Bethesda Healthcare Ltd

Otterbourne Grange Residential Care Home

Inspection report

Grange Drive
Otterbourne
Winchester
Hampshire
SO21 2HZ
Tel: 02380 253519
Website: www.example.com

Date of inspection visit: 12 and 14 October and 6 November 2015
Date of publication: 13/01/2016

Ratings

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

Overall summary

We carried out an unannounced comprehensive inspection of Otterbourne Grange Residential Care Home on 12 and 14 October and 6 November 2015.

Otterbourne Grange Residential Care Home is a care home providing accommodation and personal care for up to 25 older people. Some people using the service were living with dementia. When we visited there were 18 people using the service. The service is a converted residential dwelling with accommodation over three floors. People live in single or shared rooms. There is a dining room and sitting room which is also used as an activity room.

The service did not have a registered manager in place. A registered manager is a person who has registered with

Summary of findings

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 service is required by a condition of its registration to have a registered manager. The manager was leaving the service and had withdrawn her application to be registered with the Care Quality Commission (CQC). Though the service had consistently had managers in place, these managers had not fully completed the registration process with CQC to enable the provider to meet their registration requirements.

The provider told us they were finalising the appointment of a new manager, in the interim they had appointed the Deputy Manager to the post of Interim Manager until such time as the new manager was able to take up the post.

We previously inspected the service in July 2014 and found several regulatory breaches. During this inspection we checked whether the provider had taken action to address the concerns we found. The provider and staff were motivated to improve the service and we found the required improvements had been made and sustained.

During this inspection we found where people lacked the capacity to agree to the restrictions placed on them to keep them safe, the provider made sure people had the protection of legal authorisation instructing them to do so. Records did not show restrictions were only placed on people as a last resort after less restrictive approaches had been exhausted. We have made a recommendation about the recording of mental capacity assessments and best interest decisions supporting Deprivation of Liberty Safeguards(DoLS) applications.

The manager undertook regular audits to monitor the quality of care provided to people. Although these had resulted in some improvements to the service being made not all audits had consistently identified where improvements were needed. We have made a recommendation about governance systems to ensure their effectiveness.

People were safe at Otterbourne Grange Residential Care Home. Risks to people's health and safety had been identified and managed by the staff. Improvements had been made to support people's mobility, nutrition, skin and emotional needs. Action had been taken to ensure a safe, clean and hygienic environment for people.

There were enough staff to meet the needs of the people that lived here. People were very positive about the staffing levels and said they received support quickly when they needed it.

People received their prescribed medicines safely and had access to healthcare services when they needed them. People liked the food and told us their preferences were catered for. People received the support they needed to eat and drink enough.

Staff had a good knowledge of their responsibilities for keeping people safe from abuse. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received training and supervision to support the individual needs of people effectively.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to know what support people required. People told us that they had been included in the development of their care plans, and involved in reviews.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were committed to enhancing people's lives and provided people with positive care experiences.

People knew how to make a complaint. People told us the manager and staff would do their best to put things right if they ever needed to complain.

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?
The service was safe.

People had been safeguarded from the risk of abuse.

Risks to people had been identified and measures put in place to manage risks safely.

There was sufficient staff to meet people's needs.

People's medicines were managed safely.

Good

Is the service effective?
The service was not always effective.

People's mental capacity assessments and decisions made in people's best interest were not always recorded in people's care plans for staff to refer to.

Staff received a range of training and supervision which made them confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed effectively. Health professionals were contacted promptly when people became unwell.

People were supported to maintain a balanced diet and received the support they needed during meal times.

Requires improvement

Is the service caring?
The service was caring.

People and their relatives gave positive comments about staff and how caring they were when supporting people. Staff were motivated to offer support that was kind and compassionate.

People received care from staff who knew their history, likes, needs, communication skills and preferences.

Relatives felt, and observations showed, people's privacy and dignity were maintained.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and care plans gave detail about how people wished to receive the support they needed.

People were encouraged to maintain hobbies and interests. Staff were proactive and made sure people were able to keep relationships that mattered to them.

Good

Summary of findings

People's concerns and complaints were taken seriously, explored thoroughly and responded to.

Is the service well-led?

Requires improvement

The service was not always well-led.

The provider did not did not have a registered manager at the service. The manager had not completed the registration process as she was leaving to take up another post. The Deputy manager had been appointed in an interim capacity until the new manager was able to commence.

Audits and quality assurance checks had not always identified shortfalls. Improvement was required to ensure the provider's governance systems were effective.

People and staff told us the manager was approachable. There was an open and transparent culture among staff and they were encouraged to support the improvement of the service.

Otterbourne Grange Residential Care 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 12 and 14 October and 6 November 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in older people's care services.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We requested a Provider Information Return (PIR) and this was completed by the provider before our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We talked to the provider, 16 people using the service, five relatives and nine staff including the manager, deputy manager, six care workers and the housekeeper. We also spoke with one district nurse and a social worker. We reviewed care records and risk assessments for six people using the service. We also reviewed training records for all staff and personnel files for four staff, medicine administration (MAR) records for nine people and other records relevant to the management of the service such as health and safety checks and quality audits.

Good

Is the service safe?

Our findings

Our inspection in July 2014 found risks to people's health and welfare had not always been assessed and appropriately managed. At this inspection we saw improvements had been made and people had plans in place to support their mobility, emotional and behavioural needs and to protect their skin from damage. The provider had reassessed people's mobility needs and had ceased the use of moving and handling belts. People were more appropriately supported with the use of standing aids or hoists to mobilise. The provider was working with the local authority's occupational therapist to review people's mobility needs and ensure people's mobility plans were developed in accordance with national good practice guidelines.

People were supported to take everyday risks such as walking freely around the home. People living on the top floor were all in the communal areas and told us they were happy living at the top and could comfortably make their way down the stairs. The provider had undertaken risk assessments for people using the stairs and plans were in place to support people living on the third floor to safely move around the service.

People at risk of falls had been identified and plans put in place to instruct staff how to support people to move safely. The manager monitored all falls in the service monthly through the accident reporting procedure. Action had been taken to support people who fell frequently with the use of sensor mats and referrals to the specialist falls clinic to further reduce the risk of injury. Staff could describe to us people's risks of falling and were aware of how to support people to minimise these risks. For example, ensuring people always wore appropriate footwear and asking the GP to review people's medicines to assess if they were affecting their mobility. We observed people at risk of falling being supported to walk safely and staff knew what to do if people fell.

Risk assessments highlighted people at risk of skin damage. Two people were cared for in bed. Staff supported people to adjust their position to reduce the likelihood of pressure ulcers developing. Staff we spoke with were able to describe how they would support people to keep their skin dry and clean. They also understood the importance of good nutrition and hydration in maintaining skin health. People at risk of skin damage had special mattresses and cushions to relieve the pressure on their skin. The provider had implemented routine air mattress checks and these had been completed to ensure people's air mattresses remained effective at the appropriate setting for their weight. The number of pressure ulcers in the service had decreased from our previous inspection. The district nurse was involved in treating pressure ulcers in the service and told us staff were following her guidance and the pressure ulcers were healing. Measures had been put in place to reduce the risks of skin damage for people.

Our inspection in July 2014 found appropriate standards of cleanliness and hygiene had not always been maintained throughout the service. At this inspection we found improvements had been made. The flooring had been replaced in the bathrooms and the kitchen had been refurbished to make it easier to clean. Laundry and waste bins had been replaced and were in working order. Bathrooms were checked regularly to ensure they remained clean. New commodes and raised toilet chairs had been purchased and these were kept clean. People's toiletries were appropriately stored in their rooms so that they were only used for the person who they belonged to. The provider had taken action to ensure the service was kept clean and hygienic.

Our inspection in July 2014 found improvements were needed to the environment to keep people safe. At this inspection we found improvements had been made. The doors to people's rooms had had been named to show who lived in them so that people, visitors and emergency services could identify where people lived. The sash windows had all been checked and drawstrings repaired so that windows opened and closed safely. Risk assessments had been completed to support people to safely move outside the service. The provider continued to maintain the driveway when needed to reduce trip hazards and maintain the house to an acceptable standard till planning permission was granted to refurbish and modernise the building.

A fire risk assessment had been completed in September 2015 and changes were made to improve the safety of the service in the event of a fire. Staff regularly checked the building and grounds to ensure a safe environment was provided. This included ensuring equipment and furniture were in working order. If any repairs were required, then

Good

Is the service safe?

this was organised and tended to by maintenance contractors. Gas safety, electrical safety and water safety checks and maintenance were undertaken by suitably qualified contractors to make sure the premises were safe.

Our inspection in July 2014 found there were not sufficient staff. Staffing numbers were based on the historical staffing pattern for the service and had not been calculated based on people's needs. At this inspection we found improvements had been made. The manager kept the staffing numbers under review monthly and these were based on people's support needs. Records showed the manager used information about the support people required to prevent falls and pressure ulcers and their personal care and meal time support to calculate and adjust the number of staff with the necessary skills for each shift.

The provider was actively recruiting into the four staffing vacancies. For example, a new cook was starting on 8 November 2015, staff for the vacant housekeeper position were being interviewed during our visit and two new care staff were starting as soon as the relevant recruitment checks had been completed. Additional care staff were undergoing medicine training to ensure enough staff were available at night to administer medicine.

We observed sufficient numbers of staff with the necessary skills were deployed to care for people during our visits. People and relatives told us there were enough staff and there was always someone around to support them and chat to. We observed staff were available to support people whenever they needed or requested assistance. Staff felt though they were rushed at times, there was sufficient staff to keep people safe and respond to their needs promptly.

Appropriate checks were carried out to help ensure only suitable people were employed to work at the service. 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 prevent unsuitable people from working with people who use care and support services.

People told us they felt safe living at Otterbourne Grange Residential Care Home. Staff had received training to understand the local the safeguarding procedure. They told us how they would recognise and respond to allegations or incidents of abuse. Staff understood the process for reporting concerns and escalating them to external agencies if needed. The manager liaised with the local authority's safeguarding team if they had concerns about a person's safety or if they wanted any advice on how to keep people safe. Staff were confident that action would be taken to keep people safe if they raised any safeguarding concerns. One staff member told us ''The manager or owner is always here, if I have any concerns I tell them and they contact the local authority''.

People were aware they needed to take medicines every day and they told us staff supported them with this. Medicines were safely stored in a locked cupboard. Arrangements were in place to receive and dispose of medicines safely. Staff had received medicine administration training and had their competency assessed before they were allowed to support people with their medicines. We observed staff supporting people to take their medicines safely in accordance with their prescription and documenting when people had taken their medicines. Staff knew what action to take and to contact the GP if a person refused or missed their medicines.

Requires improvement

Is the service effective?

Our findings

The manager and staff were still developing an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and the associated Code of Practice. This legislation and guidance protects those who do not have capacity to consent to their care and treatment. DoLS authorisations are made by the local authority for those who do not have capacity to agree to their care and treatment and have their liberty restricted for their own safety. The service had made applications for 16 people to have a DoLS authorisation. The local authority had granted six DoLS applications and the service was still awaiting the outcome of the other ten applications. Staff were aware why people had been granted a DoLS and followed the requirements of the Deprivation of Liberty Safeguards to ensure each person's rights were protected.

We found improvements were needed in the way the service recorded people's mental capacity assessments and their decisions to submit applications for deprivation of liberty safeguards. Clare plans did not inform staff when DoLS applications had been made or once applications had been authorised, how people's care was to be provided to ensure the restrictions placed on them continued to protect their rights. Assessments were in place, for example for people who required bed rails. Although decisions had been discussed with people's relatives there was no record of any best interest meetings having taken place to determine whether other less restrictive options had been considered. The provider was aware these improvements were needed and was taking action to address this. Additional staff training had been organised for November 2015. The service had acquired the local authority's mental capacity and best interest documentation in June 2015 which met the requirements of the MCA. However, this documentation had not been completed appropriately. On completion of the staff training plans were in place to complete this documentation for people who were deemed to lack capacity to make decisions about their care.

We recommend the provider utilises the advice and guidance based on current best practice they had sought from a reputable source, on how to record the mental capacity assessments and best interest decisions that lead to DoLS applications being made for people.

People were supported to move between different areas of the service and also to spend time on their own in their bedrooms if they wished to do so. Staff had a basic understanding of their responsibilities under the Mental Capacity Act (MCA) 2005 and staff had completed training in MCA. The MCA aims to maximise the ability of people who lack mental capacity to make or participate in decision making. Staff understood the support people needed to enhance their day to day decision making and we observed staff giving people time to make decisions about what they wanted to eat and drink.

People said they got the right support from staff. Relatives, people and professionals we spoke experienced staff being confident and knowledgeable of people's needs. One professional told us ''They always follow my guidance and they know what to do to keep people's skin healthy''

People benefited from staff who had the skills and knowledge to meet their needs. Staff received an induction when they first started working at the service. The provider had recently reviewed their induction training to ensure newly appointed staff would, in future, undertake an induction which was aligned to the National Care Certificate which was introduced in 2015. The Care Certificate sets out learning outcomes, competences and standards of care care workers are nationally expected to achieve. This ensured people received effective care from care workers who had the necessary level of knowledge and skills.

New members of staff were supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. Staff told us the support of experienced staff had helped them to understand people's needs. One staff member said ''They made sure I do everything right''.''

Staff recognised in order to support people appropriately, it was important for them to keep their skills up to date and felt they received sufficient training. Staff received training in subjects relevant to people's needs including, understanding dementia and people's emotional needs, and effective communication. Eight staff had completed or were working towards the National Vocational Qualification (NVQ) in care or the Diploma in Health and Social Care. National Vocational Qualifications (NVQs) are work based

Requires improvement

Is the service effective?

awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the competence to carry out their job to the required standard.

The provider recognised the importance of staff receiving regular support to carry out their roles effectively. Staff had received on-going supervision and an annual appraisal. This provided both the staff and their supervisor with the opportunity to discuss their role in relation to areas that needed support or improvement, as well as areas where they excelled. Staff told us this was then used positively to improve both their personal practice and the practice of the service as a whole.

People were supported to have their health care needs met. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. This included support from people's social workers, district nurses to support with people's diabetes and wound management as well as mental health input. People saw the local GP when needed, the optician, chiropodist and dentist.

People told us they enjoyed the food and there was always enough. People's comments included ''The food here is smashing'', ''I always enjoy it'' and ''I have separate food; they get me the food I like''. We observed the afternoon meal and food was fresh, homemade and wholesome. Portions varied according to people's preferences and there was little waste.

People had varying levels of independence in meeting their own nutrition and hydration needs. These needs were described in their support plans. People were supported to eat a healthy and balanced diet and the kitchen staff were familiar with people's likes and dislikes and meals offered reflected their preferences. One relative told us 'The food is good and he gets whatever he asks for, even grilled kippers''.

We observed lunchtime in the dining room. Staff ensured mealtimes were calm and pleasurable experiences for people. No one was rushed during their meal and staff checked if people wanted any more to eat or drink before clearing the table. Drinks were served throughout the day and jugs of water were available in communal areas to ensure people had sufficient to drink. We noticed all drinks were placed within people's reach so that they could easily manage them.

People's dietary needs were assessed using a malnutrition universal screening tool (MUST). This identified those at risk of malnutrition or dehydration. Staff weighed people monthly and identified people at risk of weight loss. When people struggled with poor appetite or weight loss they received enriched food to ensure they received sufficient calories to remain nourished. People at risk of choking had been assessed by the community Speech and Language Therapist (SALT) and received support to eat and drink in line with their SALT guidelines.

Good

Is the service caring?

Our findings

People told us that they liked the staff at Otterbourne Grange Residential Care Home. People's comments included, ''Everybody is nice and kind, we are treated very well'', ''They are all very friendly, nothing is too much trouble'' and ''They are lovely''. Relatives were also complementary about staff's caring approach. One relative told us ''They do care, they are kind. He always has a laugh with staff''.

Interactions between people and staff were good humoured and caring. Throughout the inspection, staff showed care and understanding of people's needs. People appeared relaxed, happy and responded positively to staff when asked what they wanted to do or eat. Staff gave people time to respond to their questions and showed people the choices available to them to support their decision making.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them. For example, people were encouraged to manage their personal grooming and appearance. They were involved in decisions about the décor of the service. We saw that people had chosen the decoration for their bedrooms and could tell by their personal effects which rooms were theirs.

We observed laughter and banter between people and staff. The language heard and recorded in care records was appropriate and respectful. Staff used touch to support people to understand directions, we saw this was done appropriately and people seemed comfortable and reassured by staff's touch. Contact was unrushed, with smiles and kindly gestures, such as when asking where people would like to sit.

When people became upset we observed staff promptly noticed their distress and offered reassurance and comfort. For example, some people could not remember when their visitors were due and staff reassured them calmly and patiently reminded them of the time. We saw this reassured people. Staff understood what could potentially upset people and took action to prevent these situations from occurring thereby supporting people to have a good day. For example, ensuring people sat on their favourite chair, had someone to chat with or gave people information throughout the day so they did not become anxious if they could not remember what was going to happen.

Staff told us the service had caring values and that they treated people with kindness, consideration and compassion. We observed these values in action during our inspection and found staff were motivated, patient and caring.

Staff chatted with people about everyday things and significant people in their lives. They were able to demonstrate they knew what was important to each person. We observed during our inspection a positive caring relationship had developed between people and staff. Staff told us they respected people's wishes on how they spent their time and the activities they liked to be involved in.

Family and friends were encouraged to visit whenever they wanted and staff supported people, who wanted to, to have regular and frequent contact with relatives.

Staff explained to us that an important part of their job was to treat people with dignity and respect. A person's relative and health and social care professionals told us this took place and we saw respect being offered to people throughout our inspection. Our observations confirmed that staff respected people's privacy and dignity. We heard staff talking with people in a respectful and compassionate way.

Staff used people's preferred names and spoke with them in a kind and patient manner. If people required support with personal care tasks this was done discreetly, behind closed doors to ensure their dignity was maintained. Where people chose to wear clothes protectors during meal times these were appropriate and staff were discreet when supporting people to put these on. Where people were not appropriately dressed to be in communal areas staff greeted them cheerfully, encouraged them into their room to change and protected their dignity without undermining their social confidence.

Good

Is the service responsive?

Our findings

Each person's needs had been assessed and these were used to devise a personalised care plan which reflected people's needs and preferences. This included an assessment of the person before they were admitted to the home so a decision could be made about whether the person's needs could be met. At the time of our inspection the manager was re-assessing a person in hospital to determine if the service could continue to meet their health needs. Relatives were kept informed when people's needs changed. Care records also included copies of social services' assessments completed by referring social workers. This provided the staff with additional information so that specific care needs could be identified and planned for.

A personal profile was completed for each person, which included details of the person's background and preferences, such as sleeping routines so staff knew how to plan and deliver care. There were care plans for personal care which were well recorded and included specific details of how staff should support people. These also incorporated tasks which people could do for themselves regarding their personal care and what staff needed to help people with. Staff explained how they used the information in people's care plans about their life and employment history to initiate conversation when supporting people to get dressed.

Care plans included information of how staff were to support people to meet their emotional needs. Support plans were in place for people whose behaviour might put themselves or others at risk so staff would know how people preferred to be supported when they became anxious. Staff explained how they would identify people were becoming upset and told us speaking calmly and reassuring people were the most effective ways to support people through difficult times. We observed staff during lunch time supporting people with humour, distraction and reassurance when they became anxious till they were at ease and could enjoy their meal On the day of our inspection the community psychiatrist was visiting people identified by staff as needing specialist support with their mental health needs.

Structured activities were available for people every day and they were able to choose whether they wished to join in or not. Events were held throughout the year and relatives were encouraged to take part in the summer fete and Christmas celebrations. People said they were generally satisfied with the activities. One person said "I don't get bored – I have enough to do with everyone here!"

We observed an arts and craft session presented by an outside activities provider to a group of people in the dining room. The activity was appropriate to people's age and abilities. People told us they valued the things they made and looked forward to these sessions. People living with dementia were motivated to join in and were able to master the tasks set for them. People also enjoyed spending time chatting with each other, doing their needlework and playing cards. A beautician visited the service weekly ensuring people could maintain their appearance to the standards they preferred. We saw this was a sociable activity with lots of conversation and individual time and attention for people.

The provider kept the activities provided in the service under review. He told us ''The new manager has to look at the activities again, we use to have musicians coming in and we need to make sure we bring them back if people want them''. Changes had been made to the activity plan in the past month following people's feedback. The deputy manager told us the frequency of the exercise class had increased to every week as people liked the trainer and enjoyed attending this session.

People were asked about their religious needs and given support to practice their faith. Religious groups visited the service every other week and people were supported to attend if they wanted. Staff knew people's cultural and faith dietary needs and we saw people received meals that reflected their religious preferences.

People and their relatives were given the opportunity to provide feedback about the service and be involved in planning people's care. Records showed people were consulted and involved in assessing their needs and in devising care plans. One staff member told us ''It is really important to spend time with people and their families to understand people's preferences.'' A monthly residents and relatives meeting had been introduced. At the last meeting on 7 September 2015 the menu was discussed and adjustments had been made to better reflect people's preferences.

The provider had a complaints policy and people and their relatives received a copy when they moved into the service.

Good

Is the service responsive?

Relatives and people told us they felt confident to speak with the manager or staff if they had any concerns. All the people told us they did not have any concerns, staff knew them and their preferences well and they received the care and support they required. The provider had received three concerns following our last inspection and was able to describe the action taken to resolve these. Where concerns raised related to staff conduct the provider had investigated and addressed these in accordance with their staff performance and disciplinary policies.

Requires improvement

Is the service well-led?

Our findings

The service did not have 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 service is required by a condition of its registration to have a registered manager. The manager was leaving the service and had withdrawn her application to be registered with the Care Quality Commission (CQC). Though the service had consistently had managers in place, these managers had not fully completed the registration process with CQC to enable the provider to meet their registration requirements.

The provider told us they were finalising the appointment of a new manager, in the interim they had appointed the Deputy Manager to the post of Interim Manager until such time as the new manager was able to take up the post.

There were systems and structures in place to monitor and improve the quality of service people received. However, where audits had taken place they were not consistently effective in identifying areas for improvement in relation to quality and safety . For example, the review of service policies did not identify and amend the inaccuracies and omissions in staff guidance relating to falls management and infection prevention. Staff might therefore not always have all the guidance they needed to undertake their roles effectively. Not all care records were consistently reviewed, completed and updated. These concerns were not reflected in the experience of people and relatives during this inspection because staff knew people's needs and had provided appropriate care. However, the gaps in some records for example relating to the correct placement of people's pain relieving patches or frequent repositioning, increased the risks of unsafe and inappropriate care and treatment if not rectified.

We did see examples where audits had been effective in driving improvement. For example, monitoring of medicine records had led to changes in the medicine management system that made it safer. The provider had instructed a new local pharmacist to support the service to improve their management of medicines and staff were undertaking further medicine training to support them to complete people's medicine records correctly. Incident and accident forms had been completed by staff and reviewed by managers and trends had been identified and responded to. The deputy manager had identified further investigation was needed to understanding the reasons for people's bruising. She was expanding the use of the incident investigation process to include all identified skin bruising to make sure these would be investigated and information used to keep staff's moving and handling practices under review.

We recommend that the service seek advice and guidance from a reputable source, about best practice in relation to the implementation of effective governance and recording systems to drive service improvements and manage risks in the service.

Staff told us the manager was 'very supportive'' and ''very helpful'' and they felt able to raise concerns. One staff member told us ''I can always talk to the managers. Whenever I have any concerns or questions I go to them and they always take it seriously''. Staff were aware of different external organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it was necessary. The manager was aware of her responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the manager in line with the regulations. This meant we could check that appropriate action had been taken.

The provider and staff were motivated to improve the service. The staff were helpful, open and receptive when minor areas for improvement were identified during the inspection. Senior staff addressed issues immediately or noted the issue to put into action later. During the inspection the manager and deputy manager had a visible presence around the service. They talked with people and relatives and gave advice and guidance to staff to ensure people were happy and received a good standard of care. People knew them well and told us that if they were passing by they always stopped for a chat. One person told us ''The manager's lovely. She's always around, always smiles, brightens up the day''

As part of the manager's drive to improve practice they worked closely with community health specialists to improve standards of care. For example, this joint working resulted in a new tissue viability policy and procedure for

Requires improvement

Is the service well-led?

monitoring people at risk of developing pressure sores. Staff told us this had helped them identify changes in people's skin promptly and this was confirmed by people's records. The NHS Food First Strategy for Care Homes had also been implemented. This strategy provides care homes with guidance to support people to stay nourished and the nutritional intake of people at risk of malnutrition had improved.

The provider knew about and took responsibility for things that happened at the service. He visited the service regularly and monitored the service's improvement plan to ensure action was taken and resources made available to address the concerns we found at our previous inspection. Where concerns had been raised the provider had attended staff meetings to discuss what had happened and what could be done to stop it happening again. The provider and staff we spoke with were clear on the values of the service, to treat people as individuals, give a personalised service and promote independence. We saw this in practice when he talked with people and staff around the service on the day of our inspection.