

Dr Sabarathnam Ananthram and Mrs Kalpana Ananthram

Southcrest Nursing Home

Inspection report

215 Mount Pleasant
Southcrest
Redditch
Worcestershire
B97 4JG
Tel: 01527 550720

Date of inspection visit: 13 August 2015
Date of publication: 16/10/2015

Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This inspection took place on 13 August 2015 and was unannounced.

The provider of Southcrest Nursing Home is registered to provide accommodation and nursing care for up to 43 people who have nursing needs. At the time of this inspection 31 people lived at the home.

The manager was appointed in October 2014 and has made an application to be registered with us. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 2 October 2014 at which a breach of a legal requirement was found that had an impact on people who lived at the home. The provider did not work within the guidelines of the Mental Capacity

Summary of findings

Act 2005 (MCA) as this had not been applied consistently when people were unable to make their own specific decisions about their care. After our comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. At this inspection we saw that improvements had been made.

People were asked for their permission before staff provided care and support so that people were able to consent to their care. Where people were unable to consent to their care because they lacked the mental capacity to do this decisions were made in their best interests and staff provided care in the least restrictive way in order to effectively meet people's needs.

People's medicines were kept safely and made available to them. However, we saw the administration of people's medicines was not consistently managed in a safe way so that avoidable risks to people receiving their medicines as prescribed were sufficiently reduced.

We saw conversations between staff and people who lived at the home were positive in that staff were kind, polite and helpful to people. All the people we spoke with told us they felt their privacy was respected and they felt safe as staff helped them to meet their needs, such as, to move safely around the home environment.

People were kept safe by staff who understood how to identify and report potential harm and abuse. There were procedures and processes in place to make sure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were reduced.

Staff were trained and supported to meet the needs of people who lived at the home. Staff were available when

people needed assistance, care and support. This included making sure people were supported in doing fun and interesting things so that they were not at risk of social isolation.

People enjoyed the food they received and their nutritional needs were being assessed and met. When they needed it people were supported to see health and social care professionals to make sure they received appropriate care and treatment.

People received care which was right for them as staff knew what their individual preferences and needs were. People told us that staff helped them to have things to do that were interesting and they received support at times they needed it.

People knew how to raise complaints and where this had happened action had been taken to resolve the issues so that improvements were made. The manager had created an open and honest approach to where improvements were needed and shared this with people, their relatives and staff.

The manager felt supported by the provider and was developing the staff team who enjoyed working at the home. Staff felt able to share issues and ideas to make improvements for the benefit of people who lived at the home. Staff were clear about their roles and spoke about people who they supported with warmth and fondness.

The manager had set up and developed responsive systems to monitor and review people's experiences to ensure improvements were made where necessary. The provider visited the home and provided their impressions of the home which included the standard of care people received. The manager used this information alongside their quality checks to plan and enable improvements to be sought. As a result the quality of the service people received continued to improve.

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 is not consistently safe.

The administration of people's medicines was not managed in a consistently safe way to make sure risks to people's welfare were reduced.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately. There were sufficient staff on duty and people's needs were responded to without delay to support their safety.

Requires improvement



Is the service effective?

The service was effective.

People were supported to make their own decisions and to consent to their care and treatment. People liked the food they received and were supported to keep healthy and well. Staff had received training and on-going support to help them provide good quality care.

Good



Is the service caring?

The service was caring.

People's needs were met by staff who were caring and kind in their roles. Staff valued people's identities and knew what mattered to them. People were given choices and involved in the decisions about their care and support. Staff practices respected people's dignity, independence and privacy.

Good



Is the service responsive?

The service was responsive.

People's needs were responded to and people received care when they needed it. Staff were knowledgeable about people's interests and preferences in order to provide a personalised service. People and relatives felt confident to raise concerns and the manager listened when suggestions for improvement were made.

Good



Is the service well-led?

The service was well led.

The manager was approachable and supportive to people who lived at the home. The provider and manager provided good support to the staff team. All staff were clear about their roles. People benefited from a manager who checked the quality of the care people received and were continually looking at how they could provide better care for people.

Good



Southcrest 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 13 August 2015 and was unannounced.

The inspection team consisted of one inspector, a specialist advisor in nursing care for older people and an expert by experience who had knowledge and experience of the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the PIR within the required timescale and used the information from this to help inform our inspection process.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority and the clinical commissioning group (CCG). They have responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We met with the people who lived at the home and spoke with six people. We saw the care and support offered to people at different times in the communal areas of the home. We also spoke with two relatives and a friend, the manager and eight staff members which included the cook.

We looked at the care records relating to four people, accidents records, training records, three staff recruitment records, menus, complaints, quality monitoring and audit information.

We spoke with a further two relatives by telephone about their views about the care their family members received at the home.

Is the service safe?

Our findings

We saw a member of staff supported people with their medicines at lunchtime. The member of staff spoke with people about their medicines and offered appropriate drinks so that they could take their medicines comfortably. However, we did not see all medicines were administered and procedures followed so that risks to people were always managed and reduced. For example, the member of staff did not wait until one person had taken their medicine before they left the room so that they could be assured this person had taken their medicine safely and has prescribed. We also saw some people's medicine records had not been signed during the morning medicine round to indicate they had received their medicines at the right time. The staff member did this at lunchtime from memory which did not protect people from the risks of avoidable mistakes being made due to the staff member relying on their memory. When we spoke with the manager about what we saw they took immediate action. They spoke with the member of staff and agreed actions would be implemented to improve this member of staff's medicine administration practices so that people's medicines were consistently managed safely.

People told us they felt safe living at the home because staff treated them well and were always on hand to help them to meet their needs. One person confirmed to us, "It's a wonderful caring home, I feel safe and well cared for." Another person said, "Staff never shout or anything like that they are so patient and caring to me." People said if they were worried or unhappy about anything they would speak with the manager or staff. One person told us, "If I was worried about anything I would speak to the manager who would help put things right." Another person said, "If I was upset or concerned about something I would talk to the staff who would help me." We saw people were comfortable around staff as they approached different staff asking for assistance at times they needed this. Relatives we spoke with also told us they believed their family members to be safe and they felt that they would know if they were being harmed in any way.

Staff had training and information on how to protect people from potential harm and abuse. Staff could tell us what actions they would take if they suspected someone had been abused. One staff member told us that people were very safe living at the home. They said if they did see people were at risk of harm they would protect them by

reporting any abuse they witnessed to [manager's name]. Another staff member told us, "I would definitely trust [manager's name] to report any concerns of people being harmed to social services. If this did not happen I would do this and also let CQC know." The manager had taken action when they had been made aware of concerns about people's welfare and investigations had taken place which had been reported to us. This was consistent with the provider's guidelines in protecting people from the risk of potential harm and abuse.

We looked at how staff managed risks to people's welfare. Staff were able to tell us how they supported different people to walk, eat and drink safely and maintain their health which included their skin. For example, staff told us how they made sure people had the right aids and equipment to support people's individual needs to move as safely as possible. We saw this was the case as people moved around the home environment with walking aids and staff used specialist equipment which was available when this was required. We saw staff supported people using words of encouragement and reassurance so that people felt safe with the support they received. One person told us, "The carers have just hoisted me into my wheelchair so that I could go to the toilet while I don't like it the staff make sure that I'm safe and they tell me what they are doing and reassure me which is nice." Another person told us how staff supported them with their personal care but were also mindful of their skin needs. They said, "The shower was lovely as I have poorly legs afterwards the nurses took off my bandages and replaced them it was just so refreshing."

Risks to people injuring themselves or others were limited because equipment, including electrical equipment and lifting equipment had been serviced and regularly checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they walked around the home environment. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was a fire. There was guidance for staff to follow in the event of a fire so that people were evacuated and staff we spoke with were aware of this guidance.

Staff we spoke with knew about the provider's procedures for reporting incidents and accidents and understood its importance. We looked at records which showed that the manager had taken action in response to incidents and accidents to prevent them from happening again. For

Is the service safe?

example, one person who had experienced some falls had their walking abilities reviewed and equipment was put in place to reduce the risks to this person and keep them as safe as possible.

People told us there were enough staff around to help them when they needed it. One person said, "If I need anything I ring the bell that's on my food table that's in front of me and they come and help me very quickly so I think there's plenty of staff to care for me." Another person told us, "There's plenty of staff around to help and support me." The manager told us the number of staff on duty depended on people's needs. They told us they looked at people's care needs to identify how many people required support to meet their everyday needs. Throughout our inspection

we saw that staff were visible around the communal areas of the home and people were not kept waiting when they needed assistance. All staff we spoke with felt there were enough staff working at the home. One member of staff told us, "Nice and safe place here. The manager makes sure we have staff to cover shifts if staff are ill." Two members of staff told us they had completed application forms, came for an interview and checks were completed to make sure they were suitable to work with people who lived at the home before they started to work at there. They also said they had a period of induction which included shadowing more other staff so that they became more familiar with people's individual care needs and their specific roles.

Is the service effective?

Our findings

At our comprehensive inspection on 2 October 2014, we found people received care, treatment or support that they had not consented to. This meant proper application of the Mental Capacity Act (MCA) 2005 had not been consistently followed to show that the decision done for or on behalf of each person was in their best interests. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which since the change in legislation on 1 April 2015 now corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made the required improvements to ensure they were meeting the law around Regulation 11. People who had the ability to make decisions about their care told us that staff involved them in these decisions and respected their choices. For example, one person confirmed that staff always asked for their permission before they did anything to help them like taking a shower. We saw staff gained people's consent about their everyday decisions, such as, where they wanted to be in the home and what they wanted to eat and drink. We also saw people had been supported to make advanced decisions about their future care in the event of them not being able to make that decision at that time. These included agreements which provided staff with the information about what action should be taken in the event of people having heart attacks or should their health conditions deteriorate. We saw where people did not have the mental capacity to make specific decisions about aspects of their care these were made in their best interests by people who knew them well.

The manager was aware of the current Deprivation of Liberty Safeguards (DoLS) guidance and had identified a number of people who could potentially have restrictions placed on them to promote their safety and wellbeing. For example, some people were being advised by staff not to leave the home alone or had equipment in place to reduce risks to their wellbeing. The manager had completed applications to deprive people of their liberty in people's best interests and these had been sent to the local authority. Staff had received training in the Mental Capacity Act (MCA) 2005 the DoLS and staff spoken with knew where people had restrictions placed on them in order to meet their needs and keep them safe.

People who lived at the home and relatives we spoke with told us they did not have any concerns with the ability of staff to meet their needs. One person told us, "There's nothing I would want to change" as they received all the care they needed from staff to meet their needs. Another person said, "It's very good in here, I sometimes get confused but that's okay because people (staff) here would help sort me out." One relative said that they believed the effectiveness of the care people received had greatly improved under the leadership of the manager and their family member was 'Well looked after' by staff. Another relative said that they when they did have a concern about staff practices. They told us action was taken to make sure staff had the knowledge to provide effective care and support to people whilst they used specialist equipment to meet people's needs.

We spoke with three members of staff at the home. They told us they had received an induction programme when they started to work at the home and the training they needed to be able to their jobs effectively. One staff member told us, "I shadowed staff and was not thrown in at the deep end as I learnt things gradually, got more comfortable with what my role was. The manager signed me up for all the training I needed to do my job." Staff told us that they would be able to raise any training needs at staff meetings as well as at one to one meetings with the manager. Staff said they had received training that helped them to meet the specific needs of people they provided care and support to. We saw that staff put their knowledge gained through training into practice as they supported people to eat and drink sufficient amounts. Although lunch time was busy we saw that staff spent time with people who needed help with eating and drinking. We saw that staff gave levels of support that were appropriate to each person. For example, some people were given more direct help and others received prompts so that people were able to eat their meals in their preferred way to meet their nutritional needs. People we spoke with said that they were happy with the support staff provided to them. Three people we spoke with told us they did not always want their meals at the dining tables and we saw staff respected people's decisions about where they would like to have their meals.

The information we received from the manager before our inspection told us that they had made lots of changes since our last inspection to make sure improvements were made to the meals people received. For example, new kitchen

Is the service effective?

staff, including a new chef had been recruited and people had been asked what their favourite meals were. At this inspection people we spoke with enjoyed their meals and they thought the meals provided in the home were of good quality and served in sufficient quantities. The chef told us that all food was cooked fresh and used local produce where they could with plentiful of snacks and drinks throughout the day for people to choose from. One person confirmed to us that, "There are drinks and snacks around all day and the food that they (staff) give me is very good, hot and tasty with different choices." Another person told us, "I like the food that they (staff) give me with things to choose from, plenty of it as well." Relatives spoken with also confirmed to us that the meals offered to people were good now. One relative said, "Very good food, the cook is good at what they do."

The chef we spoke with knew about of people's food requirements. For example, they were aware of how many people required their food to be pureed but was only aware that one person had diabetes when there were two. However, this had not impacted upon the nutritional needs of this person as staff we spoke with were aware and the chef told us they would amend their kitchen records. Information about people's nutritional needs were also recorded in people's care plans which were kept under review. One person told us they felt they received their food in the most effective way so that their nutritional needs were met. They said, "Because of my bowel problems staff read from the menu what foods available and they make it soft so that helps me swallow too it tastes really nice so I'm pleased about that." The chef confirmed that there were

currently no people who required food to meet their cultural needs. We saw one person had religious needs which meant they had a certain meal on a certain day which was catered for by the chef to meet this person's needs.

We looked at how people's health needs were met. People who lived at the home told us about times when they had asked to see a doctor and how staff had made arrangements. One person who lived at the home confirmed to us, "If I needed a doctor or someone else like that the staff would arrange it for me." Records showed us when appointments had been made and what advice had been given by health professionals. Staff told us that people's health needs and the care they received had been reviewed. This was confirmed by people who lived at the home and relatives that we spoke with. For example, one person had lost some weight and we saw they had been referred to their doctor who prescribed a supplement for them to drink to help with improving their appetite. A relative told us about how their family member had been assessed for the right chair to meet their needs in the most effective way for them. The manager was able to tell us about different people's needs and about the changes in these. They told us about how they analysed the care and treatment people received from staff when they had sore skin to make sure care and treatment remained effective. This included the management of people's sore skin needs where we saw consultation had taken place with health professionals and family member's when sizes in of pressure areas for people had changed.

Is the service caring?

Our findings

People we spoke with were complimentary about the care that they had received. One person told us, “The carers and nurses are very kind and compassionate to me.” Another person said, “I’m practically blind and staff treat me with great dignity and respect.” We saw caring communications between people who lived at the home and staff. For example, we saw a staff member kneel down next to one person who was showing some signs of anxiety. This staff member chatted with the person and their facial expressions changed as they smiled in response to this staff member which showed they felt reassured by the action that had been taken to provide comfort.

Staff talked about people in an affectionate and compassionate manner. They were interested in people they cared for and knew their likes, dislikes and life histories and we saw examples where staff used these to have conversations with people. For example, we saw one person liked to have a pen and paper to write with as they related this to the job they used to enjoy. This made this person feel happy and staff were able to chat with this person about their former work.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People who lived at the home, and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. One person told us they felt their choices, independence was respected by staff who treated them as an individual. They said, “I like the food sometimes but not very often, if I don’t like what they have they try and find something that I would like.” Another person told us, “When we play bingo a member of staff sits with me and guides my hand to mark the paper and tells me how many

numbers I need which makes me feel included with other people living here.” We saw that staff encouraged people’s independence, such as when they moved around the home environment with their walking aids and or staff for support.

We saw that people were treated with dignity and staff had a good understanding of what dignity meant for people. One staff member said, “When we provide personal care, it’s about giving people choices. One person is not fond of male staff to help them with their personal care and therefore this is respected.” We saw that staff offered people choices about some parts of their care. For example, we saw one person was offered a choice of where they wanted to sit to have their drink and another person was offered a choice of whether they wanted to stay in their room.

People told us about their experiences of staff respecting their privacy when they assisted people with their individual needs. One person told us, “I have a bed bath most days and staff respect my privacy by closing the curtains and the door.” Another person said, “Today I had a shower, they respected my privacy by closing the door so nobody could see me.” We saw staff respected people’s privacy. For example, staff knocked on people’s individual room doors and bathroom doors before entering and ensured people’s doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way so that people did not feel embarrassed if they were in communal areas of the home. We also saw people were able to access quiet areas of the home to meet with their relatives and friends as required. We saw relatives were welcomed by staff and they were seen chatting to staff in a friendly manner.

Is the service responsive?

Our findings

People who lived at the home told us about how staff responded to their care and support needs so these could be met. One person told us they liked to have a daily bath and said, “They (staff) are patient and kind to me while doing the bed bath. Staff then help me choose the clothes that I would like to wear that day.” Another person told us, “The staff gave me a lovely shower today they did all the work and they chatted to me while they did it.” Relatives we spoke with were happy with how staff responded to the needs of their family members. One relative told us, “[Person’s name] is well looked after.” Another relative told us staff were always available to speak with them about their family members’ care needs and had, “Only ever heard kindness and patience from them (staff) when meeting [person’s name] needs.”

Staff we spoke with knew people well and understood their needs. What staff told us matched was in people’s care plans and how we saw staff supporting people to meet their individual needs. We saw that staff responded to people’s care needs without delay, for example, supporting people with their meals or making them comfortable. We saw staff anticipated people’s needs and responded appropriately such as supporting them to walk from one area to another, and responding to people’s emotional needs, offering reassurance and comfort. One person gave us an example of how staff responded to their needs. They told us, “When I’m in my room and I press the call button staff come and help me like turning on my talking book and things like that.” Another person said, “Staff talk to me and make sure that everything is ok and if I need anything, they give me drinks and things like that during the day.” We saw staff responded to people’s changing needs across the day. For example one staff member provided reassurance and comfort to one person to meet their emotional needs. We saw that staff responded to this person’s needs in a caring way to help this person to feel better and ease their anxieties by chatting with them.

Staff we spoke with described how people received care which met and responded to people’s individual needs. One staff member said, “I always ask people what they want.” Another staff member said they had handovers which gave them information about people’s current needs together with any changes to people’s needs. They told us

this was important as a lot can happen between each shift changing. We saw staff had handovers that took place at the change of each shift and staff told us they were able to refer to the notes during the shift.

We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes to people’s needs. One relative told us, “If anything changes or is needed they (staff) let us know.”

People told us and we saw people were encouraged to participate in social events and with things they liked to do for interest and for fun. One person said, “There are some activities that go on so that’s stops me from getting bored.” Another person said, “One of the staff (activity coordinator) comes and sits with me and we chat about things and sometimes reads to me it really depends what I want to do but sometimes I can’t be bothered.” We heard from staff that a person had been to the pub the day before our inspection which they had enjoyed and a theatre company came in to the do some acting for people to watch. One person told us they had enjoyed this. The information we received from the manager before our inspection told us that improvements were being made so that the interests people followed were personal to them. When we spoke with the activity coordinator they confirmed that they were helping people to follow their own individual interests and were speaking with people about their lives. They told us, “We do the usual activities like art and crafts, bingo, gentle exercises to music, card games, one to one and group reminiscing. I talk to the residents to find out what they would like to do so I can start to plan person centred activities.” Another member of staff told us, “[Staff member’s name] learnt a card game because someone liked to play this. We (staff) all try to find out what individual people like to do for interest.” A further staff member told us about one person who liked to feed the birds and which people particularly enjoyed watching television.

We also spoke with staff about what interesting things happened at weekends for people to choose to do. One staff member told us, “There are more visitors at weekends but this does not mean people sit and look at the wall. We watch films and talk with people. We have a nice room here

Is the service responsive?

which we decorate to help people to celebrate their birthdays and they invite into the home who they wish.” We also saw that the manager had organised a summer fete as they wanted to encourage more people into the home.

We asked people and their relatives how they would complain about the care if they needed to. People who lived at the home were aware they could tell staff if they were unhappy. One person said, “If I need help staff talk to me about my concerns not to complain but to help me. They listen to me and help put things right.” A relative told us, “The manager is always available and approachable if I

had any issues.” A relative told us that they did have some concerns but these were listened to and improvements had been made as a result of their concerns. The manager was able to show us the process for investigating people’s concerns and complaints. They also showed us the lessons learned from those complaints. For instance we saw how one person had raised concerns about not being notified by staff of a significant event. The manager had investigated these concerns. We saw actions had been taken which included the manager confirming with staff the importance of accurate documentation.

Is the service well-led?

Our findings

People and relatives gave positive comments about the management and leadership at the home since the manager had come into post in October 2014. People told us that they could speak with the manager and staff whenever they wanted to and they felt that their comments were always listened to and acted upon. One person told us, "The manager sometimes comes and see's me and chats to me." One relative told us, "Very impressed with [managers name], hope she stays." Another relative said, "Things have greatly improved and [managers name] has worked very hard. It is a much happier and pleasant environment." We saw how the manager spoke with people who lived at the home, staff and visitors and showed that they were approachable and spent time with people. The manager spoke with people who lived at the home and visitors in a supportive way to ensure people's needs were being met.

When the manager came into post we saw and heard from people who lived at the home and relatives that their feedback was sought and used to assess and monitor the quality of care. We saw the minutes of meetings held with people and their relatives, where people had the opportunity to discuss the service they received and make suggestions for changes. We saw that there had been some issues about laundry which included items of clothes not always returning to some people. However, improvements had been made that supported clothes being returned to the right person. One person said, "They keep my room nice and clean just like they do with my clothes only once have I had someone else's clothes that came back from the laundry." The manager told us in the information they provided before our inspection that they had introduced a suggestions box, 'to encourage contributions of ideas' from everyone who came into the home.

The manager was aware that the numbers of people attending the meetings held at the home had decreased. In view of this the manager said that they were looking a more creative ways of involving people who lived at the home and relatives in meetings. For example, the manager said they spent time sitting and chatting with people on a one to one basis which the manager felt was working well to

gain people's views. People we spoke with confirmed this did happen. One person told us, "The manager often comes and chats to me sometimes about what care I need and if everything is okay. A very nice home to be in."

Staff spoken with told us that the manager had introduced changes to improve the way care was delivered. Staff said they felt the manager had involved them as they had asked for their views about what could be improved at the home for people who lived there. Staff told us they enjoyed working at the home. One staff member said, "It really feels like a home, I feel relaxed working here". All staff spoken with felt that the manager made themselves available if they needed any guidance or support so that they were able to carry out their roles effectively and we saw this happened on the day of our inspection. Staff also told us that the manager held team meetings where they discussed changes in care and sought staff feedback. A staff member said, "The staff meetings are good as they make sure we get things spot on". All staff that we spoke with felt they were well supported in their caring roles by the manager and each other and this had helped to improve and promote good standards of care.

Staff we spoke with told us they were able to approach the manager about any concerns or issues they had. Two staff members told us they felt supported by the manager and that they could tell them their concerns if needed. All staff spoken with knew about the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

The manager told us that they felt supported in their role and that they had regular support from the provider. The manager felt that the provider responded to their requests in a timely manner, for example if they needed new equipment. The provider and manager regularly discussed the quality of care and we saw that systems were in place to formally assess and monitor the quality of care. These included checks of the environment, health and safety, medicines management and care records. We saw that these checks had helped the manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being checked with people, care records were being developed, a permanent cook was now in post and people were being enabled and supported to follow their interests.

Is the service well-led?

The manager understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. They were able to tell us about the key challenges they had faced since they came into post, such as, recruitment of staff, trying to promote the home's reputation and updating the home environment which was on-going. The manager said, "Come a long way in a short space of time. Trying to change people's perception, to see the home differently." We saw and

people and staff told us the manager had purchased some new furniture for the home which included new curtains. One relative said, "Much happier and pleasant environment" for people to live in. One person also shared with us what had made a difference to them. They told us, "Staff sometimes stop and chat with me which is very nice and they give me my medication every day which keeps me well. There's nothing I would want to change."