Noblefield Limited

St Clements Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 30 and 31 March 2017 and was unannounced. St Clements Nursing Home is a care home with nursing for up to 37 older people, some of whom have dementia. At the time of our inspection 28 people were using the service. The property is purpose built and accommodation is on two floors with a passenger lift to facilitate access.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We last inspected this service in July 2016 and found that the provider was breaching seven of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that the provider had failed to ensure that tasks and activities were reflective of people's individual needs and preferences. People were at risk of harm through unsafe care practices and poor medicine management. People were also at risk of not receiving food and drink which met their specific needs. Systems to monitor the quality and effectiveness of the service including complaints were not robust. Staff were not always suitably deployed to prioritise and meet people's immediate care needs. After the inspection the provider sent us an action plan of how they were going to address our concerns.

At this inspection we found that improvements had been made however further action was required to ensure improvements would become embedded in the service's culture and staff practices. Staff did not always have regard to how their tasks were impacting on the people around them. Although measures had been introduced to ensure confidential information about people was not shared in public on occasion we could overhear staff discuss the people they were supporting. People received food and drink in accordance with their needs and preferences however people did not always enjoy a pleasant meal time experience. Systems to ensure people received their medication appropriately had improved but recording sheets had not always been completed consistently.

The registered manager had stopped working at the service in October 2016. We were accompanied during this inspection by the new manager who had worked at the service since November 2016 and was in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager had assessed people's conditions in order to identify any specific risks and how they could be reduced. Staff knew how to identify and take action when they thought people were at risk of abuse or harm. Although there were enough staff to support people promptly individual staff were having to support several

people at once during busy times in order to minimise any risks of harm.

Although people gave us mixed views about the quality of their meals we saw that people were offered a choice of food which reflected their preferences. People's meals were often interrupted by staff carrying out tasks. People were supported to make their own choices and decisions although staff did not always ask people if they were being supported in line with their wishes.

People told us they felt their health needs were met and we saw that when necessary staff worked with other health care professionals to provide people with effective health care.

The manager had taken action to improve how people were supported to maintain their dignity. People said staff treated them with respect. People and their relatives were invited to be involved in planning their care and how the service was run.

People's rooms were personalised in accordance with their preferences but there was little organised activity for people in communal areas. The manager was taking action to improve how people were supported to take part in activities they enjoyed.

People living in the home and relatives told us that they felt the home had improved. The manager had reviewed and developed clear policies and procedures for dealing with complaints. Systems to monitor the quality of the service including complaints had been improved and the manager had developed and was adhering to a service improvement plan. We noted that further action was required to ensure these improvements were embed in the service's culture and consistently followed by staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The manager had taken action to ensure people received their medicines safely and when they needed them. However recording sheets had not always been completed consistently.

Some records did not contain sufficient information or an accurate assessment of people's risks.

Individual staff were required to support several people at once during busy times.

People told us that they felt safe in the home and staff knew how to identify and take action when they though people were at risk of abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Meal times did not promote people's social interaction or independence.

Staff generally respected people's wishes but did not always seek permission while providing support.

People were supported by staff who received regular training.

People attended health care appointments and felt their health needs were met.

Is the service caring?

Requires Improvement

The service was not consistently caring.

On occasion staff conducted tasks without enquiring as to the welfare of the people they were supporting.

The manager had taken action to improve how people were supported to maintain their dignity. People said staff treated them with respect.

People and their relatives were invited to be involved in planning their care and how the service was run.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There was little organised activity for people in communal areas however the manager was currently recruiting an activities coordinator to support people to engage in activities they enjoyed.

People could be assured complaints would be handled appropriately and fairly.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Further action was required to ensure improvements would become embedded in the service's culture and staff practice.

The manager had improved audit process and had regard to information from other agencies to improve the service.

People living in the home and relatives told us that they felt the home had improved.

St Clements 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 30 and 31 March 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor with expert knowledge about nursing care for older people and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On the second day the inspection was undertaken by one inspector.

As part of planning the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We looked at information provided by a person who commissions packages of care from the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our visit we spoke with six people who used the service and two relatives of people living at the home. We also spoke with the manager, three nursing staff, five care staff, two agency members of staff, a cook, and three housekeepers. We also spoke with a representative from an organisation which was advocating on behalf of one person who used the service. We sampled the records, including people's care plans, complaints, medication and quality monitoring. 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.

After our inspection we reviewed additional information we had requested from the manager and spoke with a member of the NHS Clinical Commissioning Group (CCG) who monitors the quality of the service at the home.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had consistently failed to provide safe care and safely manage people's medicines. At this inspection we found that improvements had been made and the registered provider was no longer breaching this regulation. We noted however that further improvements were required. On one occasion the inspector and others in a room overheard a member of staff explaining to a person that their medication was for a, "Water infection." The person may not have wanted this personal information shared with others. We found that records of people's medications were not always fully completed. For example one person's records did not identify if a person had received their prescribed creams. Therefore it was not possible to be sure the person had received their medication as prescribed.

People told us they were happy with how they were supported to take their medication. One person who used the service told us, "They never forget to give me medication and they make sure you take it." We saw that medicines were kept in a suitably safe location. The medicines were administered by staff who were trained to do so.

The manager and pharmacy supplier conducted regular audits to ensure adequate stock levels were maintained and medicines were administered as prescribed. A review of these audits showed staff had recorded and managed people's medicines appropriately. After our inspection the manager sent us evidence of how they involved people's GPs when they felt people required a medicines review.

Where medicines were prescribed to be administered 'as required', there was information for staff about the person's symptoms and conditions which would identify when these medicines should be administered to help the person to stay well. We sampled the Medication Administration Records (MARs) for 10 people and found that they had been had been correctly completed. A count of four people's medication indicated that they had received the correct dosages.

At our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had failed to ensure staff had sufficient time to give people the care they needed or to respond to emergencies. At this inspection we found that improvements had been made and the registered provider was no longer breaching this regulation, however further improvements were required.

Staff we spoke with said they felt there were enough staff to meet people's needs but several staff said they could be very busy on occasion. We saw that when staff were busy they did not always interact with the people they were supporting. We observed one member of staff simultaneously supporting four people to eat their meals in the lounge, moving from person to person assisting all of them when their meals was served at the same time. This member of staff was unable to spend sufficient time with each person to interact socially and make the experience pleasant.

Several members of staff had left the service such as an activities coordinator or had been absent for several

months. The manager told us they were recruiting to these positions however the role of the activities coordinator was not being covered by existing staff. We noted that although staff interacted with people individually for short periods there were no group activities or coordinated effort to ensure people could were engaged in meaningful activities. During our visit several people said they were sometimes board.

People gave us mixed views about the suitability of staffing levels. Comments included; "I feel safe, the staff are here when I need them;" "When I press my buzzer, they come eventually," and another person said "I don't think that there is enough staff." We saw that staff promptly responded to people's needs and request for support.

The manager had assessed people's conditions in order to identify any specific risks and how they could be reduced. Staff we spoke with were able to explain how they supported people in line with these assessments. One member of staff told us how they took care to support a person who was at risk of falling to feel safe when using a hoist. The person's care plan confirmed, "Give her plenty of reassurance when we use the hoist." Another member of staff told us how they supported a person to avoid the risk of choking when eating. We noted this reflected recent advice in the person's care records from a visiting health professional. The manager had introduced new assessment criteria which enabled staff to promptly identify people who were at risk of malnutrition and pressure sores. We noted however that these assessments only took into regard information obtained since January 2017. The manager told us they would review these records to also include a review of older care records of care needs.

The manager had assessed the risks presented by the environment. There had been maintenance work undertaken to reduce the risk and spread of infection. The manager told us and we saw that there was further works planned in order to improve the safety of the environment. Changes had been made to the garden to make it easy and safer for people to access. The manager had developed personalised support plans for each person and emergency grab bags in the event of fire. This would help staff to evacuate people as quickly and safely as possible if necessary.

Staff told us and the manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up appropriate references on them and they had been interviewed as part of the recruitment and selection process. People were supported by suitable staff.

The manager had assessed people's dependency levels in order to identify the required staffing levels and we saw they had recently recruited additional catering and activity staff. Agency staff were employed when necessary and we saw that these tended to be the same staff who knew the needs of the people they supported. One member of staff told us, "It is very rare to use agency staff. Not like before."

All of the people we spoke with told us that they felt safe in the home. One person who used the service told us, "I feel safe, staff are good to you." Another person said, "I feel safe enough here, they assist me with my walking." We saw that people looked relaxed in the company of staff and confident to approach them for support. A relative told us, "I feel good when I go home, I know that my relative is safe."

The manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of signs which may indicate that someone was being abused and the action to take. A review of incidences showed that the manager had informed the appropriate authorities when a person was considered to be at risk of or experiencing abuse. Records showed that the manager had worked with these agencies to protect people from harm.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had failed to consistently ensure that people received sufficient food and drinks to keep them well and to meet their preferences. At this inspection we found that improvements had been made and the registered provider was no longer breaching this regulation, however further improvement was required.

The manager had introduced a 'protected mealtime' system so people would not be interrupted when eating. We found that this system had not yet become fully embed in staff practice. We observed a nurse interrupt people who were eating to administer medication even though some people's medicines were not required to be administered at this time. A member of staff started vacuuming an adjacent corridor which disturbed the peace in the dining room and could have distracted people from eating.

Since our last inspection the manager had taken action to improve people's dining experience by using table clothes and additional decorations in the dining room. However we noted that staff did not offer people condiments or wipes to wash their hands before eating. A member of staff helped a person to sit at a table without giving the person choices about where they wanted to sit or checking if another person at the table wanted some company.

People gave us mixed views about the quality of their meals. Comments included: "I am never hungry, if I was they would bring me a sandwich or something;" "The food is okay but it needs improvement," and some people commented that the meals offered did not reflect their choices, "We are given a choice but it is repetitive, same every week." We saw people were provided with a choice of meals which reflected their preferences and heritage and there was a four week rotating menu in use to provide people with a varied choice of meals.

We saw that the manager had carried out nutritional assessments in relation to people's needs. They had reviewed systems to assess and monitor people's fluid and nutritional intake and when necessary had sought and taken the advice of relevant health professionals in relation to people's diets. Staff we spoke with were familiar with how people required their food and drinks to be prepared and we observed staff explain to an agency cook how people required their food preparing to reduce the risk of choking. One person's relative told us, "[They have their] food pureed, it comes separate on the plate."

The people and relatives who we spoke with told us that the staff were generally good at meeting their needs. One person told us, "They look after me very good." The relative of another person said, "I feel they look after him well, the home is not perfect but meets his needs."

Staff told us, and records we sampled confirmed that all staff had received induction training when they first started to work at the service and shadowed more experienced members of staff. This gave new members of staff an understanding of how to meet people's specific care needs. All members of the staff team were encouraged and enabled to obtain nationally recognised qualifications. Staff had received additional

training when necessary to meet people's particular medical conditions.

Staff confirmed that they attended staff meetings and received supervision from the manager on a regular basis. Records of these meetings showed they were used to reflect on staff practices and identify any training needs. We observed a staff handover and saw that staff received information about people's latest care needs and any changes to their conditions. Staff asked questions about people to ensure they had the up-to-date information they needed. People were supported by staff who had the appropriate skills and knowledge to meet their needs.

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.

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 saw people were usually supported by staff in a way that reflected the principles of the MCA but this was not always consistent. We saw staff respect one person's wishes when they changed their mind about what they wanted to eat and the wishes of another person who asked not to wear an apron at lunch time.
On a couple of occasions staff did not ask for opinions or communicate with people when providing support. We observed two members of staff hoist one person without speaking with the person to check they were comfortable and happy for them to continue with the procedure.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that for people who had DoLS authorisations in place, the manager had sought and taken appropriate advice to support people in line with their needs. The manager had a system to monitor applications and authorisations which had enabled them to make timely requests when necessary to extend a person's authorisation before it expired. We spoke with a person who was an advocate to a person who used the service, who told us they were satisfied that the person they represented was supported in line with the MCA. They said, "The manager seems quite clued up about it."

People confirmed that they attended health care appointments and felt their health needs were met. One person told us, "The doctors come if we need one." We saw that care records confirmed people were supported by a range of frequently visiting health professionals. In one instance records showed that a GP had instructed staff to encouraged a person to drink more. Staff we spoke with aware of this requirement and explained how they supported the person to increase their fluid intake. Staff worked with other health care professionals to provide effective health care.

Requires Improvement

Is the service caring?

Our findings

At our last inspection we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not treated with dignity and respect. We were concerned with the mismanagement of confidential information and that people's dignity was not always promoted. Although at this inspection we found that the registered provider was no longer breaching this regulation, further improvement was required.

Although some improvements had been made to protect people's confidentiality, further improvement was required. On one occasion we saw a person's care notes left unattended for a short time at a nurse's desk in a lounge and we and others could hear a member of staff discuss a person's specific condition and proposed treatment with them. This was of an intimate nature and could have caused the person embarrassment if it was shared. The manager had taken action to ensure staff handover meetings were held in a dedicated room out of earshot of people using the service and confidential information was no longer on display in communal lounges.

We observed that staff respected people's privacy and dignity although this was not consistent. One person told us, "I asked for a female carer and I had one." However another person said, "I do not feel comfortable when a male carer delivers personal care to me." People were offered blankets when being hoisted in order to maintain their dignity and we observed staff knock on people's doors before entering. Staff ensured people's doors were closed when providing personal care. One person told us, "The staff are very good, they treat me with respect."

People were not always supported to maintain their independence. We saw there were drink stations in the lounges so people could help themselves to drinks although there were no condiments or drinks on dining tables so people could help themselves at meal times. However we observed a member of staff encourage a person to walk with a frame instead of using a wheelchair in order to promote their mobility and self-reliance.

People who used the service and relatives told us that the manager and staff were caring but were often too busy to interact as much as they would like. Comments included; "The staff are wonderful, I don't know what I would do without them, they need more staff to do the work;" "They sometimes sit and talk to me," and "I am always on my own, they only come to give me a cup of tea."

Several members of staff had worked at the service for several years and this had enabled them to build up close relationships with people they supported. We observed staff call people by their preferred names and discuss topics of interest. We observed a member of staff spend time with one person and discuss countries they would both like to visit. People's care records contained details for staff about what was important to them and what they liked to do. Staff treated people with compassion however on occasions we saw that when busy some staff conducted tasks without interacting or enquiring as to their welfare.

People said they were involved in commenting on their care although this was not consistent. One person

told us, "They ask my opinion and they give me forms to fill in." However several people said they were not approached for their opinions. One person relative said, "I was involved in my brother's care plan and I know what is in it." Another person's relative told us, "The staff contact me if there are any changes to the condition of my relative." We saw that the manager was undergoing a programme of reviewing all care plans with people and those who were important to them. Care plans which had been reviewed showed that people had been involved in their development and contained information for staff about people's preferences and likes. For example one person's care plan identified that it was important for the person to maintain contact with their pet. We saw the person was supported to care for their pet in their bedroom. Another person's care plan identified that it was important for them to follow their religious rituals. The manager explained how staff had been deployed at specific times in order to support the person to follow specific rituals which were important to them. The manager had made attempts to involve people's relatives in the service by holding several dedicated meetings. These had been poorly attended and the manager was exploring other ways of enabling relatives to express their views of the service.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure that people received person centre care which reflected their individual needs and preferences. At this inspection we found that the registered provider was no longer in breach of this regulation but further improvement was required.

We saw that on occasion staff focused on completing tasks which did not put people at the centre of the care they received. Staff continued to conduct tasks which impacted on peoples' protected meal times and on several occasions did not enquire about people's welfare when supporting them with personal care. On one occasion we observed staff wheel a trolley into the middle of a group of people having lunch in a lounge. Staff started scraping waste from peoples' plates into a bucket on the trolley while in front of people. People's deserts were also on the trolley and staff had not considered that this practice could appear unappealing and may affect people's enjoyment of their meal. Staff did not always have regard for how their actions impacted on people.

During our inspection, people said and we saw that there was little organised activity for people in communal areas except watching television. We observed that the only activity for people in one lounge was to watch a news channel. Staff did not ask people if this is what they wanted to watch . People did not appear stimulated or interacted with the programme. During this time staff also supported a person to undertake some specific treatment which meant that it was no longer possible for other people to hear the television. Staff did not consider if the person could have received the treatment in another room which would have maintained their privacy and did not distract or prevent other people from engaging in activities in the lounge.

The manager told us they had recognised the need to improve how people were supported to engage in activities that were important to them. There was a programme of regular entertainment such as a visiting singer which people and staff told us they enjoyed. They had introduced a programme to help staff understand and respond to the needs of people who use the service. During our visit we saw members of staff talk to people about books and television programmes they enjoyed and their holiday preferences. Staff recorded people's experiences of these activities so other staff would be aware of interest people may like to pursue. We noted that people's rooms were personalised and contained items reflecting their specific interests. The manager had established links with an external agency who provided specialist advice and guidance on providing meaningful activities to people who lived in care homes. They were also in the process of recruiting an activities coordinator to promote these activities.

People told us that they were usually supported by staff who met their preferences. We saw that staff were suitably deployed to ensure that there was always a member of staff on duty who could speak with people in their preferred language. On both days of our inspection we observed that there were staff on duty who could speak fluently with a person whose chosen language was Punjabi. Other members of staff we spoke with had learnt specific Punjabi phrases so they could introduce themselves and respond to requests for support.

Staff responded appropriately when people's care needs changed. We saw staff respond promptly in line with their latest care plans when people required support with personal care or reassurance. Advice and intervention was sought promptly from other professionals when necessary in order to minimise people's distress and discomfort.

The manager was in the process of reviewing people's care plans. Those which had been completed contained guidance for staff of how they could support people in line with their preferences. Guidance included details about people's religious practices, preferred names, foods, activities and people they wanted to stay in touch with. During our visit we observed staff supported people in line with these preferences.

At our last inspection we found a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to operate an effective system to manage and respond to complaints. At this inspection we found that improvements had been made and the registered provider was no longer breaching this regulation. One person told us "I have no concerns or have any need to complain." A relative told us, "I know how to complain."

The manager had reviewed how complaints were handled and had developed clear policies and procedures for dealing with complaints. The manager told us they welcomed feedback from people about the performance of the home and we saw they had introduced a process to record and review informal complaints or, 'Grumbles'. This enabled the manager to identify and resolve concerns promptly before people were sufficiently dissatisfied to make formal complaints. We saw the records of one complaint which showed that the manager had communicated with the complainant in line with the provider's policy. People could be assured complaints would be handled appropriately and fairly.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes were not followed effectively to ensure proper assessment and monitoring of the quality and safety of the service people received. At this inspection we found that improvements had been made and the registered provider was no longer breaching this regulation.

Since recently starting to work at the service the new manager had reviewed systems to monitor the quality of the service. Further action was required however to ensure actions and improvements in response to concerns from our last inspection required were effective and would become embedded in the service's culture and staff practices. We still observed that on occasion staff were not consistent in their practice such as having regard to how tasks they were undertaking impacted on people. Some care records which had been reviewed as part of the manager's improvement action contained general information and did not fully reflect people's personal interests and preferences.

The manager had improved audit processes for several aspects of the service such as people's fluid intake, medication and infection control and prevention. They had improved the service's links with other agencies to review and improve the service. They conducted regular medication audits with the local pharmacy and quality reviews with the local NHS Clinical Commissioning Group (CCG) and local authority. These audits had recorded that the quality of the service was improving.

Representatives of the CCG and local authority said that the manager had welcomed and responded appropriately to any advice and instruction given. Both said they felt the new manager had driven improvements but further review was required to confirm they would be sustained. Comments included, "We have seen a number of good initiatives and improvements at the home," and, "Already seeing clear reductions in hospital admissions." We saw the manager had developed improvement plans with these agencies to identify action necessary to improve the service. These plans had been regularly reviewed to assess if action taken had been effective.

The manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes to minimise the chance of the incident happening again.

People living in the home and relatives told us that they felt the home had improved. One person said, "The staff and management are approachable." A relative told us, "There have been noticeable changes, the staff are more friendly, the manager answers questions asked." Another relative told us, "I have noticed that they have changed the carpets and painting has brightened up the place." A member of staff told us, "When I first started there were a lot of things needed to be done. I've seen things improve."

The manager involved people in developing the service. People and their families had been involved in reviewing their care records and invited to feedback their views about the service at dedicated meetings.

The manager told us it was important to them that, "Staff took ownership for improvements." Several staff told us the manager had an 'open door' policy and they could speak with him at any time. One member of staff told us, "He will listen." Another member of staff said, "He works hard." The manager told us they involved staff in introducing improvements such as updating care records, conducting daily activities and they sought their comments at regular meetings. Staff told us and records showed that regular staff meetings and supervisions had been used to review practice and identify improvements to the service. The manager told us that he planned to develop the roles of senior staff to include more leadership tasks such as audits and supervisions so they would be able to deputise effectively in his absence.

Staff we spoke with said that they got on well with and respected their colleagues. Some staff told us action had been taken to improve working relations between staff groups. One person told us, "We are working together with care staff." The manager had developed processes to improve staff relationships by holding regular meetings and other opportunities for staff to express their views. A person who used the service said, "The staff [group] is looking happier lately."

The manager demonstrated their duty of candour. We saw that complaints and concerns were investigated with open and transparent responses provided. A relative told us, "We know that if there is anything wrong, they [the manager] will contact us." The manager understood their responsibilities to the commission. They had provided us with information about the service when requested and had developed an action plan in response to concerns raised at our last inspection. Ratings of our latest inspection were displayed around the home and we witnessed the manager discussing them openly with a person who was considering placing their relative at the home. The manager was currently in the process of registering with the Commission.