines trolley and completed the MAR chart once the medicine had been administered safely. Staff were professional in their approach checking that each person wanted to receive their medicine and asking if they had any pain or discomfort.

However, we found that the records relating to topical creams were not always clear and accurate. For example, when a cream was prescribed to be applied twice a day records indicated that it was applied once. This meant that prescribed creams may not be being applied as prescribed.

Some medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Individual guidelines for the administration of PRN medicines were not detailed enough to ensure staff gave them in a consistent way. These guidelines should record why, when and how the medicine should be administered, for example maximum four dosages in 24 hours. The lack of clear guidelines for staff to follow meant medicines may not be given in a consistent way and was identified as an area for improvement. For example, when pain killers were administeredstaff were not recording the time that these were given. This lack of consistency could mean that people did not get medicines as they needed them.

Longworth House Nursing Home was clean and was well decorated and maintained internally. The provider had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were displayed in key areas that included what to do in the event of a gas leak, electrical failure and flood. Staff had access to relevant contact numbers in the event of an emergency. Staff knew what to do in the event of a fire. One staff member explained when and how they would use an evacuation sling and told us they had practiced using it during fire evacuation training. Fire procedures and risk assessments were in place along with individual evacuation plans for each person living in the home. The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation.

Staff and people told us there was enough staff to ensure people had their care and support needs met on a daily basis. There were minimal staffing levels that were maintained. Further staff were being recruited and agency staff were being used until staff were able to take up these posts. The registered manager reviewed the staffing with the care staff and registered nurses working in the home regularly. She was confident that if extra staff were needed the provider would ensure they were available with the use of agency staff if required. All areas of the home had call bell facilities and staff had ensured people were able to use these when they needed any help. Staff had placed call bells within reach of people so they were able use them when they needed assistance.

Staff received training on safeguarding adults. Staff and records confirmed this, staff knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be

Requires Improvement

Is the service safe?

quickly identified and addressed immediately by any of the staff team. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. However, we noted that one recently employed staff member did not have a reference from their most recent relevant employer. The registered manager confirmed that this would be followed up to ensure all information was used to make decisions about employment. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

Systems were in place for staff to assess risks for people and to respond to them. Records confirmed people were routinely assessed regarding risks associated with their care and people's health and nursing needs. These included risk of falls, skin damage, nutritional risks and moving and handling. Care plans also reflected the risks associated with medical conditions like Diabetes and strokes.

Information from the risk assessments was transferred to the main care plan. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear, accurate and up-to-date information about how to reduce risks. For example, one person had lost weight and staff responded to this with monitoring the food eaten and offering regular extra food. This included sandwiches at night. This was monitored closely by the nurses and care staff. One relative told us how staff had responded to a person's risk effectively. "My sister had many bad falls when she was at home, when she came here she had a bell-alarm but still managed one fall. It was always from her bed. Immediately they placed a sensitive mat at the bedside and the minute her feet touch the floor someone responds. She hasn't fallen since. It's a great relief to me."

People were supported to move safely around the home, with support provided when needed and offered when people looked unsteady. Two people told us that they had recently purchased wheeled walkers and staff had helped them with this. One person said, "The walkers make you feel safe, when you walk around, You can carry bags and books on them." We saw staff use lifting equipment safely and reassuring people as they were being moved. Staff told us they had been training on moving people safely and had training on safety issues in the home and related to care.

Good

Is the service effective?

Our findings

People told us that staff were well trained and felt that staff took account of their health and safety. All feedback about the food was positive apart from one person who thought the meat was "a bit cold." People said that the food was well presented and nutritious. They talked about the choice they were offered and the alternatives that were given. One person said, "If you don't like the choice they will make you an omelette." Relatives felt the food was what people wanted and needed. They said the food was appetizing and everyone enjoyed the meals that were provided. One relative told us how meals had been adapted for one person who was losing weight. Staff provided a nutritional drink in addition to meals and this had improved her appetite and weight.

Most people ate in the lounge/dining room either at individual tables or at a dining table that had room for six people. Some people had chosen to eat in their own rooms and where people wanted to eat was respected. One person told us that they preferred to eat in his own room where he felt 'more comfortable'. We observed the midday meal, a roast dinner, which was cooked twice a week. People were offered a glass of wine with their meals and a social atmosphere was promoted through the meal time. Staff spent time encouraging and supporting people when needed in an unrushed and discreet way. For people who had difficulty in eating and swallowing suitable meals were provided that included minced meat and pureed meals.

People had access to food and drink throughout the day and included a range of drinks from the drinks trolley including milky drinks. Staff offered people drinks and additional foods including cakes, biscuits and cheese regularly. Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. Drinks were thickened to ease swallowing when specialist advice indicated this treatment.

The chef told us they had a budget for food and they could change and add to this as they needed to. He confirmed cooked breakfasts were available but not asked for often. Evening snack meals were mainly cooked by care staff if they want anything hot otherwise people had sandwiches and soup. People said they were happy with their evening meals and said they could ask for hot alternatives. Desserts were varied and included fresh fruit and yoghurts as alternatives.

People told us that staff working in the home were skilled and looked after them well. One person said, "They are well trained for the work they do" Staff told us that they received training and support that provided them with the necessary skills and knowledge to meet the needs of people living at Longworth House Nursing Home. They said that the training had been improved with more availability and the registered manager ensured staff completed appropriate training as required. Records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, safe moving and handling, and safeguarding. Additional training on specific aspects were also accessible for all staff. One staff member told us that they had attended end of life care provided by the hospice staff. They also told us they were interested in consent and capacity issues and had enjoyed recent training that generated discussion within the home about promoting individual choice. Most of the care staff had undertaken a health and social care qualification.

Trained staff were supported to update their nursing skills, qualifications and competencies. One nurse told us that they had recently undertaken update training on diabetes, urinary catheterisation and the management of artificial feeding equipment. They told us that they had the skills to look after the people living in the home and would access training they felt they needed through the home or externally if required. The registered manager told us staff training had been reviewed with an emphasis on providing further specialist training to ensure the needs of people were appropriately responded to. They gave the example of further dementia care training as more people were living with a dementia.

The provider had established an induction programme that new staff completed. The induction training was based on Skills for Care. These reflect the standards that care staff need to meet before they can safely work unsupervised. One new staff member told us the induction programme had included a shadowing period alongside an allocated

Good

Is the service effective?

senior staff member. Practical skills were assessed including safe moving and handling. Direct observation confirmed all staff knew how to move people safely using equipment when necessary.

Systems were in place to support and develop staff. Staff told us that they felt supported by the registered manager and the provider. They said that they had regular supervision which gave them the opportunity to discuss individual training needs and development with the registered manager. One staff member said, "I receive excellent support and all necessary training." Records confirmed that supervision was used to reinforce training and best practice. For example, recent clinical supervision session with the trained nurse had included observation of practice and discussion on action to take following needle stick injury. Staff appraisals were being planned and some staff had been written to advising them of the forth coming annual appraisal. These letters included guidance for staff to prepare for a productive appraisal.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted to and were supported in attending hospital appointments. For example, one relative told us how the staff organised regular appointments at the hospital diabetic clinic. Records confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. This included the community psychiatric nurse optician and chiropodist. A tissue viability specialist confirmed that they were contacted in a timely fashion and the advice they provided was responded to appropriately.

Staff recognised that people's health needs could change rapidly especially for people living with a progressive condition, leading to end of life care. Staff told us that they watched for any signs of ill health. One staff member said, "People's chests can get bad especially in the winter." The registered manager said everyone was re-assessed each month or more often if their health needs had changed. Records seen confirmed a monthly review was undertaken.

Systems for organising work and communication between staff had been established. Each shift began with a handover which covered the whole home. Staff were allocated areas in the home to work and some additional tasks including laundry duties were allocated. Staff knew each person in the home well and spoke regularly to the nurse to update them on the care and support provided.

All staff had completed some training on the Mental Capacity Act (MCA). The staff understood the principles of the MCA and gave us examples of how they ensured people were able to consent to their care and support. Staff were constantly asking people for their agreement and consent. For example, when the television was turned on staff checked with everyone if this was what they wanted and how they wanted this done. This included what channel and the volume control. Mental capacity assessments were completed on each person on admission as a baseline assessment. The registered manager confirmed that these would be completed again in relation to any individual decision. Staff were aware any decisions made for people who lacked capacity had to be in their best interests and would include appropriate representation for the person concerned. The registered manager discussed the use of an independent mental capacity advisor when people did not have any relatives.

The service was meeting the requirements of Deprivation of Liberty Safeguards DoLS). These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. The registered manager and most of the nurses had undertaken additional training on DoLS. No DoLS had been applied for, however the registered manager had relevant contact details, guidelines and referral forms to use if required.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received and the staff were kind caring and compassionate. One person said, “Staff are happy, cheerful and always caring and concerned.” Another said, “You wouldn’t find a better place to be.”

The relatives were regular visitors to the home and they told us they were very satisfied with the care provided, able to visit at any time and were made to feel very welcome. The relationship between staff and visitors was relaxed and friendly and allowed for good communication. One relative said, “I come most days and they always offer us tea when we visit.”

Staff approached people in a sensitive caring way that did not rush people and supported people in a way that promoted their independence but met their needs. For example, they encouraged people to eat independently but were there to support when needed. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. Staff ensured those who were not able to drink and eat had regular mouth and lip care. People told us that they were in a home that responded to their health restrictions and fragility.

All staff had a good knowledge and understanding of the people they cared for. They were able to tell us about people’s choices, personal histories and interests. For example, staff knew one person liked to watch videos in their own room but ‘loves bingo in a group in the afternoons’. Staff understood the importance of an individual and caring approach and understood the key principles that underpinned dignity.. One said, “I always treat people as a family member it is so important.”

Staff talked to people and involved them whenever possible in the assessment process. Records confirmed that people or their representatives were involved in planning the care and support to be delivered on an individual basis. Records confirmed that staff recorded people’s allocated representatives to ensure people’s individual wishes were responded to. One person did not have any allocated representative and the registered manager advised us that a suitable advocate would be sourced and used when needed.

People had their views taken into account and their differences responded to. People’s rooms were individual and reflected their differences. Bedrooms had a number of people’s own items in, including pictures and photographs. One room had been decorated with a colour that the occupant had chosen and was distinctive to them. One person had a calendar with family pictures in. Staff looked at them with the person talking about close relatives and listening to any comments made, this gave them a sense of identity.

People were treated respectfully, with dignity and offered privacy. People and relatives told us they considered that they were treated with great respect and dignity. They talked about the pleasant atmosphere staff maintained and one person reflected on how staff were “vigilant and very discreet when caring for someone who was dying.” Throughout the inspection day we saw staff talking with people in a caring and professional manner. There was friendly ‘banter’ between people and staff. People were happy and comfortable in the company of staff. Showing affection to staff that they had not seen for a while. Staff asked people discreetly if they needed the toilet and were seen to knock on people’s doors before entering.

Staff understood the importance of maintaining people’s confidentiality. Records were kept securely within an office area and staff spoke about maintaining accurate and clear and professional records. Staff told us that information about people was only shared within the home with staff and people were not discussed outside. One staff member told us, “it is important even when sharing information with people’s relatives that this is what that person wants you to do.”

Good

Is the service responsive?

Our findings

People felt that they could make a complaint at any time and they would be listened to. One person said, "I am very vocal I would make a complaint if I needed to. " Another said, "If I had a complaint I would go to the top man." Relatives told us that they were comfortable in the home and would raise any concern they had directly with the staff. They felt any complaint would be dealt with quickly and effectively. One relative was talking to staff about a problem with a hospital and staff were listening to her. They indicated that they wanted to make a complaint about the hospital and staff were supporting her to do this.

The home had a clear complaints procedure that was displayed in the front entrance of the home. We were told that there were no formal complaints received by the home for over a year.

The registered manger confirmed that if a complaint was received it would be recorded documented and responded to in accordance with the home's procedure.

People were encouraged to share their views on the service on a daily basis during discussion with the registered manager and staff. The registered manager advised that she maintained regular contact with people and their relatives to facilitate communication and feedback. Recent compliments cards sent by relatives were displayed in the office for staff to read. This ensured staff could access positive feedback from people using the service when received.

The home supported people to maintain their hobbies and interests and to lead an interesting life. An activities person visited the service each week and over the time they had been visiting, they had gained a close relationship and understanding of the people living in the home. Everyone told us that they looked forward to his sessions and enjoyed the different tasks and entertainment he facilitated. He was well thought of by people and their visitors. One relative who visited his wife everyday said, "I do not feel obliged to come in on Tuesday as my wife joins in the games."

We were told about trips that had been arranged at Christmas and a tea party which had been arranged to meet people from other care homes. The home had a designated staff member who worked with people to do things that they liked to do. This staff member told us, "I have been supported in arranging outings to a local zoo and for painting and vegetable growing in the garden."

People had their individual social needs assessed these took account of people's past lifestyles, likes and dislikes. For example one person liked knitting this was recorded in her care plan and we saw that she spent some of her time knitting during the day. Another person told us how the staff accommodated their individual needs that they loved their room and were able to indulge their passion for reading. "I have the best room in the house with good views, I am a book worm and I have lots of books to read."

People had a full needs assessment completed before admission to the home. This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met. The assessment took account of people's beliefs and cultural choices. For example, what religion or beliefs were important to people. The home had a visiting non-denominational church for people to attend a service if they wished. People were able to have representatives from other faith and religions if they wanted.

Care plans were written following admission and reviewed on a monthly basis. The care plans included daily preferences for example, when people like to go to bed and get up and how often people like showers and baths. Reviews undertaken took account of health, social and emotional changes. Equipment and staff training ensured people could have their needs met. People who spent a lot of time in bed told us they were pleased with the equipment provided that enabled them to shower in a 'wet room'. Observation confirmed that staff used equipment to move people safely.

Requires Improvement

Is the service well-led?

Our findings

People told us they were happy living at Longworth House Nursing Home and they were impressed with the way the home was managed. Other comments reflected on the open the friendly environment and approachability of the manager and senior staff working in the home. One person said, "I know the manager well I can talk to her about anything." People and relatives knew who the registered manager was and knew the provider also visited the home and was available to talk to if they wanted to. People felt the everything was well organised. Contact from a local GP confirmed this view.

The registered manager was registered by the CQC in December 2014 and was being supported by a consultant who they saw each month and was contactable for advice. The registered manager was undertaking a qualification in Health and Social care management and the provider had supported her to access this course. The registered manager told us that they were stepping down from the management role and that they had told the provider that they wanted to return to working as a registered nurse within the home. There had been a reduction in the registered nurse hours within the home due to staff leaving. This had led to the registered manager working shifts as a nurse in the home and a reduction in her management hours. In the two weeks prior to the inspection the registered manager only had six designated hours to manage the home. When the provider was registered in December 2014 they had agreed to provide at least 30 hours management time for the registered manager as part of the registration process. This reduction did not ensure the manager had adequate time to ovesee all areas of quality and safety. For example, ensuring health and safety issues were followed up appropriately. This was identified as an area that needed improvement. The provider told us a new manager had been recruited, however this appointment had not been confirmed officially with the CQC and an application for their registration had not been received.

The provider had established a number of systems to ensure equipment and services were checked on a regular basis. This included the servicing and safety checks on lifting equipment. However, there was no certificate to demonstrate that the passenger lift had been subject to a thorough examination as required. This was identified as an area for improvement. The registered manager said that they would ensure this matter was addressed as a priority.

Staff told us they enjoyed working at Longworth House Nursing Home and felt they were supported, listened to and could raise any issue with the registered manager and the provider. They said that communication at all levels in the home had improved and there was a very good team spirit. Staff worked well together and communicated regularly with each other, the nurse in charge and the registered manager. Staff said the registered manager explained everything clearly, gave clear instructions and was available to them. One staff member said, "The manager is very good, she deals with people effectively and equally." The provider visited the home on a fortnightly basis and all staff said they could talk to him directly if they wished. Staff members told us that the provider responded to their views. For example, one staff member told us that they had asked for more electrically operated lifting equipment and this was provided. Staff were aware of the Whistleblowing policy and told us they would use it if they needed to.

Staff meetings were held on a regular basis and all staff had the opportunity to participate. Minutes showed they were well attended, with representatives from each shift, including nights. The meetings included a training element as well as opportunities for staff to make suggestions for improvements. The registered manager used these meetings to praise the staff and to discuss planned improvements to the home. This had included changes to documentation, training programmes and working practice.

The registered manager told us she was most proud of the improvements that she had established with regard to communication and training. This had promoted a culture that was open and transparent and supported staff to continually improve. Communication was well established between staff people and relatives. The registered manager said, "I want to talk to everyone and involve everyone with the care and the how the home is run." The registered manager showed us that satisfaction surveys were being returned awaiting audit and review. This was again further feedback from people and their relatives. Staff told us how important the training was and how they had been able to develop particular areas of interest. For example, one staff

Requires Improvement

Is the service well-led?

member told us they had completed a management course and another said they had an interest in dementia and decision making for people and was completing additional courses that interested her.

Information within the service user's guide and staff policies and procedures available in the home confirmed the aims and objectives of the service. These included responding to people's rights, independence and fulfilment. Staff induction training covered these key areas and supervision sessions were used to discuss these aims and objectives. We were told that further embedding was to be reviewed within staff appraisals that were being planned. Staff talked about people's rights and ensuring that they were treated with fairness at all times.

There were quality assurance systems in place to monitor aspects of care and safety. These included medicines, recruitment and infection control. Information gathered was carried forward into action plans to be addressed. For example, a list on what was needed regarding full recruitment and staff records was raised and being addressed.

The registered manager recorded accidents and incidents. We saw from individual accident reports that risks were reviewed following an accident to reduce potential accidents. Any action taken following accidents and incidents were shared with staff and discussed. This allowed staff to be consulted and involved in a proactive way with the delivery of care. We listened to a staff handover and this demonstrated that all staff members were listened to with their views taken into account.