

London Residential Healthcare Limited

Solent Grange Nursing Home

Inspection report

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Date of inspection visit: 8 September 2015
Date of publication: 27/10/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 8 September 2015 and was unannounced. The home provides accommodation, nursing and personal care for up to 76 people, including people living with dementia. There were 31 people living at the home when we visited.

After the comprehensive inspection in March 2015, CQC took enforcement action because improvements were needed to ensure safety and well-being of people living at the home. We extended a condition preventing new people from being admitted to the home. We received an action plan from the provider stating what they would do

to meet the legal requirements in relation to improving their service. At this inspection we found improvements had been made but these need time to become sustained and fully embedded in practise.

There was a registered manager at the home. 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.

Summary of findings

People and relatives were positive about the service they received. They praised the staff and care provided. People were also positive about meals and the support they received to ensure they had a nutritious diet. A range of daily activities were offered with people able to choose to attend or not.

Legislation designed to protect people's legal rights was followed correctly. People's ability to make decisions had been recorded appropriately, in a way that showed the principles of the Mental Capacity Act (MCA) had been complied with. Staff were offering people choices and respecting their decisions appropriately.

The Deprivation of Liberty Safeguards (DoLS) were applied correctly. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

People felt safe and staff knew how to identify, prevent and report abuse.

Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely. There was an environment maintenance and improvement program. Action had been taken to ensure the environment supported people living with dementia.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware

of people's individual care needs. People had access to healthcare services and were referred to doctors and specialists when needed. Reviews of care involving people or relatives (where people lacked capacity) were conducted regularly.

There were enough staff to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. The recruitment process was safe and helped ensure staff were suitable for their role. Staff received appropriate training and were supported through the use of one to one supervision and appraisals.

People and relatives were able to complain or raise issues on a formal and informal basis with the registered manager and were confident these would be resolved. This contributed to an open culture within the home. Visitors were welcomed and there were good working relationships with external professionals. Staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care.

The registered manager was aware of key strengths and areas for development of the service. Quality assurance systems were in place using formal audits and regular contact by the registered manager with people, relatives and staff.

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 not always safe.

People told us they felt safe and staff knew how to identify and report abuse. Staff were aware of how to respond in an emergency situation.

People received their medicines as prescribed. Individual guidelines for 'as required' medicines were not in place for all people.

Individual risks were managed appropriately. Action had not been taken following a report to reduce the risk of Legionella.

There were enough staff to meet people's needs at all times and the process used to recruit staff was robust and helped ensure staff were suitable for their role.

Requires improvement



Is the service effective?

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People received a choice of fresh and nutritious meals and were supported appropriately to eat and drink enough. Staff were suitably trained and received appropriate supervision.

People could access healthcare services when needed. Guidance had been followed to ensure the environment was suitable for people living with dementia.

Good



Is the service caring?

The service was caring.

People were cared for with kindness and treated with consideration. Staff understood people's needs and knew their preferences, likes and dislikes.

People (and their families where appropriate) were involved in assessing and planning the care and support they received.

People's privacy was protected and confidential information was kept securely.

Good



Is the service responsive?

The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were regularly reviewed.

Good



Summary of findings

People had access to a wide range of activities.

The provider sought and acted on feedback from people. An effective complaints procedure was in place.

Is the service well-led?

The service was well led

Improvements to the service had been made which need to be sustained and fully embedded in the day to day running of the home.

Quality assurance systems were in place using formal audits and regular contact by the provider and registered manager with people, relatives and staff. Policies and procedures had been reviewed and were available for staff.

There was an open and transparent culture within the home. The registered manager was approachable and people felt the home was run well.

The provider sought feedback from people and staff; they used the information to improve the home.

Requires improvement



Solent Grange Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 September 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor in the care of older people and an expert by experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 2 people living at the home and three family members. We also spoke with the, registered manager, the deputy manager, eight care staff, the activities coordinator, the cook and maintenance staff. We looked at care plans and associated records for eight people, staff duty records, staff recruitment and training files, records of accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in March 2015 we found the service was in breach of regulations relating to the safety of people. People had not been protected against the risks of aspiration and action had not been taken to investigate unexplained bruising. Up to date information and equipment was not available which would have been essential in an emergency and medicines were not always managed safely. The provider sent us an action plan which stated they were addressing the concerns and would be compliant by the end of July 2015.

At this inspection we found that improvements had been made as detailed by the provider in their action plan. One visitor told us how they felt people were safer. They said “previously I could come into the home and wander around. You can’t do that now. Someone always talks to you, you sign in and they know where you are going and who you are with. I used to think, if I can wander around who else can, I feel much better now”. Nobody we spoke with expressed any concerns about their safety or the safety of their relatives living at Solent Grange.

Environmental risks were assessed and managed appropriately. We saw the home’s security measures, which included keypad coded doors, were secure at all times. Action had been taken to make the garden secure and safe for people with improvements to the footpaths and provision of sturdy seating around the garden. Records of maintenance checks by internal staff and external contractors showed these had been completed as required. However, we saw that all necessary action had not been taken following an assessment of Legionella risk undertaken in January 2015. Testing had shown no evidence of Legionella and routine preventative measures were completed but plumbing work to further reduce the risk had not been completed as recommended. Since the inspection we have been informed that this action has now been completed.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. There were effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Medicines were administered by qualified nurses or senior care staff where

people were receiving residential care only. Training records showed staff were suitably trained to administer medicines and had been assessed as competent to administer medicines. We observed staff administered medicines competently, explaining what the medicines were for and did not hurry people. Staff undertook a weekly medicines audit to ensure the balance of medicines was correct and that people had received medicines as prescribed and as recorded on medication administration records (MAR). Senior nursing staff had up to date knowledge and were able to describe the special circumstances under which some medicines should be given and at what times.

Where people had been prescribed ‘as required’ (PRN) medicines for pain, they had a PRN plan which explained when the medicine could be given. Staff were aware of how and when to administer medicines to be given on an ‘as required’ basis for pain or to relieve anxiety or agitation. We found three people who were prescribed ‘as required’ medicines for anxiety did not have a PRN care plan. Senior nursing staff arranged for this to be implemented immediately. There were suitable systems in place to ensure prescribed topical creams and ointments were applied correctly. This included body charts to identify where specific creams should be applied and records completed by care staff to confirm application. In the majority of cases topical creams had an ‘opened on’ date and a ‘use by date’ when the cream should be discarded. The provider had good systems for the safe management of medicines in the home however these needed to be used for all people and embedded in practise.

The provider had appropriate policies in place to protect people from abuse. Staff had received training in safeguarding adults and knew how to identify and report abuse, and how to contact external organisations for support if needed. We saw notices around the home reminding staff who and how to contact external professionals and organisations if they were concerned about abuse or the safety of people. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff told us “I have been trained in safeguarding and I know what to do and who to report to if I saw something was wrong but here the managers would take me seriously if I raised anything of a concern”. The registered manager and senior staff were also aware of safeguarding and what action they should take if they had any concerns or

Is the service safe?

concerns were passed to them. They described the immediate action they had taken following a recent safeguarding concern being raised with them. The action taken would have helped to ensure the safety of the person and other people.

Staff responded to prevent escalation of incidents between people. For example, we observed a person complaining about the person sat next to. Staff helped the situation to remain calm supporting both people. Information received prior to the inspection in notifications demonstrated that, when there had been disagreements between people living with dementia, appropriate action was taken. A notification is information about important events which the service is required to send us by law.

Risks were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, nutrition, choking, moving and handling and developing pressure injuries. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. Where people had fallen, comprehensive assessments were completed of all known risk factors and additional measures put in place to protect them where necessary. Staff had been trained to support people to move safely and we observed equipment, such as hoists and standing aids being used in accordance with best practice guidance.

People were positive about staff. One said “they are just nice people”. There were enough staff to meet people’s needs at all times. We observed that any communal areas of the home were under supervision or within eyesight of, at least one member of staff all the time. Staff did not leave these areas unless another staff member was present. This meant staff were available to support people when they required help. Staff were organised, they told us they were

allocated to specific areas of the home and assigned named people to care for each day. Call bells were responded to quickly throughout the inspection. Staffing levels were determined by the registered manager on the basis of people’s needs. Staff told us they had more than enough time to meet people’s needs. We observed staff had time to sit and talk with people and did not rush them when providing care or support in communal areas. Absence and sickness was covered by permanent staff working additional hours or the use of staff from one of the providers other homes. People were cared for by staff who knew them and understood their needs.

Records showed the process used to recruit staff was safe and helped ensure staff were suitable for their role. The provider carried out all necessary checks to make sure staff were of good character with the relevant skills and experience needed to support people appropriately. New staff confirmed the recruitment process had been thorough and they had had to provide evidence of their identity.

There were clear emergency procedures in place. Staff knew what action to take if the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. Records showed fire detection and escape equipment was regularly checked. People had personal evacuation plans in place detailing the support they would need in an emergency. Staff had also undertaken first aid training and were able to correctly describe the action they would take in an emergency. We saw emergency equipment was located close by a person who may require this. We observed staff respond immediately when a person coughed as though they were choking. The care staff response was fast, calm and appropriate to the situation. There was an emergency folder containing information which would be important in the event of a variety of emergency situations.

Is the service effective?

Our findings

At our last inspection in March 2015 we found the service was in breach of Regulations. People's rights were not always protected and staff were not following the principles of the mental capacity Act, 2005 (MCA). We also found that action had not always been taken to ensure people's health needs were fully met. The provider sent us an action plan which stated they were addressing the concerns and would be compliant by the end of July 2015.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The MCA provides a 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 should be made involving people who know the person well and other professionals, where relevant. The registered provider had supported the registered manager and their team in the development and implementation of new record systems and processes. This had resulted in clear records that provided detailed guidance for staff to follow. Where people had capacity to make certain decisions, these were recorded and signed by the person. Where people had been assessed as lacking capacity, best interest decisions about each element of their care had been made and documented, following consultation with family members and other professionals. This included information about any legal structures such as lasting power of attorney for health and welfare or finances which were in place for some people.

Staff showed an understanding of consent. Before providing care, we saw they sought consent from people using simple questions and gave them time to respond. One staff said "you need to always ask for consent even though some people aren't able to give it. Some people are able to consent but it can depend on the time of day, you go back and try again later". Another staff told us "people have the legal right to make their own decisions about things that affect them for as long as they are able and it is our job to help them make these". A third said "mental capacity is all to do with the legal right people have to make their own choices and their cognitive ability to do so. Even if we do not think the decision is wise it is still their decision that counts".

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a

process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Staff were able to give clear accounts of the meaning of Deprivation of Liberty Safeguards and how these might affect people in their care. Where necessary applications had been made to the local authority for an assessment under the DoLS legislation.

People and relatives were happy with the care they received. One relative said "very good, this last year the care has got better". They added that their relative had recently had a chest infection that had cleared up quickly because of, what they felt was, the pro-active intervention of the nursing home. Another visitor shared their view about the care and support their relative received. They said "excellent and above reproach and compared to a year ago, even six months ago it is wonderful".

Three people whose records we viewed lived with conditions that had affected their ability to swallow safely. They had been assessed by the Speech and Language Team (SALT) who had provided guidance about the most suitable type of food and drink for the person and other guidance to promote the person's safety whilst eating and drinking. Records and our observations showed people were receiving the recommended diet and fluids in a safe way.

People were able to access healthcare services when required. Relatives told us their family members always saw a doctor when needed. A visitor told us "doctor's come here more frequently now". The registered manager told us that a GP now visited weekly from the surgery most people were registered with and medical attention was also sought when needed. Care records showed people were referred to GPs, community nurses and other specialists when changes in their health were identified. For example, we saw antibiotic eye ointment had been requested when staff noticed a person had a sore eye. A visitor told us how their loved one had had difficulty eating because of problems with their teeth. They said the registered manager had "got a dentist to attend the person at the home" and added "(relatives name) can now eat soft foods. They eat more now than when they were at home".

People and relatives were positive about the staff. One relative said "the staff are doing a good job". Staff were knowledgeable about the needs of people living with dementia and how to care for them effectively. All staff,

Is the service effective?

including catering and housekeeping staff undertook dementia awareness training. New staff received induction training which followed the Care Certificate. This sets the standards people working in adult social care need to meet before they can safely work unsupervised. Records showed staff were up to date with essential training and this was refreshed regularly. One staff member said “after training staff will quiz each other at coffee breaks”. Another staff member told us they had been allocated a place on a course to gain a level 3 care qualification. Most staff had obtained vocational qualifications relevant to their role or were working towards these.

People were cared for by staff who were motivated and supported to work to a high standard. They received one-to-one sessions of supervision approximately every two months and a yearly appraisal. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs.

People received appropriate support to eat and drink enough. People were encouraged to eat in the dining rooms. This helped make mealtimes a pleasant and sociable experience. Brightly coloured crockery was used which helped make food look more attractive to people living with dementia, and encouraged them to eat well. People were offered varied and nutritious meals which were freshly prepared at the home prior to each meal. This included, if people wanted, a full cooked breakfast. Alternatives were offered if people did not like the menu

options of the day. For example, we saw a person helping themselves to a banana and a person who was eating a lunch meal which was not seen on the main menu. Drinks were available throughout the day and staff prompted people to drink often. People were encouraged to eat and staff provided appropriate support where needed, for example, by offering to help people cut up their food. Special diets were available for people who required them. Catering staff were aware of people’s special dietary needs and described how they would meet these. Staff monitored the food and fluid intakes of people at risk of malnutrition or dehydration. They monitored the weight of people each month or more frequently if required due to concerns about low weight or weight loss.

The environment was appropriate for the care of older people with specific adaptations such as passenger lifts to all floors. We saw the older part of the building had been redecorated taking account of research to support people living with dementia or poor vision to find their way around. This included brightly coloured doors to bathrooms and toilets and hand rails of contrasting colours to walls. Wall paper and accessories had been used to create pleasant and varied places to sit simulating a library and a garden area. A bland corridor wall had been papered to provide a more interesting feature wall. People had access to the gardens which were safe, fully enclosed and provided various seating options and safe pathways.

Is the service caring?

Our findings

At our last inspection in March 2015 we found the service did not always ensure people's dignity was maintained. The provider sent us an action plan which stated they were addressing the concerns and would be compliant by the end of July 2015.

People were cared for with kindness and compassion. One relative told us that the previous year no one had celebrated their loved ones birthday but that this year "I brought in a cake only to find, not only had they made one but (relative's name) room was decorated with bunting". We observed that staff were kind, affectionate, knew each person well and had plenty of patience. We saw staff responded promptly to people who were requesting assistance and they did so in an attentive way. There was also a considerable amount of warm and friendly exchanges between staff and people which were, when people were able, reciprocated in the same way. Staff spoke fondly of the people they cared for which indicated that they held them in high regard. Staff spoke with people while they were providing support in ways that were respectful and we also found this respect in the way that records were made about people.

Staff understood people's individual needs. When we checked care plans to identify people's chosen names, we saw that staff addressed people appropriately. Staff were aware of the contents of care plans and as a consequence they had knowledge of people as individuals. When people

were served drinks this further demonstrated that staff understood people's preferences and they also met these. For example, one staff member approached a person and asked them "would you like a cup of tea" to which the person refused. The staff then suggested "you usually like a nice hot chocolate" to which the person readily agreed. Staff knew the person's preferences for drinks. People were supported to be as independent as possible. At meal times we saw staff were available to support people but did not take over.

Staff ensured people's privacy was protected by speaking quietly and keeping doors closed when providing personal care. A relative told us "personal care is now completed by staff of the same sex". We saw when moving and handling equipment was used staff ensured the person's dignity throughout. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

Since the previous inspection in March 2015 the registered manager had reviewed and changed the care planning process. We saw this now contained lots of individual information and that the person or someone who knew them well had been involved in identifying how the person should be cared for. Comments in care plans showed this process was on-going and family members were kept up to date with any changes to their relative's needs. People's preferences, likes and dislikes were known, support was provided in accordance with people's wishes and staff used people's preferred names.

Is the service responsive?

Our findings

At our last inspection in March 2015 we found the service was in breach of Regulations. Care plans were not always reviewed in line with the provider's procedures and did not always reflect people's needs. The provider sent us an action plan which stated they were addressing the concerns and would be compliant by the end of July 2015.

At this inspection we found the registered provider had developed a new care planning process which had been completed by the registered manager and senior staff for all people. Individual care plans were well organised and the guidance and information for staff within them was detailed and comprehensive. For example, when people had been identified as being at risk of, for example, skin damage, a pressure risk assessment was completed and a care plan produced which responded to the degree of risk identified. There was a range of pressure relieving devices that would help to reduce pressure on people's skin and corresponded to the guidance in the person's care plan. Records of repositioning showed people were receiving the necessary care to help prevent deterioration in their skin condition.

People received personalised care from staff who supported them to make choices and were responsive to their needs. We saw staff followed the care plans. For example, we saw people being supported with moving around the home as described in their care plans to maximise their independence. Records of daily care confirmed people had received care in a personalised way in accordance with their care plans, individual needs and wishes. Staff were able to describe the care provided to individual people and were aware of what was important to the person in the way they were cared for. Reviews of care were conducted regularly by senior staff. As people's needs changed, care plans were developed to ensure they remained up to date and reflected people's current needs. All staff received a formal handover sheet at the start of each shift. We saw that this provided a range of important information for staff and included any special instructions for staff such as anyone who required their weight to be checked or urine samples taken. The use of a formal handover sheet meant all staff received consistent information which they could refer to as they supported people.

We saw staff responded promptly when people became upset or distressed. For example, we saw a person who was anxious and unsure what they should do. A care staff reassured them but every time anyone passed them they asked what they were supposed to do. They tried to make contact with another person touching their hand. The other person responded aggressively. Care staff nearby immediately intervened to calm the situation. Staff considered people's needs and wishes. At lunchtime a person was sleepy and despite encouragement and support did not want their pudding. The care staff asked them if they wanted to go to sleep or stay up. The person replied that they wanted to stay up so they were moved to a more comfortable lounge chair. We saw the maintenance man responded quickly when the air conditioning unit in one part of the home was not working and people were hot.

People were offered a range of activities suited to their individual needs and interests. The interests, hobbies and backgrounds of people were recorded in their care plans. This provided staff with information about topics the person may like to talk about or be interested in. Two activities coordinators were employed who between them covered seven days each week. There was a monthly programme of external entertainment coming into the nursing home. Due to their physical needs many people would be unable to enjoy outings however the activities coordinator said these were undertaken when people were able and had plans for some Christmas related outings. There were activities records and monthly plans which included group and individual activities scheduled daily. Activities staff had undertaken specific training to provide some gentle physical exercise techniques which involved chair exercises. The activities staff stated they varied activities to match people's various interests and abilities and they had suitable equipment to meet most needs. Records were kept of people's attendance at activities which was reviewed monthly by the registered manager.

People were given opportunities to express their views about the service. Meetings with people and their families took place regularly. A visitor told us "we used to go to meetings and they were depressing, we were not asked our views, we were just told old things, the relatives were all depressed about it but not anymore, you could not believe the difference the meetings are fantastic, we raise issues but with the knowledge they will be fixed by the next day, two way communication really works here now". The

Is the service responsive?

registered manager said they made a point of talking to people and visitors and felt this meant people could raise any issues in an informal way which could be quickly resolved. Other staff were also responsive to requests and comments made by people. For example, the chef told us that one person had told them that they had too many crumbs so they had alternated to pie instead.

People knew how to complain or make comments about the service and the complaints procedure was displayed on

the notice board in the entrance hall. Relatives and people told us they had not had reason to complain. They were clearly aware of who the registered manager was who they stated was very approachable. The complaints records showed that only one complaint had been made since the previous inspection and this had been investigated comprehensively.

Is the service well-led?

Our findings

At our last inspection in March 2015 we found the service was in breach of Regulations. Monitoring systems were not always effective and concerns we had identified from the previous inspection in relation to safety and effectiveness of the service had not been addressed. We took enforcement action and extended a condition which meant no new people could be admitted to the home. The provider sent us an action plan which stated they were addressing the concerns and would be compliant by the end of July 2015.

At this inspection we found that the issues identified at the inspection in March 2015 had been addressed and action had been taken to become compliant with all regulations. The systems to monitor and review the quality of care still need time to become embedded and sustained in practise. We identified that whilst systems were in place to for 'as required' medicines care plans these were not in place for all people and this had not been identified by the quality monitoring systems. We also identified that essential action had not been taken in response to an environmental report. The registered manager had now completed the process to become registered with the commission as the homes registered manager. 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.

Senior representatives of the provider were regular visitors to the home. The registered manager was aware of key strengths and areas for improvement. We identified minor areas which could improve the service, the registered manager subsequently informed us of the prompt action which had been taken to address these minor areas.

People and their visitors were all positive about the registered manager. A visitor told us "it is brilliant here; nothing was sorted out with the old manager. Since (registered manager's name) came (relative's name) has improved in leaps and bounds. Members of staff were being disrespectful, (registered managers name) disciplined members of staff". They added (registered manager's name) will roll her sleeves up and will not ask anyone to do anything that she will not do herself,

(registered manager's name) door is always open". Another visitor said "it is now very pleasant, calm and relaxing, I would come here now". A third relative told us "we were considering looking at another home but since this manager came everything has improved and the past six months she has exceeded all our expectations. We are really happy with the care here, the manager is superb and the staff are happy, it is a completely different place".

Staff were also positive about the registered manager. All staff said there had been a positive change since the registered manager came into post. They said the registered manager was supportive and there was an open door to their office. Staff said moral was good and this had a positive effect on people living at the home. One staff member said "I have been more settled since last year when the new registered manager joined. New staff are really on board. The whole place is happier". Another care staff said they "would now be happy if for their parents to live at Solent Grange if they needed nursing care". Staff believed there was an open culture within the home and they worked as a team.

There was an open and transparent culture within the home. The registered manager had been open with people and relatives about the issues and concerns identified during the inspection in March 2015. A copy of the report following that inspection was available for anyone in the entrance lobby. Visitors were welcomed, there were good working relationships with external professionals and the provider notified CQC of significant events.

There was a clear management structure in place and all staff understood their roles. The registered manager told us they had access to advice and support from the provider's head office, and felt well supported by the area manager. A deputy manager had been appointed to provide support with general management as required. We observed positive, open interactions between the registered manager, staff, people and relatives who appeared comfortable discussing a wide range of issues in an open and informal way. There was a whistle blowing policy in place, which staff were aware of. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Auditing of all aspects of the service, including care planning, medicines, infection control and staff training was conducted regularly and was effective. A senior staff member told us "these (quality monitoring audits) are to

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ensure that we constantly learn from issues and improve our quality all of the time". Some weekly audits were completed by nursing and senior care staff such as medicines audits. We saw where these identified concerns action was taken and issues did not reoccur. The registered manager completed a monthly report for the provider. We saw this included an analysis of any accidents or incidents and action taken to mitigate against repeat occurrences.

The registered manager sought feedback from people and staff on an on-going basis. We were told there were regular

resident and staff meetings and that issues arising from meetings were usually dealt with by the next meeting. One visitor said "the registered manager sees all the actions from previous meetings are sorted out". Another visitor said the registered manager "attends the residents meetings which are very hands on". Surveys had been sent to relatives and, where appropriate people, by the providers head office in August 2015. We were shown the responses that had been received. These were positive about the service and care people received.