Care Quality Commission

Castle Hill House Limited

Castle Hill House Care Home with Nursing

Inspection report

Castle Street
Bodmin
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Ratings

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

Overall summary

The inspection took place on 18 and 19 August 2015 and was unannounced.

Castle Hill House Care Home is registered to provide nursing care for a maximum 43 older people who have nursing and or mental health needs. On the day of the inspection 34 people were using the service.

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

Medicine administration records were in place but had not all been completed correctly. An action plan had been put in place to address the issues found. The registered manager and providers told us that they would

Summary of findings

be implementing a new policy in the near future. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, speech and language therapists and dieticians.

Care records were personalised and gave people control over all aspects of their lives. People and those who mattered to them were involved in identifying how they would like to be supported and in regularly reviewing their support and care needs. People's preferences were sought and respected. The registered manager told us "the care staff have the needs of our residents at the top of their list." Staff responded quickly to people's change in needs.

People told us they felt safe. All staff had undertaken training on safeguarding vulnerable adults from abuse. They knew how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

During the inspection people and staff were relaxed, the environment was clean and tidy. There was a calm and pleasant atmosphere. People confirmed they had the freedom to move around as they chose and enjoyed living in the home. People as much as they were able to or, where appropriate those acting on their behalf, spoke highly about the care and support they received. Relatives told us, "I looked at two homes for my mum. Straight away, I knew this was the one" and "My mum wouldn't want to go anywhere else." The registered manager told us "Customer care is of paramount importance."

Staff described the management as supportive and approachable. Comments included, "the registered manager is very hands on, helps with personal care and attends handover every morning." Staff talked positively about their jobs, "I love it, it's a friendly place to work and you don't feel pressured."

People and those who mattered to them knew how to raise concerns and make complaints. Any complaints made were thoroughly investigated and recorded. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service. There were effective quality assurance systems in place to identify where improvements could be made to improve the quality of care.

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's medicines were administered safely. Accurate records were not always kept but actions had been taken to address these concerns.

People were protected from abuse by staff who had received safeguarding training and had a good understanding of how to recognise and report any signs of abuse.

People received care from staff who were suitable to work in the home as safe recruitment practices were followed. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected from the risk of infection. The home was clean and good infection control practices were followed.

Good

Is the service effective?
The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's consent to their care and treatment was sought where possible. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed an understanding of the principles of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

People experienced positive outcomes regarding their health. The service engaged proactively with health and social care professionals, and took preventative action at the right time to keep people in the best of health.

Good

Is the service caring?
The service was caring.

People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People as much as they were able to or, where appropriate, those acting on their behalf were informed and actively involved in decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

People's individual needs were clearly documented in their care records to inform staff how they wished to be supported. Staff were knowledgeable about how people wanted to be supported.

People were supported to take part in activities that were meaningful to them and were planned in line with their interests.

Good

Summary of findings

People were supported to maintain relationships with those who mattered to them. People's concerns and complaints were taken seriously, explored thoroughly and responded to. The staff proactively used complaints as an opportunity for learning to take place.	
Is the service well-led? The service was well-led. The management team were approachable and defined by a clear structure. Staff understood their role, and were motivated and inspired to develop and provide quality care. Communication was encouraged. People and staff were involved with the service to help drive improvements. Quality assurance systems drove improvements and raised standards of care.	**Good**

Care Quality Commission

Castle Hill House Care Home with Nursing

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.

The unannounced inspection took place on 18 and 19 August 2015 and was undertaken by two 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 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. We reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people who lived at Castle Hill House, two family members, the registered manager and providers and eight members of staff. We also spoke with three health care professionals. We looked around the premises and observed how staff interacted with people throughout the two days.

We looked at four records related to people's individual care needs and five people's records related to the administration of their medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People told us they received their medicines on time. Medicines administration records (MAR) were in place but had not all been correctly completed. The registered manager had already identified this and was working with staff to improve practice. A new medicines policy was due to be implemented and any concerns about medicines administration were discussed at staff meetings and solutions sought.

Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged consistently to evidence they fell within the guidelines that ensured quality of the medicines was maintained. A contract was in place with a local pharmacy to replace the fridge if it failed. The nursing team had recently implemented cream charts in people's rooms so that staff had easy access to information on administration of individuals' creams.

Clear procedures for giving medicines where people did not have the capacity to consent to their medicines were in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records clearly detailed correct legal processes had been followed and informed staff how each medicine was to be administered, for example, best interests' decisions had been made with health care professionals for staff to administer some medicines covertly.

People were protected by the service's safe recruitment practices. New staff employed underwent a thorough recruitment process to ensure they were of good character and had the qualifications, skills and knowledge to meet people's needs. Should staff have any criminal convictions, the registered manager had processes in place to carry out additional checks and risk assessments to ensure new staff were safe and suitable to work with people in the home.

People told us they felt safe. Comments included; "I definitely feel safe, 100%". People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. Staff told us, "If I suspected any abuse, I would tell the manager, or CQC or social services." Another member of staff told us that they would also be confident reporting it to the providers.

People were supported by a sufficient number of staff. We observed that staff were not rushed but had time to spend with people when needed. If staffing levels were low, for example if someone was off work ill, agency workers were used. The registered manager confirmed the agency sent them sufficient information about the agency staff to ensure people were safe. Staff told us agency staff, who were new to the home, were paired with senior staff to ensure people still received individualised care and support. People told us that if no agency staff were available, the registered manager and care team manager would step in. One person said, "I can't complain and it's very rare I have to use my call bell." The providers told us about plans they had to improve staff response time to call bells. Staff told us the registered manager, deputy manager and providers were on call all the time and would come in, if needed, outside normal working hours. They told us "It's easy to get hold of someone on call."

People were supported by staff who understood and managed risk effectively. People made their own choices about how and where they spent their time. For example, one person had a key so they could go out when they wanted to. Care records contained risk assessments that aimed to maintain people's independence whilst keeping them safe. One person who was reluctant to move had been encouraged to get out of bed to use the commode. When they were doing this regularly, the commode was moved slightly further away, encouraging them to move more. This encouraged the person's mobility. One person liked to take their own medicines; this was recorded in a risk assessment so they could do this whilst allowing staff to ensure none were missed.

Care records contained sufficient information for staff to provide consistent support to people. Staff were knowledgeable about people who had behaviour that may challenge others. We observed one person who was anxious about their clothes, staff arranged a time to meet with the person and arrived promptly; they then accompanied the person to their room to resolve their

Good

Is the service safe?

concerns. Later on in the day the person was anxious about the lunch they had received and went to the kitchen to discuss it. We observed kitchen staff listening to the person's concerns and a staff member say " Ok [....], that's absolutely fine, I'll do that now and bring it up to your room."

The environment was maintained in a way that kept people safe. Oxygen storage was signed and locked. Cornwall Fire and Rescue had visited the service recently. They had no concerns and provided further advice on fire safety. The registered manager had recorded when each recommended action was completed. The service had personal evacuation plans in place for each person in case of a fire. We saw that the COSHH cupboard and some fire doors on cupboards were unlocked or left open which could pose a risk to people. These areas were secured when the registered manager was informed.

The home was clean and no unpleasant odours were detected. The housekeeper told us they were able to order their own stock which ensured they always had the equipment and level of supplies they required to do their job effectively. This helped maintain the cleanliness of the home and reduce infection. The registered manager showed us an environmental audit they carried out regularly to identify any problems with the safety or cleanliness of the environment and told us they had introduced National Standards of Cleanliness to monitor cleanliness and improve infection control.

Good

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. People told us "The staff are excellent, they really are very good."

On-going training was delivered to support continued learning and was updated when required. Staff confirmed they received the right training to enable them to do their job effectively and were regularly asked, during supervision, if there was any further training they felt they needed. Training was planned for the future that would increase staff knowledge in meeting people's specific needs, for example, end of life care. The registered manager had asked certain staff to gain qualifications in the future to train other staff. They also encouraged staff to learn new skills "on the job", for example they used Deprivation of Liberty Safeguards (DoLS) applications as a learning point for the nurses. DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The nursing staff told us the registered manager had also organised presentations on topics such as dietary supplements and care pathways to help increase their knowledge of people's needs.

Staff received a comprehensive induction programme when they first started working in the home and the Care Certificate had been implemented. The Care Certificate is regarded as best practice for the induction of new health and social care workers; it sets out learning outcomes, competencies and expected standards of care. Staff told us they felt well supported through supervision. Comments included "The registered manager is very good at giving regular supervisions", "Its useful, you can do your job better and better. You have a discussion with the manager about ideas that are good for the resident or good for the home" and "We discuss whether we are happy in our job and anything else we want to talk about." The registered manager told us they were intending to use some senior staff to conduct supervision in the future but would still meet with staff for their annual appraisals.

Staff found daily handovers useful. One staff member told us that everyone was involved in handovers now, rather than just the nurses. They told us, "We talk about what's happened in the day or night, any changes with people,..... changes to medication..." This had improved communication between staff.

People when appropriate, were assessed in line with DoLS as set out in the Mental Capacity Act 2005 (MCA). The registered manager had a good knowledge of their responsibilities under the legislation. Staff showed an understanding of the main principles of the MCA. They confirmed that they gained consent before providing care or support for people and care plans confirmed this. One person had a best interest meeting recorded in their care plan to allow staff to administer their medicines covertly. A best interests meeting is used when someone is judged not to have the capacity to make a specific decision. That decision can be made on their behalf in their best interests and is usually made by important people in the person's life with relevant professionals that know the person well.

People were involved in decisions about what they would like to eat and drink. "Every day I am asked what I want to eat.", "Staff ask me what I want", "The food is lovely, there is plenty of choice". The cook told us "people are asked periodically what they like and dislike. We also use trial and error to find out what people like." A large board in the kitchen detailed people's likes, dislikes and dietary needs. The cook told us that these were only preferences and that people were still asked every day what they would like for the following day. They had alternatives made available to them if they did not want the main options. The cook said, "We try to accommodate if people change their minds." The cook knew certain people did not like some foods and what they often asked for as an alternative, stating "one person doesn't like pork so I usually do her a chicken breast instead."

People's individual nutritional needs were being met. Care records contained information about people's dietary needs and how staff should support them to maintain a healthy diet. They also highlighted where risks with eating and drinking had been identified. Staff told us that a speech and language therapist (SALT) visited some people regularly to advise on best practice for example where people might have swallowing difficulties or be at risk of choking. People who needed their food pureed had each item pureed separately so it remained aesthetically pleasing and the cook used a bain marie to ensure that the pureed food remained hot until served. Staff told us that different types of crockery and cutlery were available to support people when eating such as plate guards and cutlery with contoured or easy grip handles. A relative told us, "They bring my mum iced water, specially." Pictures of

Good

Is the service effective?

the menu options were being created to help people choose what they would like to eat so they could see what the food looked like and could point to their preferred option if they were unable to communicate verbally.

People told us they could choose where they ate. We heard staff supporting someone to eat in their room saying, "Would you like me to help you with your dinner? Would you like to try a bit?" The atmosphere in the dining room was calm and relaxed with music playing. Staff told us the amount of staff in the dining room depended on how many people had chosen to eat in there. Staff were observed in the dining room, supporting people who needed help and then moving away so people could enjoy their food undisturbed. The registered manager told us they were planning to update the dining room with new curtains and flooring, new crockery and wine goblets. Staff told us visitors could eat with people and a relative confirmed "I am offered a meal to eat with my mum in her room."

People were enabled to make full use of the home by its physical design. The home had a lift so people could easily access both floors and accessible showers and jacuzzi baths were available for people to use. The design of the garden made it accessible for people who used wheelchairs. The providers told us they were gradually implementing changes to ensure that the layout and design of the home met the needs of people living with dementia.

People were supported to have regular health checks with opticians, dentists and GPs. Two professionals told us they thought staff would be able to communicate more information about people if care records were more detailed. The registered manager told us they were aware of this and were developing staff skills in this area. People's care notes showed that they saw a dentist regularly and dental needs were recorded in their care plans. Individual health needs were detailed in care plans. The care plan of a person with diabetes recorded how their health needs were to be met and monitored by giving information about appropriate diet and the need for regular eye, foot and blood checks.

The staff monitored people's health needs and arranged additional support and intervention when required. The registered manager told us about a person who was declining to have personal care provided. They were concerned about the person's wellbeing and told us "I'm not happy leaving them like this." They had spoken to the person's family and sought further advice from professionals. We observed a nurse contacting the GP about the person and later met a district nurse and community psychiatric nurse who had come to visit the person. The registered manager had ordered a special mattress to aid the person's comfort and was organising a best interests meeting to discuss the best way to care for the person. Professionals confirmed that they were contacted promptly with concerns about people.

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "I wouldn't want to be anywhere else", "The girls are all very nice." When asked if they felt cared for, one person replied, "oh yes, totally." Another person told us, "They are friendly and happy staff. I feel wrapped in love." and "I've had excellent care, so far". A relative told us "Everyone is very good. [....] is exceptional to my mum." Compliments received by the service included, "we would like to thank all the staff for their kindness and care" and "It is with a sad but grateful heart that I write to thank you for the sympathetic care which you all showed to [...] she was not just a resident but part of a large friendly family. I admired the kind and warm manner in which [....]was looked after." A staff member told us "I think we've got awesome residents, they're lovely people." The registered manager spoke of people in a respectful way, saying "They're a lovely couple. I've spent a lot of time with them ." They also talked about people's families in a similar way, describing them as "really lovely."

People told us their privacy and dignity were respected. People's care plans told staff how to maintain people's dignity in an individualised way. Staff told us they closed doors and curtains when providing personal care and people confirmed this was the case. We observed curtains inside people's doors which added an extra level of privacy. A staff member told us when supporting people to have a bath, they stepped back to allow the person privacy to enjoy their bath, if safe to do so. We observed that sometimes staff used words that could be more respectful when discussing people's needs with other staff. The registered manager, told us they would address this with the staff.

People were encouraged to do as much as possible for themselves to help maintain their independence. Care records detailed how to maximise people's independence and staff confirmed, that when supporting people with personal care for example, they encouraged people to do as much as they could; providing support when needed.

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. Staff confirmed that although they were busy, they did have time to chat with people and told us, "We make time to chat, it's all part and parcel of the job." We observed a member of staff take time to sit with someone who was not feeling very happy to find out what was wrong. Staff told us people who had more intensive care needs or were acutely ill, were supported at bedtime by the nursing staff. This gave them valuable time to find out how the person was and whether their needs had changed. Care plans recorded actions that considered people's wellbeing.

Arrangements were in place to make sure, where able, people were involved in making decisions about their own care. One person had received a recommendation from the speech and language therapist to minimise risks to their health but they did not consent to this option. Their wishes were respected and an alternative option had been agreed and implemented. The registered manager told us that they reviewed the care plans with people and those who mattered to them every six months, to ensure that they were aware of their content and agreed with it. They also told us they were planning to hold a regular residents forum to encourage people to discuss likes, dislike and improvements. They were hoping that people would be able to take on roles such as chairing the meetings.

Friends and relatives were able to visit without unnecessary restriction. Regular visitors had keys so they could access the home at any time during the day. Relatives confirmed they were kept well informed if people's personal needs changed. "They tell me and my sister everything and phone us up at home." Staff told us some family members came every day and described them as part of the family, "they get drinks and cakes and can stay for lunch." and "They are always invited to things that are happening." Relatives were invited to celebrate birthdays in a private room where they were provided with a buffet and a birthday cake. A card from a relative commented, "Thank you so much for giving my mother such a wonderful birthday party. Please pass on my thanks to all the carers who look after mum so well."

People were given compassionate end of life care. Staff told us they would do all they could to ensure family members could stay at the home and would provide them with meals and drinks and anything else they required. They also told us of a lounge recently created for relatives to use when people were receiving personal care or end of life care. A relative told us "My dad died in here. The staff could not have been more caring and considerate. One staff member

Good

Is the service caring?

who has been caring for my dad came in on his day off to pay his respects. You cannot ask for more than that." The registered manager was considerate of the needs of family members at this time. They excused themselves, when talking with us, to spend time with the family of someone who had recently passed away.

Good

Is the service responsive?

Our findings

People felt their needs were being met. Comments included, "I don't miss out on anything here." and "I can't complain and it's very rare that I have to use my call bell." Staff were responsive to people's needs and confirmed, they would raise any concerns with a senior staff member or nurse; "If there are changes, I would talk to the manager or the nurse in charge, they act straight away and its better for the person."

Care plans contained detailed information about people's health and social care needs and information from risk assessments was incorporated into them. They were written using the person's preferred name and reflected how people wished to receive their care. Staff told us, if any changes were needed to care plans, they told the nursing staff who would update them. The registered manager had introduced a 'named nurse' system, which meant a specific nurse was responsible for co-ordinating an individual's care plan. The registered manager audited the care plans every six months and gave the named nurse an action plan to complete, to encourage continuous improvement. The registered manager told us care plans would soon be developed further to include more detail about people's backgrounds and activities they enjoyed.

People were involved in planning their own care and making decisions about how their needs were met. Staff told us that people decided when to get up and where to have their breakfast, "We ask if they want to get up yet, and come back if they're not ready." People confirmed that they chose what they wanted to wear each day and that they got up and went to bed when they chose to. We observed that some people spent time in their own rooms and some people spent time in the lounges. One person was having difficulty deciding on their plans for the future, the registered manager told us "I've spent a lot of time discussing future plans with them, I've told them it has to be their decision and no-one else's."

People were able to maintain relationships with those who mattered to them. We observed one person talking on the phone whilst still in bed. The registered manager confirmed that people had the option to have a phone line, wi-fi internet access and Sky television in their rooms and that they had access to email and Skype to contact friends and family. The registered manager told us "If people have a family event they wish to attend, we help them get ready - arrange hairdressers appointments, help them get dressed.....anything to help make the day special, not a worry for them." People also had befrienders visit and benefitted from their company.

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. The registered manager told us they had employed an activities co-ordinator. Their role was to ensure people were given time to express their views about how they wished to spend their time and what could be done to tailor activities to their needs. For example, they used their laptop to research places where people used to live and jobs they used to do so they could look at pictures with people and encourage them to talk about them. They also encouraged them to share poetry they could remember. Staff told us "The activities co-ordinator really engages people. They love the activities." One person told us "I always play bingo and last week I won three cacti which I look after." Another told us "I like the singing, it's lovely." There were raised beds in the garden so people could do gardening and they had been involved in planting plants such as strawberries.

There was a church service taking place on the day we visited and visits from a hairdresser and beauty students had been arranged. The registered manager told us they had held an open day for the Wimbledon finals and invited friends and relatives as well as neighbours of the home; and a pantomime and Christmas shows were already booked for December. People had access to a trolley shop and the registered manager told us "If anybody wants anything extra, a member of staff will go out and get it for them." People who were able, could go to the local shops, the local memory centre or out with family and friends.

The registered manager had recently created two new areas within the home; one for craft and other activities and another as a private lounge for visitors and family. They explained how they had involved and consulted people for their opinions before making decisions. We saw many activities for people to use in the new activities room, such as board games, paints, quiz and song sheets and musical instruments. The activities co-ordinator used the room regularly for activities such as flower arranging and staff told us that relatives enjoyed coming in to do this too. One person told us "I enjoy doing the flower arranging, it is displayed around the home."

Good

Is the service responsive?

There were photos displayed of animals that had been brought in for people to hold and pet and relatives were encouraged to bring pets to visit people. One person had a bird living in their room with them and we saw that people's rooms also had personal items in them including photographs and ornaments.

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home. Staff told us that if there was a complaint they would report it to the registered manager and "it would definitely get listened to." People confirmed they would know who to talk to if they had any concerns or worries. A relative told us "If I had any complaints, which I haven't, I would speak to a carer first then deputy manager or manager."

Good

Is the service well-led?

Our findings

The registered manager had been in post since March 2015 and told us they were currently focusing on the quality of the home rather than on filling all the rooms available. They believed it was important to allow staff to get used to changes and new ways of working before accepting more people to live at Castle Hill House. They felt this was the best way to ensure that people received good quality care and support. They told us "I am striving to provide high quality care by implementing new systems and have already received some good feedback." The registered providers were also complimentary about the work the registered manager had done. They had clear admission criteria and considered the compatibility of people before admitting anyone new to the home.

The registered manager took an active role within the running of the home and had good knowledge of the people who lived at Castle Hill House. They told us they had worked in each different area of the service to gain first hand experience. A professional we spoke with commented "The manager seems to be on the floor a lot and has taken the time to get to know professionals that visit the home and what they do." Staff confirmed that the registered manager regularly provided care and support to people when staff needed help. People knew who the registered manager was and their name, they told us "Everything is ok. The manager is really 'hands on."

There were clear lines of responsibility and accountability within the management structure. The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations and the previous CQC inspection report was on display in the hallway. The registered manager told us they were the first nursing home to register with Star Wards which is a project that challenges services to find innovative ways to provide stimulating activities for people.

The registered manager told us they were planning to seek feedback from people and those who mattered to them in order to improve the service provided. They intended to implement family and friends feedback forms on a regular basis - more frequently initially as there had been a lot of recent changes; they also aimed to consistently gain feedback from people who used the service for respite. They told us they had had positive 'informal' feedback from visitors and relatives about recent changes in the home.

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff confirmed they felt empowered to have a voice and share opinions and ideas they had. Comments included, "The manager is open to any ideas and change" another person told us "I feel I can raise anything with the registered manager, they are up for new ideas." A staff member told us they had been struggling to complete all the cleaning they were responsible for. They had raised this with the registered manager and now had more hours per month to complete it. The nursing staff told us they had also felt rushed in their work at the weekends, so they had raised their concerns with the registered manager and providers and now had an extra nurse working at the weekend. We were told, "The manager is supportive, brilliant - any problems are sorted straight away. I can discuss anything." Staff were also happy they were trusted to "get on with their work" and were able to "try new things" to enhance people's quality of life.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken following suggestions; for example, a staff member suggested buying tabards for nurses to wear, that identified when they were administering medicines and should not be disturbed. This was to aid their concentration and help eliminate errors. Staff confirmed that this idea had been acted on by the registered manager. We read that discussions were led in staff meetings about choice, preferences and dignity in relation to people's care. The registered manager had introduced 'learning from experience meetings' for the nursing staff, so any incidents could be 'unpicked' and any lessons could be learnt.

The home had policies and procedures in place, such as complaints, confidentiality, consent, medicines and whistleblowing to guide staff but some staff did not know where to find them. The registered manager planned to discuss this with the staff team. The registered manager was in the process of updating the policies and procedures and had a clear plan of what would be updated and introduced and when.

Good

Is the service well-led?

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised; for example, the registered manager carried out an environmental checklist throughout the home every month to highlight any issues that needed addressing. They then allocated each task to a person and recorded when the issue was resolved. These action plans were also discussed at staff meetings.