

Greenhill Care Homes Limited

Ilsham Valley Nursing Home

Inspection report

Ilsham Close
Torquay
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

Ilsham Valley Nursing Home is situated in a residential area of Torquay, Devon. It is registered to provide accommodation, personal and nursing care for up to 23 people. There is a registered nurse on duty at all times.

This inspection took place on 15 and 19 May 2015. The service was last inspected on 7 May 2014 when we found some improvements were needed. We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 18 was breached in that there was no written record of people's consent to care and treatment. Regulation 21 was breached in that recruitment practices were not

robust. Regulation 23 was breached in that staff were not supported to deliver good care. Regulation 10 was breached in that there was no effective quality assurance system in place. The registered provider wrote to us and told us they would have addressed the required matters by June 2014. At our inspection in May 2015 we found that most improvements had been made, but further improvements were still needed in relation to the quality assurance systems.

Since our inspection in May 2014 the service had identified poor practice by a member of staff. A full

Summary of findings

investigation had been carried out by the local safeguarding team with the cooperation of the service and this had resulted in action being taken to protect people.

There had been no manager registered at the service since October 2013. A manager had been employed by the service, but had not yet registered. It is a condition of the service's registration that a manager is registered. 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.

Some aspects of the service were not well led. There was a system in place designed to audit the care provided at the service. However, audits were not regularly completed. This meant there while there were some measures in place to check the quality of care, there was no overall method by which the service could check, maintain or improve the quality of care provided by the service. However, people and their representatives told us they rarely had to raise issues and when they did so, things were quickly put right.

There was an effective system in place to help staff manage medicines safely. However, we found there was no indication of how staff would recognise when a person was beginning to become distressed, or if alternative interventions should be used, before medicine that was prescribed to be taken as required was given. This meant the person was at risk of being given their medicines inconsistently as staff may interpret the person's distress differently.

At our inspection in May 2014 we found that recruitment procedures were insufficient to ensure people were protected from the risks of unsuitable people being employed by the service. The registered provider told us they would have procedures in place to protect people by June 2014. At our inspection in May 2015 we found that improvements had been made and people were protected by robust recruitment procedures.

People's risk assessments contained good details on how risks were managed. Moving and transferring and pressure area assessments were in place and had been

updated when risks had changed. For example, one person's moving and handling and pressure area assessments had changed as they were spending more time in bed.

The environment was safe and secure and there were arrangements in place to manage the premises and equipment. Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home.

People's needs were met in a timely manner as there were sufficient staff on duty. On both days of our inspection there were 17 people living at the home. Only three people routinely spent time in the lounge, with other people spending their time in their rooms. Two visitors told us they felt there could be more staff especially at weekends, but that generally there were enough to meet people's care needs. People and staff told us they felt there were enough staff on duty. One person said "If I need help they come in pairs" another said "Just press the buzzer and they are there". During the inspection, call bells were answered quickly and staff spent time talking with people and were on hand to provide support with care needs when required.

People received effective care and support from staff that had the skills and knowledge to meet their needs. Staff had received a variety of training including moving and transferring, dementia care, end of life care and safeguarding adults. There was a system in place to identify when any training was due to be updated. People were protected from the risks of abuse as staff demonstrated a good knowledge of different types of abuse. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service.

Staff were skilled in meeting people's needs and regularly offered care to people. Everyone we spoke with told us that people were well cared for. People told us staff knew how they liked things done. One person told us "All the staff know how to help me move". One visitor told us "Staff are very pleasant and helpful and nothing is too much trouble". Staff received supervision from more senior staff and an annual appraisal. Regular supervision ensured staff had the opportunity to discuss their work and learning and development in a measured, monitored and supported way.

Summary of findings

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant.

At our inspection in May 2014 there was no written evidence that people had consented to receive care and treatment. At our inspection in May 2015 there was written evidence that people or their representatives had consented to receive care and treatment as described in their care plan. Throughout our inspection people were asked for their consent before staff provided personal care. Staff also offered choices about where the person wanted to sit and what they wanted to eat or drink. People told us that staff often asked them for their views about their care. One person told us they had been involved in developing their care plan.

People were supported to receive a balanced diet with sufficient to eat and drink. People were offered plenty of snacks and drinks through the day. One person told us “meals are very good, plenty of choice”.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and health and social care professionals as needed. One professional told us staff always contacted them appropriately and followed any instructions they were given. They said they had never had any cause for concern when visiting the service and had nothing negative to say about it.

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. Comments from visitors included “I couldn’t do better myself”, “It’s like a great big happy family” and staff are “all very nice, caring and friendly”. One visiting professional told us the staff not only cared for the person living at the home, but for all their family as well.

Visitors told us they could visit the home at any time and were always made welcome. One visitor told us they visited every afternoon and another told us they visited at all times on all days, so staff never knew to expect them. They said things were always just as good whatever time they visited. They told us staff always kept them informed about any changes to their relative’s care.

People’s privacy and dignity was upheld. One person told us “They [staff] always knock on my door even when I’ve called them”. All personal care was provided in private and staff took care to ensure people’s appearance was clean and tidy and that their hair was combed. Staff enabled people to maintain as much independence as possible. One person told us how the service was supporting them to return to a more independent living setting.

People’s care plans were maintained and reviewed regularly. The plans contained comprehensive assessments of the person’s needs and detailed instructions for staff on how to meet personal care needs. Social care needs were not so well assessed on some and there were few details on the person’s past life. This meant staff may not have all the information they need in order to maintain all aspects of well-being. New in depth personalised assessments had been completed for some people and care plans had been developed based on these assessments. Staff were working to complete the new assessments for everyone.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. Staff told us they always asked people what they wanted and how they wanted their needs met. Where people could not tell staff what they wanted, staff told us they followed the person’s care plans.

People’s bedrooms contained personal possessions and were arranged according to their needs. Staff told us how one person’s bed had been moved to make more room for them to move around. Staff and people told us they had time to spend with people on an individual basis. During our inspection we saw that staff spent time chatting to people and helping them complete puzzles.

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.

There were systems in place to manage people's medicines.

People were protected from the risks of abuse.

People were protected by robust recruitment procedures.

Risks to people's health and welfare were well managed.

People's needs were met by ensuring there were sufficient staff on duty.

Good



Is the service effective?

The service was effective.

People benefited from staff that were trained and knowledgeable in how to care and support them.

People were supported to access a range of healthcare services.

People were supported to maintain a healthy balanced diet.

People were asked for their consent before staff provided personal care.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's care plans were comprehensive and reviewed regularly.

People received care and support that was responsive to their needs.

Visitors told us they could visit at any time and were always made welcome.

People were confident that if they raised concerns they would be dealt with quickly by the manager.

Good



Summary of findings

Is the service well-led?

Some aspects of the service were not well led.

There was no manager registered for the service.

There was no effective system in place to regularly monitor and improve the quality of care provided.

The manager was very open and approachable.

Records were well maintained.

Requires Improvement



Ilsham Valley 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 was 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 15 and 19 May 2015 and was unannounced.

One Adult Social care (ASC) inspector conducted the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us and reports from previous inspections.

During the inspection we spoke with three people using the service, six visiting relatives, six staff and the manager. We also spoke with three health and social care professionals and staff from the local authority who had commissioned some placements for people living at the home.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included four people's care records, the provider's quality assurance system, accident and incident reports, five staff records, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

There was an effective system in place to help staff manage medicines safely. However, we found there was no indication of how staff would recognise when a person was beginning to become distressed, or if alternative interventions should be used, before medicine that was prescribed to be taken as required was given. The staff member we spoke with was clear about when they would give the medicine and felt other staff would do the same. However, they recognised that there was a possibility staff may interpret signs of distress differently.

Also we noted that one set of hand written entries on Medicine Administration Records (MARs) were not double signed. This meant in that instance there was no check that what had been written on the MARs was what had been prescribed.

Medicines were stored safely and records were kept for medicines received and disposed of. People's rooms had been fitted with lockable medicine storage cupboards and their individual medicines were stored in these. Other medicines were stored in a locked cupboard. Medicines that required refrigeration were being stored appropriately and fridge temperatures were recorded and checked. People received their medicines safely and on time. There were clear instructions for staff regarding administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times.

MAR sheets confirmed oral medicines had been administered as prescribed. Arrangements for the application of topical creams ensured people received them as prescribed. For example, cream charts included clear guidance for staff about how and when the creams should be applied. The charts contained a body map that indicated where the cream should be applied. They were kept in the person's room so they could be completed as soon as the cream had been applied.

People were protected from the risks of abuse. People told us they felt safe at the home, one person said "Yes I feel safe". A visitor told us they felt their relative was "Absolutely safe, I have lots of confidence in the staff". Another visitor told us they felt their relative was "Safe and happy".

Staff demonstrated a good knowledge of different types of abuse. They told us how they would recognise abuse, and

what they would do if they suspected abuse was occurring within the service. They said initially they would tell the manager, but knew they could also contact the police or the local care management teams. There was a list of contact numbers displayed in the office area. Staff had received training in safeguarding people. Staff told us that they had never witnessed any ill treatment of people in the service. They said they would challenge any poor practice and would not tolerate abuse.

Providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed that the registered provider had told us about safeguarding incidents that had occurred. Since our inspection in May 2014 concerns had been raised about a member of staff. A full investigation had been carried out by the local safeguarding team with the cooperation of the service and this had resulted in action being taken to protect people.

At our inspection in May 2014 we found that recruitment procedures were insufficient to ensure people were protected from the risks of unsuitable people being employed by the service. The registered provider told us they would have procedures in place to protect people by June 2014. At our inspection in May 2015 we found that improvements had been made and people were protected by robust recruitment procedures. The provider had a policy which ensured all employees were subject to the necessary checks which determined that they were suitable to work with vulnerable people. Five staff files contained all the required information including references and criminal records checks.

People's risk assessments contained good details on how risks were managed. Moving and transferring and pressure area assessments were in place and had been updated when risks had changed. For example, one person's moving and handling and pressure area assessments had changed as they were spending more time in bed. Other risk assessments included those to minimise the risks associated with falls and malnutrition. Accidents and incidents were reported in accordance with the service's policies and procedures. Staff had recorded accidents promptly and showed the actions they had taken at the time. All falls were reported to the local 'falls register' where they were monitored and analysed in order to reduce the risk of further falls.

Is the service safe?

The environment was safe and secure and there were arrangements in place to manage the premises and equipment. For example, access to the home was restricted to ensure people remained safe while there were no restrictions to anyone leaving the home. Tests had been carried out on all portable equipment to ensure it was safe to use. Equipment such as hoists were regularly serviced to ensure they remained safe to use.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire.

On both days of our inspection there were 17 people living at the home. Rotas showed that staffing levels were maintained at one registered nurse and five care staff on duty during the morning. This reduced to one registered nurse and three care staff in the afternoon. One registered nurse and two care staff were awake at night. Supporting staff such as a maintenance person, cook and cleaner were on duty each day and the manager was also available

throughout the day. The manager told us that staffing levels were determined by the numbers of people living at the home and their needs. Staff told us there was never any problem increasing staffing levels if there was an increase in people's care needs. Two registered nurses also told us that when medicines were delivered there were always two nurses on duty so that one could continue to provide care while the other checked the medicines.

People's needs were met in a timely manner as there were sufficient staff on duty. Two visitors told us they felt there could be more staff especially at weekends, but that generally there were enough to meet people's care needs. People and staff told us they felt there were enough staff on duty at all times. Staff rotas showed no decrease in staff at weekends. One person said "If I need help they come in pairs" another said "Just press the buzzer and they are there". Staff said they had time to spend with people on a one to one basis and not just when they were helping with personal care. During the inspection, call bells were answered quickly and staff spent time talking with people and were on hand to provide support with care needs when required.

Is the service effective?

Our findings

People received effective care and support from staff that had the skills and knowledge to meet their needs. People had differing needs and staff had received training ensure people's needs were met. For example, one person was living with Parkinson's disease and staff had received training on how to support them to remain as independent as possible. Some people had catheters fitted and staff had received up to date training in catheter care. Staff had received a variety of other training including moving and transferring, dementia care, end of life care and safeguarding adults. There was a system in place to identify when any training was due to be updated. Training was provided to staff in a variety of formats including DVDs and face to face sessions. In order to ensure they maintained their knowledge to keep their registration, the nurses told us they had attended many training courses. These included venepuncture and PEG feeding.

Staff received supervision from more senior staff and an annual appraisal. The manager told us they used the sessions to ensure staff felt supported and as a check on their competence. They told us that recently a member of staff had been given notice when they had failed to meet competence requirements. Staff told us they felt well supported and could discuss any matters at any time with senior staff.

Staff were skilled in meeting people's needs and offered good care. People and their representatives we spoke with told us that people were well cared for. People told us staff knew how they liked things done. One person told us "All the staff know how to help me move". One visitor told us "Staff are very pleasant and helpful and nothing is too much trouble. They take very good care of [relative]". One visiting professional told us "Their care is fantastic". All the people we saw had their personal care needs met. Staff we spoke with were knowledgeable about people's needs and told us what they did to meet people's needs. For example, staff described how they supported people to eat. Another staff told us how one person hated to be cold so always wanted their personal care provided very quickly. Staff told us they always did whatever people wanted them to do.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal

framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. For example, this process had been followed where one person was reluctant to take medicines needed for their health and well being. Staff told us that most people could make their own decisions about their day to day care, but may not be able to consent to more significant decisions, such as whether they wanted to take their medicines. Staff told us if they felt people did not fully understand the decision they were being asked to make, they would talk with families and health or social care professionals. This procedure had been followed where it had been decided that people needed to take specific medicines. However, no one currently received their medicines without their knowledge.

At our inspection in May 2014 there was no written evidence that people had consented to receive care and treatment. At our inspection in May 2015 there was written evidence that people or their representatives had consented to receive care and treatment as described in their care plan. Throughout our inspection people were asked for their consent before staff provided personal care. Staff also offered choices about where the person wanted to sit and what they wanted to eat or drink.

The MCA also introduced a number of laws to protect individuals who are, or may become, deprived of their liberty in a care home. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and in a person's own best interests. There has been a recent change to the interpretation of the deprivation of liberty safeguards. However, the manager told us they did not have to make any applications as there were no restrictions on people's liberty. There was no evidence that people were being unlawfully restrained.

People were supported to receive a balanced diet with sufficient to eat and drink. People were offered plenty of snacks and drinks through the day. One person told us "meals are very good, plenty of choice". Care was taken to find out what people liked to eat. Special diets were provided as needed or requested. One visitor told us their relative loved chips and that the chef would cook them just for the person. Where people needed support with eating

Is the service effective?

and drinking this was provided in a respectful manner. Several people told us they liked to eat in their rooms as they did not like others to see them eat. They said if they needed help staff were on hand to provide it.

When needed, records were maintained to show that people received sufficient amounts to eat and drink. One visiting professional that we spoke with told us one person they visited had been admitted to the home very malnourished and for end of life care. They told us the home had worked 'magic' on the person who was now much better and no longer received end of life care.

People were supported to maintain good health and had access to healthcare services where required. A minimum of one registered nurse was on duty 24 hours a day. They were responsible for ensuring people's healthcare needs were met on a day to day basis. They told us they received a variety of regular updates on subjects such as catheter care and pressure area care. Records showed people had seen their GPs and health and social care professionals as needed. One professional told us staff always contacted them appropriately and followed any instructions they were given. They said they had never had any cause for concern when visiting the service and had nothing negative to say about it.

Is the service caring?

Our findings

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. Comments from visitors included “I couldn’t do better myself”, “It’s like a great big happy family” and staff are “all very nice, caring and friendly”. One visiting professional told us the staff not only cared for the person living at the home, but for all their family as well.

Staff spoke with people to let them know what was happening. For example, staff assisted one person to move from a wheelchair to an arm chair. Staff encouraged the person telling them how near to the armchair they were before sitting down. Each time staff walked into the lounge they took time to speak with people. They asked if people wanted or needed anything and offered a choice of drinks.

People told us that staff often asked them for their views about their care. One person told us they had been involved in developing their care plan. One person received care from two male carers and we asked them if they minded this. They told us they generally didn’t mind being helped by male carers, but only wanted female carers to help them shower. They said this choice was always respected.

Visitors told us they could visit the home at any time and were always made welcome. One visitor told us they visited

every afternoon and another told us they visited at all times on all days, so staff never knew to expect them. They said things were always just as good whatever time they visited. They told us staff always kept them informed about any changes to their relative’s care.

People’s privacy and dignity was upheld. One person told us “They [staff] always knock on my door even when I’ve called them”. All personal care was provided in private and staff took care to ensure people’s appearance was clean and tidy and that their hair was combed. One person’s care plan described how the person took pride in their appearance and how staff should support this. Another person’s care plan described the type of clothing the person liked to wear. When we visited the individuals their wishes had been respected. People were treated with respect and as individuals. Staff listened to people and supported them to express their needs and wants and offered them choices throughout the day. Staff enabled people to maintain as much independence as possible. One person told us how the service was supporting them to return to a more independent living setting.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way. One visitor told us that staff were “Always very respectful and kind” even when their relative was not being very nice to them.

Is the service responsive?

Our findings

Improvements were needed to the way in which people's social care needs were assessed and planned for. Social care needs were not so well assessed on some and there were few details on the person's past life. This meant staff may not have all the information they need in order to maintain all aspects of well-being. New in depth personalised assessments had been completed for some people and detailed personal and social care plans had been developed based on these assessments. Staff were working to complete the new assessments for everyone.

Plans to meet people's personal care needs were well maintained and reviewed regularly. The plans contained comprehensive assessments of the person's needs and detailed instructions for staff on how to meet personal care needs.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. Most people spent their time in their bedrooms. For some people this was their choice and for others it was because they were not able to leave their beds. Staff and visitors told us and records indicated that staff spent individual time with people in their own rooms in order to minimise the risk of social isolation.

Staff were able to tell us about people's needs and how they ensured they were met. For example, staff told us about one person receiving care in bed could sometimes become distressed when personal care was needed. The staff member said that singing to the person often helped relieve the person's distress.

Staff told us they always asked people what they wanted and how they wanted their needs met. Where people could not tell staff what they wanted, staff told us they followed the person's care plans. One person's care plan stated they were to have their nails soaked as part of their daily routine. Staff and the person's visitor confirmed this happened. Any changes to people's needs were recorded in

care plans and passed on to other staff via handovers. For example, one person's care plan had been regularly updated following visits from health and social care professionals.

People's bedrooms contained personal possessions and were arranged according to their needs. Staff told us how one person's bed had been moved to make more room for them to move around. Staff and people told us they had time to spend with people on an individual basis. We heard staff discussing a recent outing with one person. Staff ensured people understood what was being said, by speaking slowly and maintaining eye contact. During our inspection we saw that staff spent time chatting to people and helping them complete puzzles. There was good interaction between people and staff. One staff told us there was plenty of time for individual interaction because staff were never rushed. Staff told us how they supported people to maintain outside interests. Two staff were supporting one person to visit a cricket match. One person told us how a member of staff had introduced them to different types of music. People told us they enjoyed the different entertainers that visited the home. People said they had particularly enjoyed a visit from a range of small animals.

The manager had arranged a meeting for people and their representatives to gain their views. One person's representative told us they had been told at the meeting that arrangements were being made for a hand massage therapist to visit the service. They said they were disappointed that nothing had happened as their relative was looking forward to this. The manager told us they had not been told anyone wanted to use the therapist, but now they were aware they would make arrangements for the hand massages to take place.

People and their representatives told us they rarely had to raise issues and when they did so, things were quickly put right. The manager told us no formal complaints had been received. The manager said that if small concerns were raised they were dealt with immediately. There was a complaints procedure displayed in the entrance hall. There were also cards for people to complete if they had any suggestions on how to improve the service.

Is the service well-led?

Our findings

Some aspects of the service were not well led. There had been no manager registered for the service since October 2013. Since our inspection in May 2014 the unregistered manager had left and a new manager had been appointed in January 2015. They had submitted an application to register but this had not been accepted as it did not contain the required information. Another application has since been received and is being processed.

At our inspection in May 2014 we found that the registered provider did not have effective systems to assess and monitor the quality and safety of the service provided. At our inspection in May 2015 we found that improvements had been made in some areas, but that improvements were still needed. There was a system in place designed to audit the care provided at the service. This consisted of a series of documents where staff would record their findings following an audit of the particular area. Not all audits in this system had been completed on a regular basis. For example, monthly medicine and care plan audits had not been completed since September 2014. However, there were separate systems in place to audit the obtaining and administration of medicines and people's care plans.

A Provider Information Return (PIR) report had been completed by the previous manager and submitted to us on 14 November 2014. The report provided information that showed us admissions to hospital were either similar or better than expected when compared to other services. The report told us that the service planned to improve the level of activities available and that people's choice of food would be incorporated into menus. At this inspection in May 2015 we saw that these improvements had been made. The report indicated the service felt one of the areas they did well was to provide effective training. During our inspection in May 2015 this was supported by comments from staff and our observations. However, the report also indicated the registered provider was arranging to meet with all families on an individual basis to discuss any issues they may have.

The registered provider visited the service on a regular basis and produced a report of their visit. The last report available showed they had discussed issues such as the environment and staffing levels. No areas for improvement had been identified. However, they had not looked at any audits, other records or produced an improvement plan.

This meant that while there were some measures in place to check the quality of care, there was no overall method by which the service could check, maintain or improve the quality of care provided by the service.

Following our inspection the provider sent us information about the work they had done with Torbay Business Support and Quality Team. This showed that the service had met any areas identified by the team as needing improvement and continued to work with the team to further improve the service.

Staff told us about the culture and values of the home. They told us that it was important to maintain good standards of care and not treat people like they were on a factory conveyor belt. Another staff told us they were always told to remember the most important people at the home were the ones that lived there.

People and their visitors expressed confidence in the service's management. They knew the manager's name and said that they was accessible and approachable. In addition to the manager there was a team of registered nurses and a head of care who were able to offer on-going advice and support to other staff. One staff member told us "they look after the staff as well as the people who live here". Staff said it was a happy place to work and that they were satisfied with the standards of care that they delivered. Staff told us they received the support and training they needed to ensure they continued to provide good quality care.

The manager was keen to develop and improve the service. They had introduced more extensive social care plans and planned to put in place an 'at a glance' document that would highlight the most important information about people that staff needed to know. Feedback from a survey conducted in August 2014 showed that people wanted improvements to the level of activities available. Regular activities were now on offer and the manager was looking to introduce more.

Staff told us regular meetings were held and that they were able to make suggestions for improvements. One staff told us they had made suggestions about one person's diet that had been introduced.

Care records were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.