Fourways Care Home Limited

Fourways Nursing Home

Inspection report

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Ratings

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

Overall summary

Fourways nursing home provides nursing and personal care for up to 21 people who were living with a range of complex health care needs. This included people who have, stroke, diabetes, acquired head injuries and Parkinson's disease. Some people had a degree of memory loss associated with their age and physical health conditions. Most people required help and support from two members of staff in relation to their mobility and personal care needs.

Fourways Nursing Home is a family owned and family run home and the owner and directors all worked at the home.

Accommodation is provided over two floors with a stair lift that provided level access to all parts of the home. People spoke well of the home and visiting relatives confirmed they felt confident leaving their loved ones in the care of Fourways.

There is a registered manager at the home who was also the owner. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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.

This was an unannounced inspection which meant the provider and staff did not know we were coming. It took place on 29 and 30 September 2015.

Staff knew people well, they were kind and caring and treated people with respect. They had a good understanding of their care needs and individual choices. However, the care records did not always include guidance for staff to ensure consistency.

Staff did not always follow the principles of the Mental Capacity Act 2005. Mental capacity assessments were not in place and there was no information about how decisions were made.

The ethos of the home was to enable people to live their life to the maximum every day and this is what we observed. Staff had developed open and caring relationships with them.

Staff knew how to safeguard people from the risk of abuse. Risk assessments were in place and staff had a good understanding of the risks associated with the people they cared for. There were enough staff in place, who had been appropriately recruited, to meet the needs of people.

People were given choice about what they wanted to eat and drink, meals were nutritious and freshly cooked each day. People received the support they needed at mealtimes.

People had access to health care professionals for regular check-ups as needed. Medicines were stored, administered and disposed of safely.

Staff had undertaken essential training to meet the needs of people. They received regular one to one and group supervision. They told us they were well supported by the owner and other senior staff at the home.

The owner was aware of the day-to-day culture in the home as she worked directly alongside care staff and encouraged staff to talk to her openly. She worked tirelessly to ensure Fourways nursing home was a 'real home' for people. We saw staff were encouraged and supported to do the same.

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?

Good

The service was safe.

Staff had a clear understanding of how to safeguard people from the risk of abuse.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they cared for.

There were appropriate staffing levels to meet the needs of people.

Recruitment records demonstrated there were systems in place that helped ensure staff were suitable to work at the home.

Medicines were stored, administered and disposed of safely.

Is the service effective?

Requires improvement

Not all aspects of the service were effective.

Staff did not always follow the principles of the Mental Capacity Act 2005. Mental capacity assessments were not in place and there was no information about how decisions were made.

People were given choice about what they wanted to eat and drink. They received the support they needed at mealtimes.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and were supported through one to one and group supervision.

Is the service caring?

Good

The ethos of the home was to enable people to live their life to the maximum every day and this is what we observed.

Staff knew people well. They had developed open and caring relationships with them.

People's privacy and dignity were respected.

People were supported to make day to day decisions about how to spend their time.

Is the service responsive?

Requires improvement

Some aspects of the service were not responsive.

Staff knew and understood people's needs. This enabled them to deliver care that was responsive. However, the care records did not always include guidance for staff to ensure consistency.

Summary of findings

There was a complaints policy and procedure in place, and complaints were responded to appropriately.

Is the service well-led?

Requires improvement

Aspects of the service were not well-led.

The owner was as approachable and passionate about providing a 'home form home' for people. Staff and people spoke positively of the owner and directors leadership.

There were systems in place for monitoring the management and quality of the home but these did not identify some of the shortfalls we found in relation to record keeping.

Fourways 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 was an unannounced inspection on 29 and 30 September 2015. It was undertaken by an inspector 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.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included four staff files including staff recruitment. Training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at four care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with eleven people who lived at the home, two relatives, and twelve staff members including the owner and directors. We spoke with a visiting healthcare professional during the inspection and a further six healthcare professionals following the inspection.

We met with people who lived at Fourways nursing home; we observed the care which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime meals. As some people had difficulties in verbal communication the inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at Fourways, one person said, ''I have been here a long time, this is home and the staff are my friends. I feel very safe here." Another person told us how, in order to help maintain their safety, they had been supported to move to a different bedroom. People told us they received their medicines when they needed them.

Some people were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. When PRN medicine was given staff recorded why this had been given. Staff knew people well and understood why these medicines were required and what actions to take if they were not effective. Some people required skin creams, the medicine administration record (MAR) chart was not completed to show people had received their creams as prescribed. However, there was information in people's care plans about the creams they needed and daily notes recorded these had been applied.

We observed medicines being given at lunchtime; these were given safely and correctly as prescribed. Medicines were stored and disposed of safely.

Not everybody who experienced pain was able to express this verbally. There was guidance in the care plans to inform staff how people may show they were in pain for example restlessness or agitation. Prior to administering medicines for pain the nurse asked people, who were able to communicate verbally, if they had any pain or required any pain relief. They then asked the person to score using a pain assessment tool. A pain tool helps people score their level of pain for example 0 being no pain at all to 10 being the worst pain imaginable. This enables people and care staff to measure whether the person's pain has for example improved and demonstrates whether the medicines given are effective.

Staff had a good understanding of their responsibilities in relation to safeguarding people from abuse. They were able to tell us about different types of abuse and what actions they would take if they believed someone was at risk. Staff told us in the first instance they would report to the most senior person on duty. One staff member said, "You can go to anybody here, they will always sort things." Another staff member said, "I report straight away, we don't stand for that sort of thing around here." Staff were aware that safeguarding concerns should be reported to the local authority safeguarding team. One staff member told us, "I have had to do that in a previous job, I would always make sure people were protected." Staff told us they were able to share any concerns they may have in confidence and know the appropriate action would be taken.

Risk assessments were in place specific to people's individual needs and included guidance to ensure staff provided appropriate care and support. These included pressure areas, nutrition, falls and mobility plus those related to people's individual assessed needs. Where appropriate equipment such as pressure relieving air mattresses, hoists and mobility aids were used to support people. These were identified in the risk assessments and care plans. For example the care plans and risk assessments for people identified at risk of developing pressure sores informed staff what they should do to prevent pressure sores developing. This included the use of a pressure relieving air mattresses, what the correct setting was for this and regular position changes. A number of people were unable to mobilise independently and required support from staff. Risk assessments included information about how to provide appropriate support and if any equipment was required. Where people required the use of a hoist there was information about the correct size of sling and many staff were required to ensure people were looked after safely.

There were plans in place to deal with an emergency. There was guidance in the personal emergency evacuation plans for staff regarding the action they should take to move people safely if they had to leave the home at short notice. The maintenance staff had identified some processes in relation to fire safety needed to be improved and were seeking further advice for example in relation to emergency evacuation equipment. They had also identified there was no fire risk assessment in place at night when staffing levels were lower than during the day. Although staff knew what action to take the provider told us they would ensure a written fire risk assessment for night-time was put in place.

People who were able were supported to take their own risks as safely as possible for example going out and smoking. The risk assessments contained guidance for staff

Good

Is the service safe?

on how to support people and what actions to take if their risks increased. Where appropriate external professionals were involved to support people and staff to make appropriate decisions.

Systems were in place to monitor the health and safety of people, visitors and staff. The home was clean and tidy throughout and was well maintained. Regular environmental and health and safety risk assessments and checks had been completed for example a fire safety checks and call bell tests. There were regular servicing contracts in place for example electricity, gas, stair lifts and hoists. Where maintenance issues were identified actions were taken promptly, smaller maintenance issues were recorded in the maintenance book and dated when done.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the home. Files showed there was appropriate recruitment and appointment information. This included a full employment history, interview notes, references and police checks. Nursing and Midwifery Council PIN checks for registered nurses had been recorded and demonstrated they had the appropriate qualifications for their job.

There were enough skilled, experienced and suitably qualified staff working at the home. We observed staff providing care in a calm unhurried manner. Staff were seen sitting and talking to people and had time to spend with people whilst doing their day to day work. Call bells were answered in a timely manner, one person said “I seldom use the call button; they know that and always come quickly.” In addition to the nurses and care staff there were two housekeepers, two administrators and two maintenance staff each weekday. There was a cook responsible for all meal provision. The rotas confirmed staffing levels were consistent with one nurse each shift, five care staff in the morning and four in the afternoon. Staff we spoke with told us there were enough staff to meet people’s needs and allow staff to spend time with people. There was no formal dependency tool in place to assess staffing levels based on people’s needs. However, staff told us staffing levels were constantly discussed and as a result care staffing levels had been increased with an extra care worker working each afternoon. Minutes from a recent staff meeting showed this had been discussed with staff and was seen to be an improvement.

Requires improvement

Is the service effective?

Our findings

Staff had the knowledge and skills to look after people and people told us they were well looked after. A visitor told us staff were good at their job. People said they were supported to attend health care appointments and were able to see the doctor when they needed to. Everybody we spoke with told us the food was good. One person said it was, “A bit too nice,” as they had put on weight. Someone else told us, “We can have a drink whenever we want."

We found improvements were needed in relation to people’s mental capacity assessments and deprivation of liberty safeguards. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had received training and had an understanding of its principles and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. However, there was no information in people’s care plans about their mental capacity, if they were able to make decisions or where they required support to help them make decisions.

The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. There were two DoLS authorisations in place and applications had been made for a further seven people. However, there were no care plans to show when applications had been made or authorisations were in place. Assessments were in place, for example for people who required bed rails but these did not always include the reason these were needed. Although decisions had been discussed with people’s relatives there was no evidence of any best interest meetings having taken place to determine whether other less restrictive options had been considered. We raised these as areas for improvement.

We observed staff asking people’s consent prior to offering any support throughout the inspection.

People received care from staff who had knowledge and skills to look after them. Staff told us they received regular training and updates and we saw certificates were in place in staff files. These included moving and handling, dementia awareness, infection control and safeguarding. These were updated annually and there was a training plan in place to show when staff had received training. We saw further training was booked throughout the year and this included mental capacity and DoLS. The nurses told us about training they received to support and update their clinical skills, for example one nurse said they were to receive further training in relation to end of life care. They also received training specific to people’s individual needs from other professionals who visited the home for example the tissue viability team. Care staff told us they were supported by the nurses to provide care for people with more complex health needs.

The nurses had a good understanding of what was current best practice for example in relation to wound care. Where appropriate best practice information was stored in people’s individual care plans to provide guidance for all staff.

There was an induction programme in place for staff who started work at the home which included information about the home, policies which were signed when read and the day to day running of the home. Staff then spent some time shadowing other staff until they were confident and moving and handling competencies had been completed. Staff told us there was always other staff available to support them when they needed it. The nurses were currently developing an induction programme for new care staff based on the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision and appraisal. This included one to one and group supervision. Staff were able to identify areas where they required more support or any discuss concerns. Group supervisions included elements of training and updates for example a recent group supervision had discussed social activities for people who lived at the home. Staff told us although they received regular supervision they could approach and senior staff to discuss concerns or training needs at any time. Comments included, “We don’t have to wait until supervision, we can discuss things at any time.”

Requires improvement

Is the service effective?

People were supported to maintain a balanced and nutritious diet. Records confirmed that people had their nutritional needs assessed and when risks were identified these were reflected within care documentation. There was information about the type of diet people needed, how this was presented for example one person liked to have finger foods and others required support to eat their meals. People were weighed monthly so staff could identify anybody who was at risk of weight loss or malnutrition. All staff had a good understanding of people's dietary needs and choices. Information was recorded in care plans and in the kitchen and was accessible to all staff for reference.

There was no formal dining room at the home however there were a number of smaller tables in the lounge areas on each floor. People chose where they wanted to eat their meals and we saw some people remained within their friendship groups. Some people chose to sit at the table, others had individual tables whilst sitting in lounge chairs and others remained in their bedrooms. People told us, "Lunch is a social occasion." Some staff ate their meals with people and engaged with them throughout the meal. People were provided with a choice of freshly cooked meals each day, this included a cooked breakfast if people wished. There was a set meal at lunch time or people could choose alternatives if they preferred. We saw people eating a variety of meals of their choice each day. One person said, "I didn't want what was on offer today, I chose this instead." Where people needed support this was provided appropriately. We observed staff sitting on chairs and maintaining eye contact with people. They spoke softly and asked if they would like more food or offered alternative choices. People told us they enjoyed the food one person said, "It's lovely, I don't think you will get any criticism from anyone."

Hot and cold drinks were served regularly throughout the day however people could have a drink whenever they chose. There were tea and coffee making facilities in the lounge on the first floor where people and visitors were able to make their own drinks. Staff supported other people and were regularly heard asking people if they, "wanted a cup of tea." One person said, "My friends are allowed to make coffee for themselves and me, my friend comes in and visits and has supper with me."

People were supported to have access to healthcare services and maintain good health. People's physical and mental health and wellbeing was monitored on a daily and staff were pro-active in identifying when people were unwell or required medical attention. Information in the care files demonstrated other external healthcare professionals were involved in supporting people to maintain their health. This included GP's, dieticians, physiotherapists and tissue viability nurses.

This meant people received healthcare from the appropriate professionals. Staff told us how they supported people who were able to attend their healthcare appointments. Regular health professionals visited the home including the chiropodist, dentist, and optician. People were able to use these services if they chose to. Visiting healthcare professionals we spoke with told us staff referred people to them appropriately.

Good

Is the service caring?

Our findings

People told us that staff were kind and compassionate and gave examples including how they helped them, spoke to them kindly and took time to support them. We saw staff were kind, caring and respectful. One person said about staff, “These are my friends.” Visitors told us staff cared for them, as well as their relative who lived at the home. Staff repeatedly told us, “We treat people how we would like to be treated ourselves.” One visitor said, “They’re friendly, accommodating, it’s a good atmosphere, it’s more like a home.”

There was a poster on the wall which read, “Fourways means to us, love, compassion, patience and knowledge.” Staff told us the ethos of the home was that this was people’s home where they could live their life to the maximum every day. The owner told us it was important that people were able to live a ‘normal’ life at the home. We observed these maxims were embedded into the day to day life, care and support at the home and upheld by all the staff.

There was a homely and relaxed atmosphere where people chose how they would like to spend their day, what time they would like to get up and what they would like to eat. Throughout our inspection we observed staff supporting people, as far as possible, to do this. One person told us they liked to return to their own home on occasions and staff supported them to do this. This person told us, “This is my home now.” Other people liked to spend time in their rooms and staff supported them to do this. We were told, “Staff pop in and offer me drinks and snacks.” We observed one person in bed who had been up the previous day. We asked staff if this person was unwell and staff told us the person “didn’t fancy getting up today, so we’ll look after them in bed.”

All staff had a good knowledge and understanding of the people they cared for. They were able to tell us about people’s choices, personal histories and interests and the care they needed. In all conversations and communications staff used people’s preferred names and kind words and it was clear that they knew the residents and their particular ways. One person, who was unable to communicate verbally, did not have family or friends who could tell staff about their life prior to living at the home. Staff told us how they spent time with this person observing what they enjoyed doing and building on that knowledge. We saw how they had identified this person may be interested in another culture and had ensured this person was provided with newspapers and television programmes they may enjoy.

We observed some people who were unable or less able to communicate were sitting in the dining area outside the kitchen. Staff told us people sat in that area because it was busy and people were around. One staff member said, “We know they can’t tell us what they want but here they have company, they know us, they know we’re around and they’re not on their own.” Staff spent time chatting to these people as the passed by ensuring they were happy and comfortable and for example giving them a sweet which they enjoyed.

Staff had time for people. When undertaking their daily tasks staff were constantly stopping and talking with people. People appeared happy to ask any staff member for assistance. We observed one person asking the maintenance staff for assistance. The person said, “Would you be able to do the honours.” This person received the assistance they needed without hesitation. Staff frequently told us, “We’re a team, we all look after people and want them to have a good life.” During coffee and meal breaks staff sat in the lounge and had a drink and ate their meals with people and engaged in conversation with them throughout.

We observed another person taking part in an activity; they were smiling and clearly enjoying themselves. Staff told us when this person moved into the home they did not smile. However, staff had identified what this person enjoyed doing and this person was now able to communicate their pleasure through smiles.

It was clear staff had genuine empathy for residents' feelings, they were caring and compassionate towards people. Visitors to the home told us how they and their family members were supported by the staff. One visitor told us about the support they had received from staff during a particularly difficult time. They said, “They (staff) were so kind and caring I can't praise them enough; they are wonderful.” A person who lived at the home had recently lost a loved one. As they were too unwell to leave the home staff had made arrangements for an appropriate ceremony to be held at the home.

People were treated respectfully, with dignity and offered privacy. One person said, “They (staff) are always respectful

Good

Is the service caring?

and compassionate." People were dressed in clean clothes of their choice and were well presented. We observed staff speaking to people with kindness and patience, having "banter" with them and getting them to smile and laugh. They were able to engage people in conversations which interested them or encouraged them to reminisce.

People's medicines were stored in locked cupboards in individual bedrooms. Staff told us they felt this enabled them to provide a more person-centred approach to medicines. They were able to spend time in the room with the person and discuss their individual needs at that time, for example where people were in pain or anxious. One person told us, "The nurse on duty gives me medicine and I feel like they really care about me."

All of the bedrooms were single occupancy and where people chose to they had been personalized with their own belongings such as photographs and ornaments. People were able to spend time in private in their rooms as they chose. Bedroom doors were kept closed when people received support from staff and we observed staff knocked at doors prior to entering. Staff understood how to maintain people's dignity. One staff member said, "We empower people, we help them to try for themselves and build up their confidence."

At the time of the inspection nobody at the home was receiving end of life care. However, there were care plans in place which provided details of people's end of life wishes. Healthcare professionals we spoke with told us staff at the home had a good understanding and knowledge of providing end of life care. One healthcare professional told us, "They really are palliative care experts here." Another said, "Staff are excellent at building relationships with people who have complex needs, especially those who may have difficulty communicating." They added, "Staff go over and beyond expectations to look after people."

Requires improvement

Is the service responsive?

Our findings

People told us they were able to do what they liked during the day. One person said, "I don't like sitting in the lounge, so I stay in my room." Another person said, "I do what I want to, I join in with what I like to do." People were treated as individuals and care and support was personalised to meet their needs and wishes. People were aware when activities were taking place and could join in if they chose. Visitors said they were kept informed of any changes or concerns related to their relative.

The home had recently had an audit by the local authority quality monitoring team who had identified the care plans did not always reflect people's current care needs and choices. The nurses told us they were aware of this and were in the process or reviewing and re-writing people's care plans to reflect the care they currently required. We found some care plans that had been updated needed more detailed information. For example care plans for people's cultural and faith beliefs did not always inform staff of the person's beliefs or provide guidance on how staff could support people. Another care plan informed staff a person may demonstrate behaviours that could challenge others. There was no description of the potential behaviour or specific guidance for staff to follow to ensure this person was supported appropriately or consistently. Some risk assessments were dated 2013, staff told us risk assessments were regularly reviewed and updated when people's needs changed but this was not recorded. Staff knew people well and had a good understanding of their needs and choices but records did not always reflect the care and support people needed or provide guidance for staff to ensure consistency. We identified this as an area for improvement.

Before moving into the home the nurses assessed their needs to ensure Fourways Nursing Home could provide them with the care and support they required. Care plans were then developed and reviewed as people's needs changed. People were involved in deciding how their care was provided and received care that was responsive to their needs and personalised to their wishes and preferences. Where possible people had signed their care plan to show they had read and agreed with the contents. Where people were unable to we saw the care plans had been discussed with their relatives. Care plans showed people were involved and able to contribute to how their care was provided. One person's care plan was detailed in how they would like to be presented each day. This included detailed information about their personal hygiene needs and their clothing preferences. The way this person was dressed reflected their care plan. Where people were unable to communicate verbally their care plans informed staff how these people were able to communicate. This included following staff with their eyes and breathing out in response to questions. During the inspection we observed staff responding appropriately to people's needs for example when they required support or were in pain. However, some external healthcare professionals we spoke with told us on occasions staff did not act promptly when they requested certain actions to be taken to support and improve outcomes for people in a timely way. For example staff had been asked to encourage one person to walk more and this had not happened without further prompting from the healthcare professional. We identified this as an area for improvement.

There was information in the care plans about people's personal histories, likes, dislikes hobbies and interests. Although this information was used to support people to take part in activities or continue with their hobbies it was not included in a care plan to guide and support staff. We identified this as an area for improvement.

Staff knew people really well. They told us it was important people continued with routines and interests they previously had. People who were able told us they had plenty to do. They were able to continue with their own interests and take part in new ones. One person told us about a recent shopping trip and how staff had supported them to buy new clothes. They told us they were planning another trip soon. Other people were taken out individually for walks or to the coffee shop. Staff told us they took one person, who was unable to communicate verbally, to the local shop where they were able to choose their own evening meal. People who were able went out for walks. We saw one person peeling vegetables for the lunchtime meal. This person told us the enjoyed the routine, it made them feel safe because they were spending time with others but they did not have to participate in an organised activity.

There was a range of activities taking place some of which were provided by outside organisations. However, the activities organiser had put structures in place to support staff to deliver individual activities that people enjoyed. We

Requires improvement

Is the service responsive?

saw people who chose to remain in their room were supported to take part in activities. For example there was an art and craft afternoon. This was taking place for groups of people in the lounge and others in their own bedrooms. We observed people painting and they appeared to be enjoying themselves.

Staff supported people who were unable to communicate verbally or participate in group activities. We observed one person building a structure from blocks and clearly enjoying themselves. Staff told us this was based on the person's past interests and hobbies. There was a record of activities people had taken part in, we saw there had recently been a movie afternoon (with popcorn) and there were records of one to one activities people had taken part in for example gentle arm exercises. Scrapbooks of activities and events demonstrated people had enjoyed barbeques that had taken place throughout the summer and various trips out. People's birthdays and special occasions such as Christmas were always celebrated. One staff member said, "We do a lot with people, we celebrate all their occasions."

A complaints policy was in place; a copy was displayed on the notice board near the entrance to the home. When complaints had been received we saw a record had been maintained and they had been investigated following the providers policy. People and visitors we spoke with said they didn't have any need to complain but if they needed to they knew who to speak with and they felt comfortable to do so.

Requires improvement

Is the service well-led?

Our findings

People told us the staff were all approachable, they could talk to them about anything at any time. One person said, "Staff and (owner) are, to all intents and purposes my family." People knew all the staff by name and who they would approach with a particular concern for example maintenance. For example one person said, "If I want to talk about food I speak to (name), if I want to talk about my medicines it's a nurse."

There were systems in place for monitoring the management and quality of the home but these did not include all aspects of the service provided. For example there were no care plan audits. Therefore the provider had not identified the shortfalls we found in relation to the lack of guidance for staff to ensure consistency, and the lack of mental capacity assessment. Medicine audits had not identified that PRN protocols were required and where gaps had been noted on the MAR charts for example in relation to the application of skin creams, there was no evidence of what actions had been taken to address this. We identified this as an area for improvement.

The owner and staff were committed to improving the service and enhancing day to day life for people. Throughout the inspection they responded positively to ideas and suggestions. We observed actions had been taken quickly following the audit by the local authority quality monitoring team had identified improvements were needed in record keeping. For example there had been no information about when people who were at risk of developing pressure sores had their position changed. As a result charts had been introduced which staff completed to show people had not remained in the same position all day. We saw these charts were generally well completed and minutes from staff meetings showed staff had been reminded of the importance of completing them. The nurses told us an auditing system had been introduced to check charts had been completed. These audits also included wound care records, pressure care equipment records for example mattress settings and catheter records. These audits were new and still being developed. Although they had been completed for a few months they were not yet embedded into practice.

There were a range of policies and procedures, these were being reviewed and updated. There was currently no policy in place for the new regulation 'Duty of Candour'. The Duty of Candour is a regulation that all providers must adhere to. The intention of the regulation is to ensure that providers are open and transparent and sets out specific guidelines providers must follow if things go wrong.

Fourways nursing home is a family run home. The owner and directors worked at the home on a daily basis. They were involved with the care and support people received and provided support for the staff. They knew about people, their individual needs, preferences and personal histories. When they were not at work the owner or a director were always available for staff to contact, and staff were aware of this. The owner had developed an open and inclusive culture at the home that fully embraced the ethos of the home which was embedded into everyday practice in all of the staff. The owner was aware of the day-to-day culture in the home as she worked directly alongside care staff and encouraged staff to talk to her openly. She spent time talking with people and visitors, providing care and engaging with staff throughout the day. We observed people and staff were comfortable approaching and talking with her. She had a good understanding of people's individual preferences and their care and support needs.

There was a passion and commitment to make life for people at the home as happy and fulfilled as possible. It was also to ensure the nursing home was a 'real home' for people. We observed all staff including the owner and directors worked closely together. There was no distinction between roles and grades. Staff were aware of their individual roles and responsibilities however they all took responsibility for ensuring people were well looked after. There was a relaxed, open and happy but professional relationship between the staff and the directors.

Staff told us they were well supported they were able to discuss concerns with senior staff at any time. One said, "Any problems I can always speak with (owner) or (other director), there's always someone to go to." They said concerns were listened to, taken seriously and acted upon with discretion and confidentiality. They told us they enjoyed working at the home. Comments included, "It's a lovely place to work, very much a home-from-home," and "We all work well together, everybody mucks in."

People, their relatives and the staff were involved in developing and improving the service. We saw a recent survey had been sent to relatives and the feedback was positive. Feedback from a staff survey had identified staff did not always feel involved in making changes at the

Requires improvement

Is the service well-led?

home. Therefore a suggestion box had been put in place which staff could use to place their ideas. We were told this had been used by staff to make suggestions for discussions at staff meetings.

There were resident meetings which included discussions about meals and activities. This demonstrated staff and people were listened to and their ideas used to improve the service. We saw thank you cards and compliments were displayed in the entrance hall to the home so staff and people were aware of the positive feedback the home received.