MACC Care Limited

Wulfrun Rose Nursing Home

Inspection report

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Date of inspection visit:
27 November 2017

Date of publication:
11 January 2018

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

Summary of findings

Overall summary

This inspection took place on 27 November 2017 and was unannounced. At the last inspection completed on 16 and 17 August 2016, we rated the service as requires improvement. This was because medicines were not always recorded accurately, staff were not always deployed effectively, privacy was not always maintained, people were not engaged in meaningful activities and the quality audits had not identified the issues we found during the inspection. At this inspection we found the provider had made the required improvements.

Wulfrun Rose Nursing Home is registered to provide accommodation with nursing and personal care for up to 67 older people including older people, people living with dementia, younger adults, people with sensory impairment and physical disabilities. The home caters for people who require, residential, nursing and respite care. On the day of the inspection there were 44 people living at the home.

There was a manager in post at the time of the inspection; they had not yet registered with us. However plans were in place for the application process to begin. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from potential abuse by staff that were trained and understood how to safeguard them. People had risks to their safety assessed and there were plans in place to reduce the risks which staff understood and followed. There were sufficient staff that had been recruited safely to support people when they needed it. People received support to have their medicines as prescribed. There were systems in place to learn from incidents and when things went wrong to avoid this happening again.

People had their needs assessed and were supported to meet them by trained well supported staff. People had their nutrition and hydration needs met and had an enjoyable meals experience with plenty of choice. The building was purpose built and designed to meet people's needs. People were supported to access health professionals to maintain their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice.

People had good relationships with staff and were supported in a kind, caring and compassionate manner. People made choices about their care and support and were involved in decision making. People were supported in a way which maintained their dignity and staff were respectful.

People had their preferences met and staff understood people's needs. There were opportunities for people to follow their interests. People's communication needs were considered and they had support to follow their religious beliefs. People had discussions about their preferences for care and support at the end of their life. People understood how to complain and complaints were responded to in line with the provider's

policy.

A manager was in post and people, relatives and staff found they were accessible. People and their relatives had an opportunity to have say in how the home was run. The manager had checks in place to assess the quality of the service people received and ensure the management of the service was effective. The manager had a vision for the service and plans in place to make continual improvements.

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.

People were safeguarded from potential abuse and risks to their safety were managed. People received support from staff that were recruited safely and there were sufficient staff to meet their needs. People had their medicines as prescribed and the home was clean and infection control measures were in place. The manager had a process in place to ensure the service learned from things that went wrong.

Is the service effective?

Good

The service was effective.

People had their needs assessed and plans were in place for effective support. Staff were knowledgeable and received training updates. People were supported to maintain a healthy diet and could choose their meals. People had access to health professionals and received consistent care and support. People were supported in line with legislation and guidance for giving consent to their care and support.

Is the service caring?

Good

The service was caring.

People were treated with respect and staff were compassionate and caring. People could make choices and were involved in decisions about their care and support. People were supported to maintain their independence and had their privacy and dignity maintained.

Is the service responsive?

Good

The service was responsive.

People's preferences were understood and they were involved in their assessments, care plans and reviews. People were supported to take part in activities and follow their individual

interests. People had discussions about their wishes for end of life care. People could be confident their complaint would be listened to and acted on.

Is the service well-led?

Good

The service was well led.

People felt able to express their views. Relatives were involved in the service and staff felt able to engage with the management team. The manager understood their role and responsibilities and had developed a culture which encouraged learning. The quality of the care people received was monitored and the manager had checks in place to ensure people were supported effectively. The coordination between staff and other agencies was effective and people received consistent care.

Wulfrun Rose 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 checked 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 27 November 2017, and was unannounced. The inspection team consisted of one inspector and a specialist nurse advisor.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people who used the service and four visitors. We also spoke with the manager, the deputy manager, the cook, the activities coordinator, two nurses and five staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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. We reviewed the care records of six people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, meeting notes, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At our last inspection we found the provider was not always recording medicines accurately and staff were not deployed effectively at all times. At this inspection we found the provider had made the required improvements.

People and relatives said the home was safe. One person said, "I feel safe here, I have been in other homes which were not so nice". One relative said, "The staff are very approachable if I have any concerns. I think [person's name] is safe here and I have not seen any signs of them being unhappy". Staff were confident in their ability to identify potential abuse and could describe the signs they would look for and how this would be reported. They were also aware of the whistleblowing policy and said they would use it if needed. We saw where incidents had occurred these had been investigated and reported to the appropriate authorities. The manager had made referrals to the local authority and this demonstrated they understood their responsibilities for safeguarding people from abuse. This meant people were protected from the risk of harm.

People were protected from the risks to their safety. One person said, "There is a call bell to ring for staff to come and help me when I need to move". A relative told us, "[Persons name] has quite high needs, they require a hoist, they have to be repositioned often and have support to eat their meals. I am very happy with how staff provide this support". Staff could tell us how they supported people to manage risks to their safety. For example, they could describe how people were supported with equipment to help them stand and where people used a hoist they could describe how to do this safely. Another staff member said, "We know about people's allergies and what type of diet they have to follow". We were able to confirm with care plans what we were told. We saw people were supported to manage risks to their safety through our observations of staff following the guidance in people's care plans. For example, when supporting people that were at risk of falls, with their meals and when supporting people to manage their behaviour. We saw risks were assessed, monitored and reviewed to ensure they were up to date and continued to keep people safe. This meant the risk to people was minimised through appropriate risk management.

We saw fire safety checks were carried out and weekly tests were conducted. We found people had individual personal evacuation plans and staff could describe these to us. There were checks in place on equipment and the environment to maintain safety. For example, the call bell system, air flow mattresses, bedrails and protective bedrail covers were checked. There were also records of checks on hoists and wheelchairs. Electricity, gas and water checks were in place and the manager audited these regularly. This ensured the environment was safe and suitable for people to live in.

People and their relatives told us they felt there were enough staff provided. One person said, "There are always staff here to help us". Another person said, "When I ring the call bell they come quite quickly". A relative told us, "Staff are pretty good at responding to the call button". Staff told us they felt there were enough staff on duty. One staff member said, "The staffing has improved, there are two staff and a senior now to 14 people and we can access the manager and the deputy". Staff told us they were aware that further recruitment was ongoing and this would mean there were more staff available to cover shifts. We saw

sufficient staff were available to meet people's needs during the inspection. Call bells were answered promptly and people did not have to wait for their care and support. The manager told us they assessed the number of staff they needed based on people's needs and made sure they had ten percent more staff than they required at all times. They told us they were continuing to recruit staff and were increasing admissions in a managed way to ensure people's needs could be met.

People were supported by safely recruited staff. Staff described the checks that were carried out before they started work at the home. These included two references and a check to ensure they were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This showed the manager had safe recruitment procedures in place.

People were supported to receive their medicine as prescribed. One person said, "The staff give me my medicines and they are usually on time". A relative told us, "There have never been any problems with medicines. The staff asked for the medicines to be changed to liquid form as it was better for [person's name]". We saw there was a medicines policy in place which staff understood. Staff were able to describe for us how people were supported to take their medicines and what they would do if there was an error. Staff told us they had received training which was effective in helping them to administer medicines and their competency was checked. We saw people had an assessment to determine how much support they needed with their medicines and risk assessments were completed where required. We found there was nobody receiving medicines covertly, this means receiving medicines without their knowledge or consent. However staff understood the process for ensuring this was done safely with the correct legal safeguards in place. We saw staff administering medicines; they asked people for their consent and ensured they took the required dose. We found medicines were recorded on the Medicines Administration Record (MAR). We found where people required 'as required medicine' there was guidance for staff and they followed this. As required medicine means a doctor has said people should have this medicine only when needed and has given instructions on when to administer the medicine. We saw there were Topical Medicines Administration Records (TMAR) in place for people that had creams applied. We found some of these records had not been completed. People concerned were able to confirm they had received their creams as prescribed. We shared this information with the manager who took immediate action to address this. Controlled drugs were stored safely and recorded correctly. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Body maps were in use to record some medicines such as topical pain patches in line with the instructions. We found stocks were checked and any issues with the count were investigated immediately. This demonstrated that practices were effective in ensuring people received their medicines as prescribed.

People and their relatives said the service was well maintained and clean. One person told us, "This is so much nicer than the previous home I was in. It is more spacious and clean, it's a really nice environment". A relative told us, "It is a really clean building, the staff keep it lovely". Staff told us they understood how important infection control was and we observed they used protective personal equipment, such as disposal aprons and gloves. Staff had received training in infection control and we observed staff following the correct procedures. We saw hand washing procedures were in place and there were people carrying out cleaning duties throughout the inspection. The manager carried out audits of infection control and we saw these were effective in keeping the home clean. People could therefore be confident that practices in place would reduce the risk of cross infection.

Staff told us the manager held discussions and undertook analysis when things went wrong. The manager gave an example of how they undertook root cause analysis after an incident where someone had an accident. There was monitoring in place for incidents and accidents and this was used to identify any

patterns. The manager told us about the changes that had been implemented since the last inspection. For example, they described how staffing had increased and they had made changes to how staff were deployed. They had also introduced a team captain role to ensure staff were deployed appropriately. They described how improvements had been made to medicines recording and the nurses had clinical oversight on each floor. Medicine rounds had been changed to reduce the time taken to complete them. Audit systems had been improved and were now effective in identifying any concerns with the management of medicines which were promptly actioned. This meant the manager had processes in place to make improvements based on learning from when things went wrong.

Good

Is the service effective?

Our findings

At our last inspection the service was rated as good. At this inspection we found the service continued to be good.

People were assessed when they began using the service. People and relatives told us they received an assessment which looked at all aspects of care and support they may need. Staff told us assessments were completed which outlined the type of support people needed. Detailed care plans provided staff with additional information about how to appropriately care and support the individual. We found that staff had a good understanding of people's needs as identified in their care records. For example, we saw people had assessments for their dietary needs, continence support and communication. We found people had guidance in place for specific health conditions and where required equipment was used to support them. We saw one person was using a sensory item to prevent them from scratching and pulling at their skin. The staff told us this was part of their dementia and the sensory item was effective in preventing them from having injuries. This showed that action had been taken to ensure care assessments were carried out so people's specific needs were met.

Staff had the skills and knowledge to meet people's needs. One relative told us, "The staff are skilled to do the job. They understand dementia and spend time getting to know the individual's ways". Staff told us about their induction and how they had their training updated on a regular basis. One staff member said, "The induction was good we looked at policies and procedures, all the systems and carried out shadowing of experienced care staff before working alone". Another staff member said, "We have training in manual handling, first aid and fire procedures. Some training is done online and it is very good". The manager told us in the Provider Information Return [PIR] that staff received training in respecting individuals' human rights and diversity. They said this helped staff to understand diversity and prevent discrimination of any kind. We saw staff were skilled in this area. We saw records which supported what we were told. We observed staff using the skills they described to us during the inspection. For example, we saw people being supported with transfers safely and staff following the medicines procedures when giving people their medicine. People could therefore be assured they would be supported by suitably skilled staff.

People and relatives told us the food was good and they had a choice of meals. One person said, "We have some lovely meals here, there is always a choice and you can please yourself with what you have". Another person told us what they liked for breakfast. We saw the cook come and speak to the person and they knew what the person's preferences were for breakfast. The cook and staff were able to tell us about people that had food allergies and where people were at risk of not eating sufficient amounts and those at risk of choking. Staff could describe the actions they took to keep people safe. We saw this was documented in people's care plans and observed staff following the plans during mealtimes. We saw people were given support with meals when they needed it from staff and were encouraged to be as independent as possible. People enjoyed their mealtimes and looked relaxed and comfortable whilst eating. The cook told us picture menus were available to assist people to choose their meals and we observed this being used. People's preferences were understood by staff and documented in their care plans and where concern had been identified about required how much people ate and drank this was monitored. The manager told us in the

PIR where it was identified that people were not eating and drinking enough. Plans were put in place which included working with multidisciplinary teams such as dieticians. The cook confirmed this and told us about the specialist dietary advice they had received for some people from the Speech and Language Therapy Team (SaLT) and we saw the guidance from the SaLT assessment was included in people's care records. This demonstrated that people were appropriately supported to eat and drink sufficient amounts to promote their health.

Staff told us about systems that were in place to provide consistent support. For example, they told us about champion roles they had been given to develop expertise in specific areas. We saw the details of these roles were on display in the home for people and visitors so they would know who to speak with. Specialist roles were in place for end of life care, infection control, dignity in care and falls prevention. They could also describe the team captain's role, which included ensuring records were completed correctly and staff were deployed appropriately which meant people received effective care and support. Handover meetings were held at the start of each shift and information was exchanged between staff. The manager told us they were part of a good practice network called safer provision and caring excellence (SPACE) arranged locally by the Clinical Commissioning Group. They told us this enabled local provision to share good practice and knowledge and was a good learning resource. This meant people received consistent care and support which was coordinated and based on best practice.

People and relatives told us they could access support with their health. One relative said, "The staff are really good at supporting with health concerns, we recently had a service called in to prevent a hospital admission this was a really positive experience". Another relative told us, "Since [person's name] came here they have had substantial weight gain". They informed us that their relative was underweight when they were admitted to the home. However, with staff's support and understanding their weight had gradually increased. Another person said, "I have peace of mind the doctor or nurse are called whenever they are needed". Staff understood people's health conditions and how people should be supported. They could tell us about what they needed to look for and when things should be escalated. One staff member said, "[Persons name] has their nutrition intake monitored as they are at risk of malnutrition, the dietician are involved and they are having supplements meals and drinks, we monitor their weight and send this to the doctor". People's care records showed they had access to a range of health professionals such as doctors, physiotherapists and opticians. We found advice had been sought where needed and this was documented in people's care plans and staff followed the advice. Referrals to health professionals were done in a timely manner and information was shared with health professionals involved in people's care. This showed people were supported to maintain their physical and mental health.

People and their relatives told us the environment was well maintained and met their needs. One person said, "My bedroom is lovely, the furniture is great and I have a shower room in there which is easy for me to use and just for me". We saw there was equipment in place to support people. For example, some people had difficulty with their posture and specialist chairs were used to support them to sit safely. We found there were adapted toilets and bathrooms which enabled people to access these independently. We saw people were able to move about freely and could access different areas within the home. There was a passenger lift in place to access different floors in the building. The environment was purpose built and decorated to take into account the differing needs of people.

People and relatives told us staff asked for permission before helping people with tasks. One person said, "The staff always ask you before they do anything". Staff told us they had received training in the mental capacity act and understood how to seek people's consent. We saw consent was sought, for example before staff gave medicines. We saw people were asked if they were ready for personal care and meals. Staff described how they would withdraw if people did not consent and try again later. This meant where people

could give consent this was sought by staff and people were able to make decisions about their care and treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people could not consent or make decisions about their care and support we saw a mental capacity assessment had been undertaken and decisions were made in people's best interests. One relative told us they were involved in best interest discussions as their relative had dementia and was unable to make some decisions for themselves. Staff could demonstrate how they used best interest decision making for people where it was required. For example, with supporting people with choosing their meals and personal care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw where people had restrictions in place to ensure they received the appropriate care and treatment applications had been made to the authorising body for a DoLS. Staff understood what this meant and provided support as outlined in the authorised DoLS. The manager told us they were undertaking reviews of the DoLS to make sure they were all still required and people were being supported in the least restrictive way. This meant that people were supported in line with the MCA.

Good

Is the service caring?

Our findings

At our last inspection we found the service was not always caring. People's privacy was not always maintained as confidential information was shared where others could hear. At this inspection the service had made the required improvements and an area was available to staff to hold confidential discussions.

People and their relatives told us the staff were kind and caring. One person said, "The staff are really nice, some you have better relationships with than others, but that's normal in life". A further person told us, "The staff are nice, they all have a laugh and a joke with me". A relative told us, "The staff involve me in everything and keep me well informed". Another relative said, "The atmosphere as you walk through the door is very welcoming. The staff are great and always know [person's name] is doing". Staff were kind and caring in how they spoke about people to us. They understood people's needs and preferences and knew information about their life histories. Staff recognised the importance of knowing people well and could share details about people with us. The records we saw supported what we were told. For example, one person liked to have a particular toiletry item available and use it themselves. We saw staff were caring in their approach. One staff member was observed checking that someone was comfortable. We saw staff spent time talking to people and knew what subjects were of interest. This meant people were treated with kindness and had good relationships with staff.

People were able to express their views and be involved in making decisions about their care and support. One person said, "I can choose when to get up and go to bed". Another person told us how they were able to decide what to do and where to spend their time. Staff told us they enabled people to choose things for themselves and understood it was important to help people maintain their independence. One staff member told us how people could choose when to get up. Another staff member said, "Helping people to stay independent is important, I always prompt people to do their own personal care". Staff told us there was equipment used to help people with independent eating and drinking and we saw this was in use during the inspection. We observed staff asking people to make choices such as where to sit and what they wanted to eat. We saw some people did not have English as their first language and staff told us how they used non-verbal communication and picture cards to help these people. We saw these methods were used to successfully communicate with people. The manager told us how they were sourcing volunteers to come in to enable people to engage in verbal communication using their first language. This meant people had information in a way they understood to inform the choices they made.

People were treated with dignity and respect and their privacy was maintained. One person said, "The staff support me to go to my room when I want to". Another person said, "I have a key and can lock my door to maintain my privacy". Staff could describe how they supported people to maintain their privacy. One staff member said, "We take people to their rooms when we are speaking to them about their needs". Staff told us they ensured doors and curtains were closed and people remained covered whilst having personal care. Staff told us there was a portable phone which people could use to speak privately to their relatives and when visitors came they were encouraged to have time in private if they wanted to. We saw staff were respectful in how they spoke to and about people. Staff were discreet when asking people if they needed help and we saw discussions about people's needs were done in private. We found care plans were written

in a respectful way and gave staff information about maintaining people's dignity. For example, with their continence needs. Care plans gave specific information to staff about how to communicate with people to enable them to participate as fully as possible in their personal care. This showed people were treated with dignity and their right to privacy was upheld.

Good

Is the service responsive?

Our findings

At our last inspection we found the service was not always responsive. People told us they were bored and did not have much to do. At this inspection we found the required improvements had been made. People were able to access a wide range of activities and their individual interests were understood by staff and they were able to follow them.

People had their needs assessed, care plans put in place and these were reviewed regularly. People told us they were involved in their assessments and making decisions about their care. Relatives also told us they were involved in assessments and care planning. One relative said, "The assessment was done at the hospital they asked lots of questions". Another relative told us, [Persons name] came here from another home, I was involved in the assessment and care plan being developed". Staff told us they were informed if people's needs changed and could describe how people's needs were assessed and the plans in place. We found staff followed the care plans when supporting people. We saw people's care plans were reviewed and updated regularly to reflect their changing needs. We found relatives were informed when things changed or there were incidents, this was recorded in peoples care plans. This showed people's needs were met and relatives were kept up to date on any changes.

People received personalised care and support. One person said, "The staff are really good, they know I like to listen to the radio in the morning and will come and help me when I am ready". Another person told us, "The staff all know me well and know how to support me". Staff knew people well and could describe their preferences. For example, one staff member told us about one person that had an interest in animals. Another staff member described one person's previous employment and how they enjoyed sharing their expertise with staff. Staff could describe people's religious needs and preferences, and this was documented in people's care records. We saw people had been supported to practice their chosen religion. We saw people's care records included detailed information about their life histories which included their family, where they lived, what they did for a living and what hobbies they enjoyed. There was personalised information and guidance for staff such as people's likes and dislikes for food and activities. We saw preferences for the gender of staff supporting people and whether people preferred baths or showers had been discussed and documented. We observed staff used this guidance to provide personalised support.

People and their relatives told us there were plenty of opportunities to take part in activities. One person said, "There is plenty going on here, I like the exercise classes". A relative told us, "The staff are able to spend time with individuals as well as do group activities. [Person's name] joins in the bean bag throwing and enjoys the DVD's". The manager told us they had appointed a staff member to engage people in activities and support them with their interests. We spoke with the staff member appointed and they told us how each person had an individual diary which detailed what their interests were and the things they would like to do. They told us this informed the activities they would arrange for people as individuals and in groups. For example, one person used to love to play tennis. Staff used a balloon to enable the person to play a tennis style game which they enjoyed and ensured they could watch games on the television. Another person really enjoyed craft, so they were making something to be used during Christmas. We saw the person was engaged in the craft during the inspection and was smiling and chatting with staff whilst they worked. We

found people that were cared for in bed also spent time engaging in activities. For example, one person had spent half an hour listening to their favourite music with a staff member. We saw one person was doing a jigsaw, they told us they had always enjoyed this. Some people were having a hand massage and manicure. We found people were engaged in activity and were smiling and chatting throughout. This showed people were supported to follow their interests.

People and their relatives told us they knew how to make a complaint. One person said, "I haven't got any complaints, but if I did I would speak to the manager". A relative told us, "I haven't had any complaints; if I did I could speak to the seniors, nurses or the managers. They are all pretty good at sorting things out straight away". We saw there was information available to people and visitors which showed how to make a complaint. The manager told us they were always accessible to people and would discuss any concerns they had. We found there was a complaints policy in place and where a complaint had been received an investigation had been undertaken and a response given. We could see action was taken to learn from complaints. This showed the manager had a system in place to respond to and learn from complaints.

People had opportunities to discuss their preferences for when they came to the end of their life. We could see people had discussions with staff and their wishes were documented in their care plans. The manager told us there was currently nobody receiving end of life care. However they could describe how they had previously supported people. Staff told us they understood the importance of discussing people's preferences and said where someone was at the end of their life a plan would be put in place to ensure people were supported with dignity and in the way they wanted. This showed there were systems in place to support people at the end of their life.

Good

Is the service well-led?

Our findings

At the last inspection we found the service was not always well led as the systems had not identified the concerns we found during the inspection. At this inspection we found the provider had made the required improvements.

The manager understood their responsibilities. The manager told us about their experience and had previously been registered with us at another location. They told us they intended to register with us. We saw the rating from the last inspection was on display for people and visitors to see. We received information as required by law from the manager about incidents such as serious injuries and safeguarding concerns.

Everyone we spoke with during the inspection visit told us the manager was accessible and they felt able to approach them about any issues or concerns. One person said, "The manager is good, they are here most days and always have a walk around and ask how you are". A relative told us, "The manager is really good, they always ask how I am and seem to know how [person's name] is doing". Staff spoke highly of the manager and said things had improved a great deal since they came into post such as how staff were deployed and access to training. One staff member said, "The manager has a very hands on approach, they are always around and always help". This showed the manager was accessible and approachable. A relative told us about regular meetings which were held and how the manager shared their vision for the future with those at the meeting. The relative said the meetings enabled people to make suggestions and hear about any changes. We saw there were notes from these meetings on display which showed how individual issues were discussed and plans were shared for the service. This meant people and relatives views were sought and used to shape the service.

The manager shared their vision for the future with us and could give details about the plans they had in place for the service. We could see these had been informed by feedback on the service and the quality audits which had been improved since the last inspection. Since the last inspection changes had been introduced such as the way staff recorded where people had topical pain relief patches applied. Areas had been introduced for staff handover to take place and there were increased activities for people. The manager told us about their plans for the future. These included a continued focus on staff recruitment, consideration of electronic care planning and look at train the trainer courses to improve access to some training. This showed there were plans in place to improve the quality of life for people using the service.

We saw there were systems in place to check medicines were being administered as prescribed. The system ensured people received medicines as prescribed and checked medicine storage, ordering and stock.
We found staff had regular updates to their training and could access refresher courses. The manager had a training matrix in place which helped them to plan and schedule staff training when it was required. Staff told us they had regular opportunities for supervision and team meetings. We saw records which supported what we were told. People received support from staff that had been trained and were well supported.

Management audits were carried out to ensure the environment was safe and the policies and procedures

were understood and followed. For example, we saw an audit of infection control was carried out regularly. This had identified where an area of flooring needed attention and we could see action had been taken to address this. In another example, we saw there were regional quality audits carried out that looked at care delivery and standard processes. We could see the manager used this to inform the changes they needed to make. This meant people received care and in a safe clean environment that was good quality.

Accidents and incidents were monitored. Analysis took place around all incidents and accidents to allow the manager to identify any learning and prevent further incidents. The manager told us they had carried out specific analysis of falls. They explained there had been a cluster of falls and they had looked for patterns but none had been identified. The manager then explained how they had sourced external support to look at how they could prevent future falls. This meant the registered manager had a system in place to learn from incidents and accidents and took action when needed.

We found there were systems in place to check the quality of the care people received. The manager told us part of the team captains role was to make sure people had the care they needed at the time they needed it. The team captains supervised the completion of daily records and ensured people's care was delivered in line with their care plan. We saw the team captains worked with staff to ensure they were effectively deployed to meet people's needs. The registered manager told us about the resident of the day process which was a system in place to regularly check care plans were up to date, people's preferences were understood and clearly recorded and their rooms were safe. We saw the checks were recorded on people's care plans and were identifying where things needed to change. For example one care plan had been updated following a discussion with the person about their meal and activity preferences. Staff were involved in this process and could describe how this provided assurance people were getting the care they needed. In another example, the manager told us they had a system in place to monitor people's weight and track for any weight loss; this was then reported to the doctor and advice sought on improving the person's diet. All Deprivation of Liberty Safeguards applications were being reviewed by the manager to make sure they were still in date and relevant for the person. This showed the manager had systems in place to monitor the care people received.

The manager had introduced a range of systems to ensure the staff worked collaboratively. We saw there was a clinical lead that had oversight of people's clinical needs. We found they gave direction and lead the nursing staff. There were senior care staff that operated as team captains and provided guidance on the deployment of staff. Handover meetings were held and staff were updated on any changes with people's care. We saw the manager had engaged with external professionals and had accessed good practice networks to improve the care people received. This meant the manager had systems in place to provide consistent care and sought best practice from other professionals.