Dania Care Homes Limited

Marwa Nursing Home

Inspection report

27-29 Manor Road
Aldershot
Hampshire
GU11 3DG

Tel: 01252322980

Date of inspection visit:
21 June 2016
23 June 2016

Date of publication:
10 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 21 and 23 June 2016.

Marwa Nursing Home provides accommodation and personal and nursing care for up to 35 older people who are frail or living with dementia. Accommodation is provided over two floors. At the time of our inspection 34 people were using the service.

When we last inspected the service on 20 and 22 January 2015 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people's medicine and care records required improvement. The provider had not effectively identified shortfalls in the service and had not always taken action to make the required improvements.

Following the inspection in January 2015 the provider sent us an action plan telling us how they would be addressing the concerns we found and that they will be compliant with the regulations by June 2016. At this inspection we found the provider had effectively implemented their inspection action plan. Improvements had been made and sustained over time and these regulations had been met.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The service is required by a condition of its registration to have a registered manager.

The management structure in the home provided clear lines of responsibility and accountability to all staff. The registered manager was enthusiastic and motivated to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people and worked as a team focussing on the people they cared for.

There were effective quality assurance processes in place to monitor care and plan ongoing improvements. There were systems in place to share information and seek people's views about the running of the home. The service gained feedback from people, relatives and staff and people's views were acted upon.

Staff were able to demonstrate their understanding of the risks to people's health and welfare and people told us they received care that met their needs. Risks were well managed with a good balance between promoting people's independence and minimising identified risks. People's care records were up to date and sufficiently detailed to provide staff with the information they needed to know how to keep people safe and meet their needs, wishes and preferences.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff

interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

Staff sought people's consent before they provided their care and support. They were still developing their understanding of the legal process and the nature of the required recording they needed to complete. Time was needed for the home to embed this learning in their practice to ensure mental capacity assessments and associated best interest decisions would always be completed in accordance with current best practice guidance.

Staff had good knowledge of people including their needs and preferences. Staff had received training to support them to effectively meet the individual needs of people. Staff understood their responsibilities to keep people safe from abuse. People said the home was a safe place for them to live. All staff were clear about how to report any concerns. There were enough staff to meet the needs of the people that lived at the home.

People liked the food and told us their preferences were catered for. People received the support they needed to eat and drink enough to support their nutritional and hydration needs. People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to.

People were well cared for and were involved in planning and reviewing their care or with their relatives. People received their medicines as prescribed. There were regular reviews of people's health and staff responded promptly to changes in their needs. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

People's privacy was respected. Staff ensured people kept in touch with family and friends. Relatives said they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private.

People were provided with a variety of activities and one to one time with staff to meet their social needs. People could choose to take part if they wished.

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 knew how to act to keep people safe, manage risk and prevent harm from occurring. The provider had systems in place to keep people safe in relation to suitable staffing levels to meet people's needs and robust recruitment.

Staff were aware of how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's mental capacity assessments and best interest decisions were not always completed in line with the MCA good practice guidance to ensure their records accurately reflected decisions made on their behalf.

Staff had received supervision and training which enabled them to meet people's needs effectively and recognise when people became unwell.

People's health needs were met and nurses sought guidance from health care professionals when required.

People were supported to maintain a balanced diet and received the support they required during meal times.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect. When people were in any pain or distress,

the staff managed it well.

People and/or their relatives were consulted, listened to and their views about their care were acted upon. People made choices about all aspects of their day to day lives as they were able.

People benefited from receiving care from staff who knew people's specific wishes about the care they would like to receive.

Is the service responsive?

Good

The service was responsive.

People and/or their relatives were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs. People received care from staff who knew them well and people told us they received care in line with their care plans.

People took part in social activities and were supported to follow their personal interests.

People and/or their relatives shared their views on the care they received and on the home more generally. People's experiences were used to improve the service.

Is the service well-led?

Good

The service was well led.

There was an honest and open culture within the staff team and they were encouraged to support the improvement of the service.

The management team showed good leadership, providing staff with a good understanding of their roles and responsibilities in caring for people and ensuring the service met their regulatory requirements.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed and the service took account of good practice guidelines

Marwa 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 21 and 23 June 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We obtained this information during the inspection.

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 spoke with seven people living at the service, three relatives, the registered manager, the Operations Manager, four nurses, six care staff, the Head Chef, the maintenance person and the visiting GP. We also received feedback prior to our visit from the local commissioning team, quality governance team as well as the Specialist Community Nurse for Care Homes.

We reviewed care records and risk assessments for five people using the service. We also reviewed training records for all staff and personnel files for three staff, medicine administration (MAR) records for 26 people and other records relevant to the management of the service such as health and safety checks and quality audits.

Good

Is the service safe?

Our findings

At our previous inspection in January 2015 we found improvements were needed to ensure people's topical cream records were accurate and the exact dosage of medicines people received were recorded, when there was a variation in the dosages they required. This was a continuing breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and sustained over time and this regulation had been met.

People received support to manage their medicines from appropriately trained nurses. Medicine Administration Records (MAR) showed people had received their medicines, topical creams and ointments as prescribed. Where people received a variable dosage of their medicine the exact dosage they had received had been recorded so that nurses could see from the MAR that people had received their current dosage as prescribed. Medicines were stored safely. We observed a nurse administering people's afternoon medicine. They followed good medicine administration practice and kept the medicine trolley with them when going into people's rooms. This is required to reduce the risk of people gaining access to the medicines which are not prescribed for them. A system was in place to record fridge and medicine room temperatures daily. The nurse was able to describe what action they would take if the temperature reading was seen to be too high to ensure people's medicines would remain effective. The provider was monitoring the temperature recording records to ensure they would always be completed. Arrangements were in place to ensure people's medicines would be managed safely.

People and their relatives told us that they felt their family member was safe living at the home and that they had no concerns about people's safety. They said they would be confident speaking to a member of staff or the registered manager if they had any concerns. Staff took action to minimise the risks of avoidable harm to people from abuse. They understood the importance of keeping people safe and could describe how they would recognise and report abuse in line with the home's protocols on identifying and reporting abuse of adults and children. Staff said they would report any poor practice or abuse they suspected or witnessed, to the office or directly to the registered manager. Staff were also aware they could report externally to the CQC or the local authority if needed. One member of staff said "If I am worried about something I can always report to the police or to the social workers''. The registered manager was aware of their responsibility to report allegations or suspicions of abuse to the local authority and had undertaken safeguarding investigations when instructed by the local authority. The registered manager told us they had not needed to report any safeguarding concerns to the local authority since our previous inspection.

There was a recruitment process in place which ensured staff were safe to support the people who used the service. We found appropriate pre-employment checks had been completed before staff were offered employment and started worked with people unsupervised. These checks included up to date criminal record checks, fitness to work questionnaires, proof of identity, right to work in the United Kingdom and references from appropriate sources to determine applicant's character. Staff had filled in application forms and the provider had used the interview process to demonstrate staff's relevant skills and experience and to support the registered manager to plan their induction. This made sure that people were protected as far as

possible from individuals who were known to be unsuitable to work with people using care services.

Risks to people's safety and staff supporting them had been appropriately assessed using universally recognised screening tools and guidance provided to keep people safe. These included any risks due to the health and support needs of the person including the risk of falling, choking, skin deterioration, malnutrition and the risk from staff supporting people to move with the incorrect use of a hoist. Risk assessments included guidance staff needed to take to minimise the risk of harm occurring to people. Staff we spoke with had a good understanding of people's risks including what action to take if people were to choke or fall. One person told us ''If I feel unsteady I know staff will help me to sit down carefully so I do not fall''. People were supported to take calculated risks. For example, to run their own bath with minimal assistance and make their way around the home, with arrangements in place to reduce the risk of accidents happening. People were kept safe because staff understood people's individual risks and followed appropriate guidance to keep them safe.

The service operated an effective accident and incident reporting system. Following safety incidents, staff documented what had happened and the action they took to keep people safe. The registered manager reviewed the incident records and assessed if any further action was required to prevent the risk of reoccurrence. For example, records showed that following a fall, people's GP's were informed and regular health check observations were completed on this person. This was to ensure nurses would be able to identify any immediately non visible injuries following a fall that might require medical attention. The specialist community nurse for nursing homes, told us that they were kept informed of incidents in the home. They reviewed these with the registered manager each month to ensure lessons were learnt and action taken in line with good practice to keep people safe.

There were enough staff on duty to meet people's needs and keep them safe. Staff were deployed effectively on the day of our inspection. We observed staff regularly checking on people who remained in their rooms, people being supported in the communal area throughout the day and call bells being answered swiftly. Staff, relatives and people told us that there were enough staff to meet everyone's needs. Rotas showed the home was staffed at the level assessed by the provider as being required to meet people's needs. Staff told us that the home rarely used agency staff as their permanent or bank staff would always complete overtime to cover sickness and annual leave. The home ensured continuity for people as they were always supported by staff that understood their needs and preferences.

Requires Improvement

Is the service effective?

Our findings

Some people living with dementia did not have the mental capacity to independently make decisions about their care arrangements. 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.

People can only be deprived of their liberty to 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We could see that where appropriate and required the provider had submitted correctly completed applications to ensure that restrictions to people's liberty had been legally authorised. Staff were observed seeking consent before carrying out tasks and explaining the procedures they were about to carry out, for example when asking a person if they wanted their medicines.

Staff could describe how decisions made in people's best interest had been made in accordance with the principles of the MCA. The provider had implemented the Hampshire County Council MCA toolkit to record when mental capacity assessments were undertaken and the best interest decisions made on people's behalf. However, we found this had not always been consistently completed when decisions were made about using bedrails to keep people safe or administer people's medicines without their consent. It was not always clear from people's records what other less restrictive options had been considered. Staff responsible for undertaking this process had recently received additional training from the provider's mental capacity specialist to enable them to conduct this role. They were still developing their understanding of the legal process and the nature of the required recording they needed to complete. Time was still needed for the home to embed this learning in their practice to ensure mental capacity assessments and associated best interest decisions would always be completed in accordance with current best practice guidance.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. The induction for care staff met the requirements of the Care Certificate standards. The Care Certificate standards are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. Training records showed there was a programme of on-going training for all staff covering health and safety related topics and also topics relevant to the support needs of the people living in the home.

Staff training included dementia and positive behaviour support training. Specialist training was also

available to care staff and nurses including agency nurses to develop their skills in relation to tissue viability, preventing inappropriate admissions to hospital and management of falls. Staff were positive about the training opportunities and felt confident that they had the skills required to undertake their roles.

Nurses are required by their regulatory body to have their practice re-validated every three years. The operational manager told us they were ensuring all nurses would be assessed and their NMC revalidation dates identified. The service was using the revalidation process as part of their appraisal of the nurses' competence to ensure their practice remained safe and current.

Staff told us they felt supported in their role and there were a variety of methods of keeping staff informed and updated of changes in practice. These included monthly staff meetings, regular supervision sessions and an annual appraisal. Staff told us and records showed supervision had been taking place regularly and their supervision gave them the opportunity to reflect on their practice and identify areas for improvement.

At our previous inspection in January 2015 we found improvements were needed to people's care records. When people could not change their position independently to relieve the pressure on their skin, their records did not always show that they had been supported to change their position regularly to protect their skin from pressure damage. This was a continuing breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and sustained over time and this regulation had been met.

People were supported to keep their skin healthy. Nurses used screening and monitoring tools to identify people's risks of developing pressure ulcers. Where people had been identified as being at risk, plans were in place to prevent skin pressure damage developing and to support people to keep their skin healthy. These included supporting people to frequently change position to relieve skin pressure, using air mattresses and keeping people's skin dry and creamed. People's repositioning charts demonstrated that staff had changed people's position at regular intervals throughout the day as instructed by the nurses. People's pressure relieving equipment was checked daily to ensure it would remain effective in keeping people's skin healthy.

People were supported to access specialist health practitioners when needed. Records showed people were routinely able to see a number of health care professionals including, a chiropodist, dentist, mental health specialists and optometrist as required. A local GP visited the home weekly in order to treat anyone who was unwell, review the nurses' treatment plans and people's medicines as required. Records showed people's care plans had been updated to incorporate health professionals' guidance to ensure all staff would have the information they needed to support people to maintain good health.

People were supported to have a varied diet, which included healthy options. People told us they enjoyed the food at Marwa Nursing Home. Their comments included ''"The cook will make whatever food that is asked for", "The food is delicious" and ''I always like my food.'' The Head Chef told us that they were aware of people's dietary needs, allergies and preferences. We saw a list of people's dietary requirements within the kitchen to ensure kitchen staff remained kept up to date when preparing people's food.

Staff understood the importance of supporting people to drink enough to minimise the risk of suffering infections and we saw people were encouraged to drink throughout the day. People were routinely screened to identify if they were at risk of malnutrition and those who had experienced significant weight loss had been identified. People at risk of losing weight were monitored to make sure they ate and drank enough. Plans in place for improving people's weight were discussed with the specialist community nurse monthly to ensure action was taken in line with good practice guidance to prevent people from becoming

malnourished and dehydrated.

People with swallowing difficulties had been assessed by a Speech and Language Therapist (SALT) and where needed received soft and pureed diets to reduce their risk of choking. Staff could describe how they would support people with swallowing difficulties during meal times and how they would thicken people's drinks in line with their SALT guidelines. We observed people with swallowing difficulties being supported to eat and drink in line with their guidance. Staff were seen to seat themselves at the same level as the person and support appropriately at their pace without rushing them.

Good

Is the service caring?

Our findings

People and relatives were complementary about staff at Marwa Nursing Home. Their comments included "Staff are helpful and very respectful of my family member's privacy", "Staff are very good" and "I have nothing but praise for the staff who work so hard here". We observed kind and caring interactions between staff and people at lunchtimes and at other times during the day. Staff told us how they had built up relationships with each person and their family members. One person told us 'Staff are very nice. They treat me well. I have only got to ask for something and they will get it for me.''

Interactions between people and staff were good humoured and caring. Staff spoke with kindness and affection when speaking about people. Staff were able to describe people to us in a detailed way and knew people well. Their descriptions included details about people's care needs, as well their personal histories, why they were living at Marwa Nursing Home and specific details about their likes and dislikes in care delivery.

People's individuality was recognised by staff and people were supported to make day to day decisions that reflected their preferences. We found staff knew people well, but also checked daily notes and handover records to ensure they had all the information they needed to support people to make decisions about their care. People had been supported to make decisions about their living environment and staying in contact with loved ones. Rooms were individual and personalised and people could choose to have the objects they valued around them. People's relatives and other visitors were welcomed into the home. One relative told us ''I can visit any time I want''. People could choose whether they wanted to take part in activities or spend time by themselves and staff respected their choice.

Staff understood the importance of keeping people involved in their care and encouraged people's participation in daily tasks. Staff were able to explain to us how they involved people in making decisions about their care, including choosing their clothes, their meals, whether they wanted a bath or shower or whether they wanted to join in with activities. We observed people being supported to make these choices. One person told us ''They always make me decide what I want to do during the day''. When people found it difficult to understand some of the information presented to them, staff spoke slowly using short sentences. Staff used their knowledge of people to remind them of the things they liked to support them to make a decision.

Staff understood when people required emotional support and took practical action to relieve people's distress or discomfort. We saw during the day staff were quick to recognise when people new to the service, became confused, anxious or agitated. Staff sat with people to reassure them and distracted them with a joke or a chat.

We saw that staff treated people with dignity and respect. We observed a nurse administering medicines patiently and discreetly, giving people the time they needed to take them. Throughout our visit, all communication heard between staff and people that used the service was polite and courteous.

Good

Is the service responsive?

Our findings

People and their relatives were positive about the care people received and told us it met their needs and preferences. They said staff knew people well, understood their needs and they received care in line with their individual wishes. One person told us ''They have known me a long time, they know what I like to do, what I like to eat and who I get on with''.

There was good communication across the staff team about people's needs. The registered manager did a round of the service every morning and shift handover briefings took place to ensure all staff were up to date with people's needs at the start of each shift. The registered manager then attended a daily catch up meeting with all staff at 11am. We saw at this meeting staff discussed each person and highlighted any concerns and shared information about people's social visits and activities that would enable staff to strike up a conversation with people. Plans were then agreed to monitor any changes in people's needs, for example people that had been seen to be unsteady during their morning routine, refused personal care or felt unwell were monitored closely during the day. Records confirmed that these concerns were monitored until resolved or escalated to the GP or other professionals if required. People could be assured that action would be taken to respond promptly to their changing or fluctuating needs.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager gave examples of how they considered the needs of other people in the home and the physical environment before offering a place to someone. The registered manager told us ''I always speak to the nurses and the care staff before we admit anyone. It is important that we take everyone into consideration, the home's layout, our skills and experience before we make the decision whether we will be able to provide the care the person needs''. The registered manager and a nurse carried out assessment visits before admissions to ensure people's needs could be met. People were involved in discussing their needs and wishes and their relatives also contributed.

People's care records were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. Care plans detailed how staff were to support people when they became anxious or agitated. We saw staff respond swiftly to a person who was becoming upset and provided emotional support in line with their care plan. When people refused their care, staff knew how to approach people to prevent them from becoming distressed. They tried different approaches and different times throughout the day when people might for example, be more receptive to having a bath or offering people their favourite drink to motivate them to take their medicine. Staff understood their duty to ensure people received their care in accordance with their care plan and knew how to encourage people to accept the care they required.

People's care plans were reviewed monthly and more often if their needs changed. All care staff had input into people's care plans. They said this meant staff that knew people well could provide information about their preferences when they were not always able to express their views. Nurses told us that they ensured more detail was included in the care plans of people who could not make their wishes known to staff. Records showed this included how staff could support people living with dementia to remain engaged by

offering stimulating activities that were appropriate to their preferences and abilities. For example, reading, word games or hand massages.

People were supported to maintain their independence and remain mobile. For example, when people were frail and primarily cared for in bed, they were assisted to get out of bed at least once a day to maintain their mobility and muscle strength where possible. When people were discharged from hospital with a catheter staff supported them, where appropriate, to regain their ability to independently manage their continence. When appropriate, nurses removed the urinary catheter and monitored how people managed without them. When people did not manage to remain continent the nurses would insert a new urinary catheter. Nurses were confident in identifying urine retention and reinserting people's catheters if required. The registered manager told us how this had enabled some people to regain their independence and manage their continence according to their personal preferences.

There was an activities coordinator who managed regular activities around the home including one to one time with people. People told us they participated in a variety of activities including musical entertainment, reminiscence, quizzes, bingo and ball games. People were also given the opportunity to take part in domestic chores. One person told us ''When I get bored I can help out washing and drying the dishes, I like doing those kind of things. All staff supported people to take part in these activities which ensured people received regular stimulation and engagement to enhance their wellbeing.

People and their relatives had the opportunity to provide regular feedback about the service and the provider took their views into account when improving the service. Quarterly resident and relatives meetings were held to discuss people's satisfaction with the service, areas that could improve as well as provide information about developments in the service. The provider was taking action to reduce the number of misplaced laundry and had introduced a weekly Breakfast Club that offered people a full English breakfast, following people and relative's suggestions. The provider had also arranged for a volunteer to visit people weekly who might find it difficult to engage in activities or need support to make their views known. The registered manager told us ''We are looking at how we can improve the social contact for some people, and she [the befriender] is helping us understand these people's needs''.

People and their relatives said they would not hesitate in speaking with staff if they had any concerns. One person told us ''I have no worries about the home. I would speak to the staff if I was upset''. The home's complaints policy was displayed in the entrance hall. The service had a suggestion box and people and their relatives were encouraged to make suggestions of how the service could improve. The service had not received any complaints since our previous inspection.

Good

Is the service well-led?

Our findings

At our previous inspection in January 2015 we found the provider's quality assurance processes were not effective in ensuring issues of quality and safety were identified and action taken to manage shortfalls. This was a continuing breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and sustained over time and this regulation had been met.

There were audits and checks in place to monitor the safety and quality of care. These included internal and external medicine audits, health and safety checks, staff supervision and training monitoring, infection control audits and an annual service quality assessment. Where shortfalls were identified, action plans were drawn up and monitored by the registered manager till completed. We saw where improvements were required, these had been made. For example, improvements had been made to the outside kitchen environment following the local authority's Environmental Health team's inspection. Action was taken to further improve the medicine management following the visit of the service's community pharmacists and the operations manager kept this under review weekly to ensure improvements would be sustained.

There was a management structure in the home which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the home. They were supported by the operations manager and senior staff to monitor the quality of the service by completing some of the audits. The operations manager provided clinical support for nurses and monitored that the nursing care people received was in accordance with current best practice. The specialist community nurse for nursing homes visited the service monthly to discuss with the nurses all people who had fallen, required treatment for wounds, were losing weight or had an infection, to review the nurses' treatment plans and provide guidance. Some members of the staff had lead roles in relation to falls, hydration and nutrition and skin care. They had received additional training and mentoring to remain up to date with current practice and staff could tell us how these practice leads had shared their knowledge across the service to guide staff's practice in these areas. One nurse told us ''The skin champion knows a lot about the current treatment options for pressure sores and wounds, she will always review every wound to ensure we are doing the right thing and I think that is why we do not have any pressure ulcers in the home''.

Nurses also attended the local NHS nursing home forum to further develop their understanding of current care guidelines and good practice. The specialist community nurse for nursing homes told us the provider always ensured their nurses attended these forums, that they were up to date with current nursing practice and were always well prepared and informed about people's needs and risks during her monthly visits to the home. The provider had completed a Dignity Audit in March 2016 following the NHS nursing home forum. They had identified that improvements were needed to the home environment for example, in relation to signs and prompts to better support people with dementia to find their way around the home. They were also working on developing a strategy to capture people's experiences about the service who could not make their views known through the annual feedback survey. The registered manager told us they would be taking action to make the improvements they had identified in the following months.

We observed that the management team took an active role in the day to day running of the home and had good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. We saw them chatting and laughing with people and making themselves available to personal and professional visitors. Staff were complimentary about the registered manager and the operations manager's leadership. Their comments included ''They are both very hand on always on the floor helping us out'', ''Easy to approach, always ready to listen and provide support'' and ''They make it clear what we are expected to do every day, I like that I come to work and I know what needs doing''.

Staff described a working culture that was open and where their views were listened to. One nurse told us ''They saw we were finding it difficult to get hold of a doctor sometimes and they decided to contract a GP to visit the home every week. It has made such a difference, they always listen when we say something needs to improve''. The provider promoted a culture in the home that was based on the values of respect, dignity, independence and choice. The registered manager observed staff interacting with people throughout the day to ensure they received support in accordance with these values.

The home had notified the Care Quality Commission of all significant events which have occurred and had clearly displayed the rating of their previous inspection for people to see, in line with their legal responsibilities.