

Lotus Care 1 Limited

Hurst Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 30 and 31 August 2016 and was unannounced.

Hurst Nursing Home is a nursing home registered for up to 22 older people. At the time of this inspection there were 16 people accommodated, 12 of whom lived with dementia.

A registered manager was in post when we visited. 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 registered manager was present during our visit.

The registered manager had been appointed since our last visit. They were able to demonstrate the steps they had taken to make the necessary improvements that were identified at the last inspection. At the previous inspection in October 2015 we identified breaches of Regulation related to person-centred care and treatment, consent to care and treatment, safe care and treatment, good governance and staffing. The service was previously rated "Requires Improvement" overall. We required the service to make improvements to these areas and they sent us an action plan of how this would be achieved. At this inspection we found that previous Regulations that had been in breach were now being complied with and the overall rating for the service had improved.

The registered manager and staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Staff recognised the signs to look for if they suspected abuse had taken place; they knew how to report any incidents of abuse they may witness. Any potential risks to individual people had been identified and appropriately managed. People's medicines had been administered and managed safely.

There were sufficient numbers of staff on duty with the necessary skills and experience to meet people's needs. Staff were clear about their roles and felt well supported in their work. Staff supported people to eat and drink if required. They ensured people at potential risk received adequate nutrition and hydration. People were provided with support to access health care services in order to meet their needs.

Positive, caring relationships had been developed with staff to ensure people received the support they needed. They were encouraged to express their views and to be actively involved in making decisions about the support they received to maintain the lifestyle they have chosen. A relative, who spoke for their family member as well, said, "We would both recommend Hurst Nursing Home. (Family member) is quite happy

here."

The culture of the service was open, transparent and supportive. People and their relatives were encouraged to express their views and make suggestions so they may be used by the provider to make improvements. One person told us, "I can guarantee this place is absolutely wonderful!"

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.

Risks to people had been managed safely. Records demonstrated, where risks had been identified, action had been taken to reduce them where possible.

People's safety had been promoted because staff understood how to identify and report abuse.

Sufficient numbers of suitable staff had been provided to keep people safe and to meet their needs.

Prescribed medicines had been safely managed.

Is the service effective?

Good ●

The service was effective.

People's rights had been protected as the principles of the Mental Capacity Act 2005 (MCA) and requirements of the Deprivation of Liberty Safeguards (DoLS) had been followed.

Staff received appropriate training to enable them to provide care skilfully and effectively. They also received support and supervision on a regular basis to ensure they understood what was expected of them.

People were supported to have sufficient to eat and drink.

People had access to community healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and friendly staff who responded to their needs.

People or their relatives had been actively involved in making decisions about their care and treatment.

People's privacy and dignity had been promoted and respected

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

They felt able to raise suggestions or concerns and the registered manager responded to any issues people raised.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and were clear about their roles and responsibilities.

Quality monitoring systems were in place to ensure in the quality of the service provided to people.

Hurst 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. The 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 30 and 31 August 2016 and was unannounced. The inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed this and information we held about the service, including statutory notifications and previous inspection reports to help us to decide which areas to focus on during our inspection. Statutory notifications are specific incidents which the registered person is required to tell us about, such as injuries to people which require hospital treatment and incidents which involve the police.

We spoke with four people and three relatives who were visiting their family members. We were unable to have meaningful conversations with many people who lived at the service. This was because the majority of people lived with dementia and had difficulty expressing their views. We, therefore, also carried out observations of the care and support provided to people over lunch time. We used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experience of people who were unable to talk with us. We observed care and support being delivered during the main meal of the day.

We spoke with a representative of the provider, the registered manager, the deputy manager, and two care assistants who were on duty. We also spoke with a visiting healthcare professional.

We reviewed a range of records relating to the management of the home and the delivery of care. They included care plans and medicine administration records (MAR) for three people. Management records included the provider's quality assurance records, staff rotas for a period of four weeks, minutes of recent staff and relatives meetings and the training and supervision records of all the staff employed at Hurst

Nursing Home.

Is the service safe?

Our findings

We found evidence at the inspection in October 2015 which demonstrated a breach to regulations with regard to safe care and treatment. This was with regard to how identified risks to individual people had been effectively managed. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider sent us an action plan which advised how they would comply with this regulation.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. There was a system in place to identify risks to people and the care they required to protect them from harm. For example, they identified people who were at risk of pressure sores, dehydration and malnourishment. We looked at the nursing care records for four people. They provided guidance for staff to follow to ensure identified risks had been reduced. Daily records, kept in people's rooms demonstrated that staff had provided appropriate care to reduce the likelihood of identified risk occurring and were monitoring people for changes in their needs.

People and relatives we spoke with confirmed that appropriate care had been provided. One relative advised us, "(Relative's name) needs to be fed as (relative's name) is at risk of choking. The Speech and Language Therapist (SALT) became involved and now (resident's name) has thickened drinks and a soft diet." Staff on duty told us about the risk assessments of named individuals and the care they were expected to provide; this was in line with guidance in care plans. Therefore staff understood people's needs and risks and how to address them.

People and relatives also confirmed they believed that they were safe. They told us they had never been badly treated and had never witnessed this happening to anyone who lived at Hurst Nursing Home. A nurse practitioner was visiting to provide treatment to people. They advised they had been visiting the service weekly since February 2016 and did not have concerns about neglect or abuse of people. had never seen people being badly treated.

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or a senior member of staff. This was in line with the provider's procedures and local authority guidelines. The provider's PIR advised us, 'Training is provided in all mandatory subjects to ensure safe practice. Safeguarding procedures were robust and staff understood how to safeguard people they support.'

People and relatives confirmed there were enough staff on duty. One relative said, "There are not so many staff in the evening, but they always come to answer the call bells. They are very efficient." One person told us, "There are usually enough staff on duty. It's only when something goes wrong, then they are called away." The visiting healthcare professional advised us that staffing levels were not a concern. They said, "I visit in the morning which is usually a busy time. But, the nurse on duty is able come with me on my round."

Staff on duty also told us they believed there were enough staff. One staff member said, "It seems alright, everything gets done. The manager and the nurses will jump in to help when we get busy."

Our own observations confirmed there were enough staff on duty. People did not have to wait before they were attended to. Staff did not appear to be rushed when providing care. Calls bells were not left unanswered for long periods. The provider's PIR stated, 'The manager is responsible for arranging staff rotas and takes people's care needs into account when making decisions about staffing levels, qualifications, skills and experience of staff required.' The registered manager demonstrated how the staffing levels were calculated against dependency levels of people accommodated. They also provided documentary evidence which demonstrated that staffing levels were reviewed each month to ensure they were sufficient.

At this inspection 19 people were accommodated at Hurst Nursing Home. We were advised, from 8am until 2pm there were four care assistants on duty led by a registered nurse. From 2pm until 8pm there were three care assistants and a registered nurse. At night, between 8pm and 8am, a registered nurse supported by a care assistant were awake and on duty. Other tasks, such as cooking and cleaning, were carried out by separate catering and domestic staff. We were provided with rotas which covered a period from 13 August 2016 to 9 September 2016. They confirmed staffing levels had been maintained throughout this period.

There were effective staff recruitment and selection processes in place. Applicants were expected to complete and return an application form and to attend an interview. In addition, appropriate checks and references were sought to ensure any potential candidate was fit to work with people at risk. Recruitment records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. When nurses had been recruited, appropriate checks had been carried out to ensure they were registered with the National Midwifery Council (NMC) and that their registration was in date and valid.

The nurse in charge informed us only registered nurses were responsible for administering medicines to people. They informed us they were expected to check that the medicines to be administered were in accordance with the prescribing directions recorded on the Medication Administration Records (MAR). They also informed us they would observe that the person had taken their medicine before recording this. If the person did not wish to take their medicine, this would also be recorded. We observed the nurse on duty administer medicines at lunch time. We observed that practices were in line with what we were told and medicines had been administered safely.

Storage arrangements for medicines were, in the main, secure and were in line with current legislation and best practice guidelines. We expressed concern that a small amount of prescribed medicines had not been stored securely. The registered manager advised us that there was no room for this in the usual secure storage facility. In response, the registered manager arranged for an existing cabinet to be emptied and relocated so that it could be used to store the identified medicines more securely. The registered manager also arranged to have the dispensing chemist visit to check to make sure the cabinet met legislative requirements. This took place before the completion of the inspection.

MAR (Medicine Administration Records) sheets were up to date, with no gaps or errors, which documented that people received their medicines as prescribed. There were also MAR sheets for people where they had been prescribed 'when required' (PRN) medicines. This documented how and when the medicine had been given with the reason why it was required. PRN medicines had been prescribed for pain relief.

Is the service effective?

Our findings

We found evidence at the inspection in October 2015 which demonstrated a breach to regulations with regard to need for consent. When people did not have the capacity to consent, suitable arrangements had not been made to ensure decisions were made in their best interests. Deprivation of Liberty Safeguards (DoLS) applications to deprive people of their liberty had not been made lawfully to ensure people's rights were protected. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider sent us an action plan which advised how they would ensure compliance with this regulation and protect people's rights.

The CQC has responsibility for monitoring services to ensure they have been working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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).

At this inspection we found evidence which demonstrated that improvements had been made and that the regulation had been met. The registered manager confirmed that 10 people had been assessed as lacking capacity to make decisions for themselves. There was also evidence that, where necessary, best interest decisions had been made on behalf of those considered not able to make specific decisions for themselves. They included the involvement of family members who had been granted Power of Attorney (PoA) and were legally responsible for making decisions on their relative's behalf. Of those people assessed as lacking capacity to make decisions, DoLS applications on behalf of 10 people had been sent to the local authority, of which one authorisation had been granted. Care records included appropriate documentation which gave the reason for the restriction and the length of time it would be in place before a review was required.

We spoke with one person with their relative present. The person confirmed they had capacity to make decisions for themselves. They also advised us they had been involved with making decisions about the care they received. Another person told us, "The staff do everything to make you happy and make sure you feel at home." Staff we spoke with and the registered manager confirmed they understood the principles of the MCA, and were able to describe how they related to the needs of individuals. The provider's PIR advised, 'For those lacking capacity to make informed decisions, a best interest decision is made and documented in line with MCA policy.'

We also found evidence at the inspection in October 2015 which demonstrated a breach to regulations with regard to staffing. The staff employed at Hurst Nursing Home had not received appropriate training, including refresher training, and appraisal to enable them to carry out the duties expected of them. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to

make improvements where required. The provider sent us an action plan which advised how the regulation would be met.

At this inspection we found evidence which demonstrated that improvements had been made and that the registered manager was meeting the requirements of the regulation. Staff on duty confirmed the training they had received. This included moving and handling, first aid, fire safety, health and safety and infection control identifying and reporting allegations of abuse, and understanding the MCA and DoLS. Staff told us they received training specific to the needs of people using the service. For example, staff training included how to provide care to people living with dementia, with diabetes and with sensory loss. Staff also advised they had received training in providing end of life care. In addition some staff they had been awarded the Diploma in Health and Social Care at Level 3. This is a nationally recognised award for staff who worked in the health and social care sector. Staff also confirmed that the training provided enabled them to understand what was expected of them and they how should provide the care and support people required. Training records we looked at confirmed staff had received this training.

Staff also confirmed they received individual supervision from the registered manager or a more senior member of staff. They found this provided them with the support and guidance they needed to carry out the work that was required of them. Records we looked at confirmed this support had been provided every three months. When we asked about their role, one member of staff told us, "We make sure we attend to the resident's needs, including their basic needs. We must focus of the service users." Another member of staff said, "We wash people and dress people. But, it is important we take our time to talk to them and tell them exactly what we are doing. This helps make them feel more secure." Staff also demonstrated they were knowledgeable about the needs of individual people, their wishes and preferences with regard to how care was to be delivered. This was in line with guidance and information provided in care plans.

People we spoke with confirmed they found staff employed at Hurst Nursing Home were competent and skilled in their work. One person said, "They (the staff) know what they are doing, they had been trained for the job." The visiting nurse practitioner also informed us they found the staff were competent. They told us, "They are well trained. They understand people's individual conditions and will refer to the Living Well with Dementia team if there are any concerns." The provider's PIR advised us, 'Staff induction, training, and on-going supervision, procedures are robust and the workforce is competent and able to carry out best practice for the specific needs of people.'

People told us they were very happy with the food provided. One person said, "The food is excellent." Another person told us, "The food is very good – first class. We are well care for. The food always looks appetising and were provided with ample amounts. We are well fed!" Six people were observed enjoying the main meal of the day which was taken in the garden. Unfortunately there was a delay before it could be served. People were provided hot and cold drinks, according to their choice whilst they waited. Some staff also joined them and spent the time chatting and enjoying each other's company. When it was ready, there were sufficient numbers of staff available ensure everybody was served their meal whilst it was still hot. People who needed assistance were provided with sufficient time to enjoy their meal. Specialised equipment, such as non slip mats, adapted cutlery, beakers and straws were provided to enable people to be independent at mealtimes. When some staff went to serve meals to people in their rooms, one member of staff remained to assist people who needed this. Where necessary, staff encouraged people to ensure they had enough to eat and drink.

People who were at risk of dehydration and malnutrition had been identified clearly within care records and had fluid and food charts in place so that intake and output could be monitored for any changes. Fluid and food charts examined, particularly for those people who had been nursed in bed, were up to date and had

been consistently completed. Care records also enabled individual people's weights to be monitored. Where people were at risk of losing a significant amount of weight there was evidence this had been quickly addressed, and the trend reversed. The support and interventions required for each had been appropriately recorded and were in line with advice and guidance provided by healthcare professionals.

We spoke with the chef who provided us with a copy of the menu plan. This demonstrated that a varied and nutritious diet was provided with alternatives made available for each meal. They advised us that choices available were made known to people the day before so they may select their meal preference. This was recorded so that, where people may forget what they had chosen, the chef would be able to remind them. However, we were also advised the chef ensured enough food was available in case people wished to change their choice at the last moment. The chef also advised us that they had information recorded regarding people's likes and dislikes, whether people preferred large or small portions, or if they required a special diet for medical reasons such as diabetes. This meant that the chef could cater for people's needs and wishes.

People confirmed they were supported to maintain good health by having regular access to health care services. A relative told us, "Staff will decide if (Family member's name) needs to see the GP. (Family member) has recently seen the nurse practitioner who visits the home and was prescribed tablets for their chest." The registered manager advised us they would contact the GP on each person's behalf if they needed an appointment when they were unwell. Arrangements would be made for GPs to visit the person at Hurst Nursing Home, or, if the person wished, appointments would be made to visit the GP at their surgery. The registered manager confirmed arrangements would be made to accompany the person if this was required. We saw that visits made by the GP to people had been recorded together with any treatment prescribed to ensure any support or assistance necessary could be provided by staff. The visiting nurse practitioner confirmed requests for GP visits made have been appropriate. They also said they had developed a good relationship with the service which had helped to avoid unnecessary admissions to hospital where possible.

Is the service caring?

Our findings

People we spoke with told us they were well cared for. One person explained, "The staff are very pleasant, they make you laugh. There is a very happy atmosphere here." Another person said, "The staff do everything in their power to make you feel happy and to make you feel at home." As we were unable to ask the majority people about their views of the service we spent time observing interactions between them and the staff on duty. There was a warm and relaxed atmosphere in the home. We observed staff being caring and attentive during our visit. Staff were observed smiling and talking with people as they went about their work.

We asked staff how they were expected to develop positive relationships with people. One member of staff told us, "I treat people as I would want to be treated. I make sure I know what it is they want. I believe that once they know I know what is needed, they will start to trust me." Another member of staff explained, "I never talk down to people. I keep eye contact with people and hold their hand they need me to. I will explain to them who I am and what I am doing." The provider's PIR commented, 'Staff are trained to be patient and to give encouragement when they support people. Staff are trained to deal with challenging behaviours of individual residents to ensure they are able to meet the needs of a diverse range of people with compassion and understanding.'

The registered manager demonstrated how people had been supported to express their views in order to be actively involved in making decisions about their care, treatment and support. There was evidence in care records of discussions with the person, where possible, or their relatives with regard their care needs and their wishes. For example, records we looked at demonstrated the person, or their relative had been involved in discussions with regard to personal choices about their daily routine. This included their preferred time for getting up and going to bed. There was also evidence that an advanced directive had been drawn up which detailed the person's wishes with regard to end of life care. The provider's PIR stated, 'Consent is sought and recorded on admission for a variety of situations and this is reviewed every six months or when circumstances change.'

People confirmed they had been treated with dignity and respect. Members of staff were able to explain what they were expected to do to ensure people's privacy and dignity had been maintained. This included shutting the bedroom or bathroom door when helping someone to undress. One member of staff said, "If someone wants to talk with me, I will ask them if they wish to go to their room. I will always knock on the door and wait before I enter someone's room. I never talk about people outside of work." From our observations we found all staff were polite and respectful when speaking to people. They also knocked on people's doors and waited to be invited in. Doors were kept shut when personal care was being provided.

Is the service responsive?

Our findings

We found evidence at the inspection in October 2015 which demonstrated a breach to regulations with regard to person-centred care. The care and treatment provided to service users people had not always been appropriate, and did not consistently meet their needs or reflect their preferences. The registered person had not acted on feedback from people in order to demonstrate they had continually evaluated and improved the services provided. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider sent us an action plan which advised of the improvements that would be made.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. The registered manager advised us they had used a document entitled 'Knowing Me'. This had been completed by the person or their relative, which had been designed to capture information about each person. This included information about their family, early home life, their school days, their working life and important events in their lifetime. There were also specific questions about how the person wanted their care to be delivered and information about specific hobbies or interests the person may have. This information had been used to develop care plans which were person centred and reflected something about the individual.

People we spoke with confirmed they had been consulted about how they wanted their care to be delivered. This included decisions about how their food needed to be prepared to ensure they were not at risk of choking, access to the local dentist and chiropodists and other health related issues. Staff we spoke with demonstrated they knew about each person in terms of their life story and family background together with their preferences regarding how their needs should be met. From our own observations we found that staff delivered care in accordance with the wishes and preferences of people as described in their care plan.

Care plans also included guidance for all staff to follow with regard to people's health and physical needs. Hand over meetings took place at the beginning of each shift. The information in care plans was discussed and the meeting had been designed to allow the staff, who were beginning their shift, to be briefed about any changes to people's needs. A list of each person had been drawn up with brief notes to remind staff about the care each person required. The registered manager advised us care plans regularly reviewed with people to ensure they were meeting people's needs and that care plans would be updated when people's care needs changed. Information in care records we examined confirmed this. The provider's PIR advised us, 'Residents are encouraged to be involved in their plan of care on a regular basis and they are made aware of any risks and side effects of any treatment. Treatment is coordinated with the service user according to their needs and wishes.'

At the previous inspection we had concerns about the lack of social and occupational activities offered to people to meet their needs for intellectual stimulation. Minutes from a residents' and relatives' meeting dated June 2015, that we reviewed at the previous inspection, reflected that people were not satisfied with the lack of activities and outings. At this inspection we found that improvements had been made to this area. People confirmed that a range of activities and entertainment had been provided for them to enjoy.

One person said, "We are provided with activities which include quizzes, and music. Somebody visits regularly to play the piano." Another person said, "There are activities and trips out. But I am not one for going out on trips." We noted that, in the garden, two gazebos had been erected, which had been trimmed with bunting, over garden furniture. People and relatives told us about the barbecue which had taken place over the previous weekend which had been enjoyed by everyone. We were also given a copy of the activities programme from 22 August 2016 to 4 September 2016. Activities listed included games, such as badminton, skittles, and ball games, in the garden, music, bingo, and a variety of board games.

We also identified at the inspection in October 2015 that the provider had failed to take into account any feedback from people or their relatives when evaluating the services provided. We were advised that, since our last inspection a meeting had been arranged in June 2016, between the registered manager, people and their relatives, where people were provided with an opportunity to express their views about the services provided. In addition, a satisfaction questionnaire had been sent out in May 2016. We were given a copy of the minutes of the meeting which documented that one person had raised some dissatisfaction with the food. The registered manager confirmed that this had been raised with the staff and appropriate changes had been made. We noted that, during this inspection comments made about the provision of food were positive. This meant that the registered manager's actions had addressed the concerns that had been raised. Some concerns had also been raised within satisfaction questionnaires; this was to do with people believing they were not able to make choices about daily routines. Again this had been resolved as comments we received confirmed people were satisfied that personal choices had been respected.

People confirmed they knew how to make a complaint if necessary. They also confirmed they were confident that they would be listened to and their concerns taken seriously. A copy of the provider's complaint procedure was on display in the front hall way of the service. We saw a record of complaints that had been kept, which indicated complaints received had been appropriately dealt with and to the satisfaction of the person who made the complaint.

Is the service well-led?

Our findings

We found evidence at the inspection in October 2015 which demonstrated a breach to regulations with regard to good governance. The systems and processes which were in place to enable the assessment, monitoring and improvement of the quality and safety of the service were not sufficiently robust. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider sent us with an action plan which advised what improvements would be made to this area.

At this inspection we found evidence which demonstrated that improvements had been made and the requirement notice had been met. The registered manager provided us with documentary evidence that demonstrated how the quality of the service had been monitored. They included routine health and safety checks and maintenance of the environment, the management of medicines and infection control. There were also regular audits of complaints, accidents and incidents in order to determine if there were patterns or factors that could be learnt from. In addition care records and staff recruitment records had been routinely checked to ensure they had been kept accurately. Each audit included an action plan which identified when the work needed to be done by, and by whom to ensure compliance. We found evidence of this during the inspection. For example, a recent audit of the maintenance of the environment identified some improvements were required. We observed maintenance staff were working on the identified items.

A new manager had been appointed since the last inspection. They had registered with the Commission in August 2016. People and relatives we spoke with were very complimentary about the new manager. One relative said, "Things do get done more. If you mention something, it gets done." We were also informed that, since their appointment, the culture of the service was more open and transparent. One person explained, "It is lovely living here. It is a sort of 'club' atmosphere. We are individuals but we get along together." People told us the registered manager, and deputy, made themselves available to them and were very approachable. Our observations confirmed what we had been told. Interactions between people, their relatives and visitors, the staff and the management were very warm and welcoming.

The staff informed us they felt well led and well supported in their work. They were able to describe their role and explain to us what was expected of them. They also advised us they received supervision on a one to one basis where they were able to talk about any concerns they had and to request training to improve their performance. When we asked about the culture of the service, one member of staff told us, "We love (registered manager) to bits! The home is more relaxed. (Registered manager) listens to you and always has time for you. I feel the girls (staff team) have become closer. Everybody is happy to come into work and to volunteer to help out." Another member of staff said, "I think (registered manager) leads well. When I started work here everybody seemed to be in a rush. Now it's different because we know what we are doing, who needs to do what."

We asked the visiting health care professional about the views of the leadership of the service. They told us they found the service was well led, "The manager has a good relationship with the staff. The staff clearly know what they are doing. The manager is also very good with the people."

