

Numada Health Care Limited

Thalassa Nursing Home

Inspection report

79 Western Way
Gosport
Hampshire
PO12 2NF

Tel: 02392582382

Website: www.numadahealthcare.co.uk

Date of inspection visit:
29 September 2016

Date of publication:
18 October 2016

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

We carried out an unannounced inspection of this home on 29 September 2016. The home is registered to provide accommodation, nursing and personal care for up to 47 older people and people with physical disabilities. Accommodation is arranged over two floors with lift and stair access to the second floor. At the time of our inspection 47 people lived at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff available to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, stored and ordered in a safe and effective way. We have made a recommendation about the safe disposal of small amounts of controlled medicines.

Risks associated with people's care were identified and clear plans of care were in place to ensure staff knew how to mitigate these risks. Staff had a very good understanding of these risks and how to ensure the safety and welfare of people. Incidents and accidents were clearly documented and investigated. Actions and learning were identified from these and shared with all staff.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People received nutritious meals in line with their needs and preferences. Those who required specific dietary requirements for a health need were supported to manage these.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Whilst people did not attend formal meetings about the service, the registered manager and all staff involved people and their relatives in the planning of their care and in developments in the service.

Care plans in place reflected people's identified needs and the associated risks. Whilst care plans were updated and reviewed regularly, the registered manager had identified not all care plans were updated in a timely way. This was being addressed.

Staff were caring and compassionate and knew people in the home very well. External health and social

care professionals spoke highly of the care and support people received at the home. They were involved in the care of people and care plans reflected this.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The service had a good staffing structure which provided support, guidance and stability for people, staff and their relatives. The registered manager was very visible in the service and provided strong and effective leadership whilst promoting an ethos of high standards of person centred care in all that they did.

A robust system of audits was in place at the home to ensure the safety and welfare of people. Any actions required from these audits were completed although these were not always clearly documented. This was being addressed.

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 keep people safe and had a good understanding of safeguarding policies and procedures.

Risk assessments were in place to support staff in identifying and mitigating the risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and there were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner. We have made a recommendation about the safe disposal of small amounts of controlled medicines.

Is the service effective?

Good ●

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People were provided with nutritious meals in line with their needs and preferences.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy and content in the home.

Arrangements were in place to ensure people were involved in planning their care and their views were listened too

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

A range of activities were in place to provide stimulation for people. People were encouraged to remain independent.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided strong and effective leadership whilst encouraging staff to embrace the values of the service. Staff were well supported in their roles and worked in a way which reflected the person centred values of the service.

Robust audits and systems were in place to ensure the safety and welfare of people in the home. These audits had identified areas of improvement within the service which were being addressed.

Thalassa 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.

Two inspectors completed this unannounced inspection on 29 September 2016. Before the inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In October 2015, the registered 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 improvements they plan to make. We reviewed the PIR for this home.

We spoke with people and observed care and support being delivered by staff and their interactions with people in all areas of the home including communal lounges and in people's individual rooms. We spoke with three relatives and eight members of staff including; the director of nursing for the registered provider, the registered manager and the deputy manager, a registered nurse, a kitchen assistant, and three care staff. We received feedback from two health and social care professionals who supported people who lived at the home and reviewed feedback other health and social care professionals had sent to the home.

We looked at care plans and associated records for six people. We reviewed the medicines administration records for 19 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, five staff recruitment files and policies and procedures.

We last visited this service in October 2013 and found no concerns in the service.

Is the service safe?

Our findings

People told us they felt safe in the home but could not describe what made them feel safe. They told us there were plenty of staff who they felt knew them well. Relatives told us they felt their loved ones were safe at the home and were supported by staff who knew them all very well. One told us, "I have always felt [relative] is very safe here and when I am away on holiday I know she is being well looked after and do not have to worry about her safety any more." Staff told us there were plenty of staff to meet people's needs. Health and social care professionals told us they felt people were safe in the home and there were sufficient staff to meet people's needs.

Staff had a good understanding of the safeguarding policies and procedures which were in place to protect people from abuse and avoidable harm. They were confident to report any concerns to the registered manager who they said would take any necessary action immediately. All staff had received training on safeguarding and knew the types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. Staff were aware of the provider's whistleblowing policy and said they would be happy to go to more senior management if they felt their concerns were not addressed appropriately by the registered manager.

Risks associated with people's nursing and care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, nutrition, mobility and specific health conditions such as diabetes and epilepsy. For example for two people who lived with diabetes risk assessments in place identified the signs and symptoms staff should observe for and report to nursing staff in relation to their blood sugars being very high or low. For another person who lived with epilepsy risk assessments identified potential triggers or signs and symptoms of seizures which staff should be aware of.

Staff's knowledge of people and the support they required to reduce the risks associated with their care was good. They were able to describe potential risks and what support they gave as a result. For example, one member of staff told us how one person's swallowing function had deteriorated and they had been reviewed by speech and language therapist and the consistency and amount of food and drink they were supported to have had changed.

For people who were at risk of falls, risk assessments had been completed and used to inform care plans about their mobility and how to avoid the risks of falling around the home. Incidents of falls were logged for each person in their records and these logs were used to identify any patterns and trends in falls for the individual. For example, for one person who had fallen on four occasions since March 2016, records showed these falls all occurred in their room in the early morning when they had been supported with personal care and were waiting for breakfast. In agreement with the person, staff had addressed this risk by supporting the person to sit in a communal area of the home where they were able to observe and interact with others in the home. We spoke with this person who was sitting in a communal area at breakfast time and they told us they liked to be able to see what was going on in the morning and staff were very kind and helped them to move from their room when they wanted to.

A system to record incidents and accidents which occurred within the home was in place and staff were aware of this. The registered manager reviewed, logged and investigated any incidents and then these were forwarded to the registered provider's head office. The director of nursing monitored and reviewed these incidents for patterns and trends, in both the home and across the provider's other services and they supported the registered manager to investigate these.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, an application form and employment history for people. Two references were sought before people commenced work at the home. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

There were sufficient staff available to meet the needs of people. The registered manager had a very good understanding of the skill mix of staff employed at the home and the needs of people who lived at the home. The home did not employ the use of agency registered nurses and only occasionally required the use of agency care staff to support staff absence and holidays.

Staff rotas showed there were consistent numbers of staff available each day to meet the needs of people. The registered provider had a dependency tool available which they would request information for should the home require additional staffing to support people.

People and their relatives told us there were sufficient staff to meet their needs and staff responded to their needs in a prompt and unhurried manner. A system of call bells in place identified when people had been waiting for more than a short time for their call to be responded to by staff. Staff told us the different call bell sounds meant they understood if staff in another area of the home were busy and required assistance to support a person who was calling. This helped to ensure all staff worked as a team across the different areas of the home to ensure people's needs were met.

Medicines were always administered by registered nurses and were stored and administered safely.

People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records (MAR). For medicines which were prescribed as required (PRN) we saw staff recorded when these medicines were given although records did not always provide information on the effectiveness of these medicines. Protocols were in place for medicines which were prescribed PRN. For people who required homely remedies, which are medicines which can be bought over the counter at a chemist, appropriate documentation was in place to ensure these medicines could be given safely.

One person received an anticoagulant medicine. These medicines thin the blood and people who take them are at increased risk of bleeding or clotting if the medicines are not managed appropriately. A care plan in place for this person clearly identified the risks associated with this medicine which was being administered safely and effectively.

A system of audit was in place to monitor the administration, storage and disposal of medicines. An audit of medicines had been completed by a nominated registered nurse in September 2016 and actions required from this had been implemented. For example, one registered nurse had omitted to sign for medicines which had been given. This had been followed up with the registered nurse and appropriate actions taken to ensure they were aware of their professional responsibilities with regards to medicines management. Other

actions which were required included the improvement of the records for PRN medicines and the effectiveness of these.

We discussed with the registered manager, their deputy and a pharmacist advisor for the Commission the safe disposal of controlled medicines in the service. Whilst the registered provider has a safe and effective means of disposal for medicines, we recommended the registered provider seek further advice on the disposal of small amounts of controlled medicines.

Is the service effective?

Our findings

People said they were confident staff knew what they were doing. They told us they were supported to make their own decisions and these were respected. One said, "They don't make me do anything I don't want to". Relatives told us staff supported their loved ones to make decisions and they were involved in this process.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The registered manager and staff had a good understanding of the processes required to ensure decisions were made in the best interests of people.

All staff had a good understanding of the MCA and they gave examples of how they sought consent from people before they supported them with care. They told us this was to ensure that people made their own decisions even if staff felt these were not wise decisions and they described best interest processes taking place for decision making including involving, family, GP's, social workers and anyone else that was relevant. One said "It's about making sure they can make informed decisions if they have the capacity". A second said it was about, "supporting them with making decisions even if they are unwise". They told us how they will look at ways of making sure the person can do what they want in a safe way.

Care records provided clear information on the decisions people were able to make, and those with which they required the involvement of others. Records identified people to involve in best interests decisions including their relatives or legal representatives and a range of multi-disciplinary health and social care professionals who were involved in the person's 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards. For a few people who lived at the home an application had been made to the local authority with regard to them remaining at the home to receive all care or leaving the home unescorted. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

The registered manager told us that supervisions had not been taking place frequently and had a plan in place to address this. They had a structure in place to allocate senior members of staff, including registered nurses, to supervise all staff members and planned for supervision meetings to take place bi-monthly and appraisals annually. A plan of themed supervisions across the year which included topics such as infection control, nutrition, care practices and general supervisions, was in place.

Of the six staff files we looked at four had had one supervision meeting this year and two new starters had yet to have these. Appraisals had taken place for most staff and we looked at four of these. They provided

feedback to the staff member as well as asking for their feedback. We noted that no objectives were set which would help support staff development. All staff said they had supervisions and felt these were useful to raise concerns. They said they felt supported and knew they could talk to the manager or deputy manager at any time if they needed to.

A clear program of induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. The registered manager held clear records on the training staff had completed and that which was pending. Training records were held electronically by the registered provider's head office working closely with the registered manager. These showed staff had access to a wide range of training which included: moving and handling, fire training, safeguarding, mental capacity and deprivation of liberty, principles of care and health and safety. All staff had been encouraged to develop their skills through the use of external qualifications such as National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

The registered provider had systems in place across their group of care homes to support the development of skills for registered nurses. This ensured they were up to date with current practice and able to meet the requirements of their registration with the Nursing and Midwifery Council (NMC).

People spoke highly of the food and said this was excellent. They told us they were given plenty of choice and if they didn't want what was on the menu they could have something different. This was confirmed by the kitchen staff. Care plans identified specific dietary needs and kitchen staff were knowledgeable of these and had information about the type of diet people required, any allergies they may have and their likes and dislikes.

All food was freshly prepared and staff had guidance about how to ensure the consistency of food and drinks were correct to meet people's needs. Staff described how they supported people with nutrition and hydration needs including, monitoring their food and fluid intake if there was a concern and monitoring their weight. They described how they fortified foods and drinks if people needed this and would liaise with the dietician if required. Relatives told us they were welcome to join their loved ones for any meal and this was often arranged for special occasions such as birthdays and for Sunday roast.

The home had an allocated dining area however staff told us this tended to be used when visitors came to eat with people or for special occasions. People preferred to eat their meals in the lounge areas of the home, or in their own room. Staff were attentive to people's needs and supported people when it was required without hurrying them or reducing their independence. For one person who required close observations during meal times due to their risk of choking, staff were always close by to support them if they required this whilst continuing to allow them to remain independent with their meal.

Records showed health and social care professionals visited the service as and when required. Care records held feedback from GP's, speech and language therapists, social workers and occupational therapists. Staff identified people's needs and involved health and social care professionals appropriately. One group of health care professionals told us the nursing home was the best they worked with, staff knew their jobs and people very well and were sensible, proactive and genuinely caring for people.

Is the service caring?

Our findings

People described staff as kind and caring. They said they felt staff listened to and respected them. They felt they were given choices and staff respected their privacy and dignity. One said, "I like the persons [staff] we have, we have a laugh...when I first came here they helped to make me feel settled". Relatives spoke very highly of the caring and empathetic way in which staff supported their loved ones. One told us, "I cannot ask any more of them, they are all angels and are so very kind and caring. They look after me [relative] too, they want to make sure I am ok too and not worrying [about their relative]." Another told us, "They [staff] are the best. So kind and very, very caring, what more can you ask for."

The atmosphere in the home was warm, calm and very friendly. Staff interacted with people and each other in a calm and professional manner and took their time to ensure they had responded to people in a way which was appropriate to their needs. For example, for one person who was very distressed about the pain in their legs whilst they sat in a communal area, staff took time to sit with the person, identify the cause of their distress and take actions to address this. Once the person felt more comfortable staff left and then returned shortly afterwards to ensure the person remained comfortable and their needs had been met. For another person who required encouragement to ensure they were adequately hydrated we saw staff were patient and encouraging in the way they spoke with the person to remind them of the need to have a drink.

Relatives told us staff were always kind and responsive to the needs of their loved ones. One relative told us, "Nothing is too much trouble for them [staff], she [relative] can have whatever she wants and they are always very patient with her." Another told us the staff were, "Exceptional, I can't thank them enough for the wonderful care they give her [relative]."

Throughout the day staff spent time with people chatting and laughing whilst supporting them with their needs. They supported people to interact with each other. Communal spaces were available inside and outside the home to allow people the opportunity to spend time in different environments around the home. Most people required the support of staff for this and we saw staff offered people a choice as to where they would like to spend time and with whom. For example, two people liked to sit near the window and view an internal courtyard, we saw staff asked them where they would like to sit and supported them to be able to view the garden. Another person chose to sit in a quieter communal area during the mornings and we saw staff respected this.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed when people were being supported with personal care or other activities and staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained. People were able to access their rooms when they chose to. Discreet signage around the home helped staff to ensure they were adhering to people's wishes and needs appropriately, such as the need for a person to be supported only by female carers, or the information to show people had requested not to be resuscitated in the event of their heart stopping.

The registered manager told us resident meetings did not take place. They told us they had asked people if they wanted these but that people did not wish to attend these. Instead the registered manager said their door was always open and they spoke to people regularly. We saw throughout the day in the main lounge area people spoke with staff and the registered manager about things which were happening in the home and things they would like to do. People confirmed they could talk to the manager at any time.

Relatives told us they were always able to speak with the registered manager or any member of staff about the care their loved one received at the home. Relatives and staff were proud to tell us the home had been voted as Care Home of the Year 2015 by Hampshire Care Association. They felt this was a reflection of the very strong ethos of good care at the home.

Is the service responsive?

Our findings

Whilst people did not always know if they had a care plan or if they had been involved in planning care to meet their needs, they said that staff listened to them and knew what they needed. Relatives told us they and their loved one had been fully involved in the planning of their care and that should they feel any changes were required they would speak with the registered manager or nurse and these would be addressed. For example, a family member for one person whose health had deteriorated told us they were fully involved in all the changes of plans in the care of their loved one. They said staff responded to their loved ones changing needs in a sensitive and very supportive way.

The registered manager completed a very robust assessment of people's needs before they came to live at the home, this included ensuring a copy of most recent information from the person's GP was available for the home. These assessments provided clear information to inform plans of care for the person and records showed they were encouraged with their relatives to inform this process. People's preferences, their personal history and any specific health or care needs they may have were clearly documented.

The home worked with the local authority to support up to five people at any one time who had been discharged from hospital but required additional support to make the transition to their own home or another care setting. The registered manager told us this work was very successful and people improved whilst living at the home. During our visit we saw one person who was due to be discharged to another home the following day. We saw this person received additional rehabilitation support to encourage them to mobilise and maintain their independence.

Staff had a very good awareness of people's needs and preferences. Care plans gave clear information for staff on how to meet the needs of people in a person centred and individualised way. For example, they provided clear information on how to support people with their personal care and encourage their independence. For one person their care plan for personal care stated they liked to wear nice clothes and lipstick. Staff told us how important this was for this person and we saw they were supported to do this.

Care plans in place gave clear information for staff to meet the needs of people with specific health conditions such as diabetes, epilepsy and other long term conditions which would affect their abilities to maintain their independence. For example, for one person who had difficulties with the management of an eye condition and required daily support to manage this, care plans reflected how staff had supported this until it was no longer required. For another person whose abilities to maintain their own independence following a stroke had been severely diminished, care plans in place were clearly written to encourage the maximum independence for the person. Staff demonstrated a clear understanding of these needs.

The system in place to review and update plans of care for people was under review. Whilst care plans held clear information and guidance for staff to ensure they could meet people's needs, the registered manager had identified some information was not always updated in a timely way. For example, for one person who had fallen on several occasions, a review of these falls had resulted in a change to their morning routine for personal care. Whilst all staff were aware of this, and some records reflected this change had been

implemented, not all care plans had been updated to reflect this. For another person whose health had deteriorated and they had moved toward the end of their life, care plans reflected their current care needs. However, older care records had not been archived to avoid confusion for staff. We saw the registered manager and their deputy were working to address these discrepancies.

An activities coordinator visited the home on five afternoons per week to support the coordination and management of activities for people. A program of activities which included ball games, art and craft, a quiz and exercise to music was provided and additional care staff were available through the day to support people with these activities. People were provided with newspapers of their choice daily. Regular social activities such as celebration of birthdays and special events, garden parties and visiting musicians were held. People had access to an external garden area during periods of better weather and staff told us how people enjoyed being able to access this area from their rooms or the large communal lounge. Some people said they were sometimes bored and there was not much to do. However, they described some of the activities they got involved in when they chose to. We observed people involved in a range of activities in the communal lounge area of the home including impromptu singing and dancing with staff.

The registered provider's complaints policy was displayed in the home. We saw any concerns or complaints were investigated and actions from these were implemented. Records showed any concerns or complaints had been addressed in full. The registered provider monitored all complaints and concerns as they were reported and worked closely with the registered manager to ensure all matters had been dealt with and reported appropriately.

We saw staff were very welcoming to visitors and encouraged them in a warm and friendly way to share their views on the service. Relatives felt able to express any concerns they may have and were confident the registered manager and their staff would address these promptly and efficiently. Health and social care professionals told us they felt the registered manager would respond promptly and efficiently to any concerns they may have.

Is the service well-led?

Our findings

People and their relatives felt the service was very well led. They spoke highly of the registered manager and all the staff at the home. One person told us, "We're lucky living here, it's a good home with a good reputation. The best thing about living here is that we are looked after really well. I wouldn't want to move". Health and social care professionals said the service was well led and they received a good response from all staff who knew people very well.

Staff felt supported in their roles through supervision and team meetings. They felt able to speak with the registered manager, their deputy or registered nurses about any concerns they may have and felt these would be addressed promptly and effectively. They knew the nominated individual for the registered provider visited regularly and felt they were very supportive of the work they did at the home. Team meetings were used to provide information for staff on service developments and also any learning from incidents and accidents in the service. A staff survey completed in July 2016 showed staff were happy at the home and felt they provided safe and effective care.

There was a clear staffing structure in place at the home which was supported by further managers at the registered provider's head office. A robust network of support for all staff was evident in the home. The registered provider had clear systems and processes in place to ensure the safety and welfare of people. The nominated individual for the registered provider visited the service regularly. The director of nursing gave support to the registered manager and their deputy and this ensured a stable senior management team in the home. An administrator in the home supported with all clerical duties, whilst registered nurses within the service supported the clinical day to day running of the home.

Staff worked cohesively as a team and supported each other to meet the needs of people. They shared common values and visions in the service to provide excellent person centred care for each person. The registered manager and all staff we spoke with were very proud of the home and the care people received there. Relatives spoke highly of the way in which the registered manager promoted an ethos of high standards of person centred care in all that they did. One relative said, "She [registered manager] is amazing, she is so kind and encourages everyone to really make sure they provide a great service, which they all do." Another said, "Anything we ask she [registered manager] sees to right away, herself and she really encourages staff to be the same."

A robust program of audits was in place at the home to ensure the safety and welfare of people, including audits which were completed by managers from the registered provider's head office. Audits to ensure the safety and welfare of people included: medicines, infection control, environment, equipment checks and fire records.

The registered manager submitted to the registered provider's head office a 'Manager's Monthly Audit' which included audits on nutrition, care plans, medicines and complaints, concerns and safeguarding incidents. The director of nursing then used this to discuss necessary actions with the registered manager and ensure they were actioned. Whilst audits had been completed, action plans were not always available

from these. We spoke with the registered manager who had identified with the director of nursing the need to have these action plans clearly written and completed.

We were aware the registered provider was in the process of adapting their audit processes to ensure the registered managers at their services were able to identify and implement actions in their services in a more timely way. They would have autonomy with these audits and how they were managed, whilst ensuring the registered providers policies and procedures on various audits were observed. We saw this work was in progress.

People and their relatives were asked for their views of the service and the quality of the care delivered at the home. A survey of people's views was carried out in July 2016 and showed people were very happy with the care provided at the home. Feedback from one person said, "It is nice to be treated as an individual and not a number. In general I am very happy here, I am well cared for."

A survey of health and social care professional's views of the home was carried out in March 2016 and provided very positive feedback for the way in which the home interacted with external health and social care services. Health and social care professionals we spoke with told us the home was very well run and staff had a very good understanding of their roles.