Bupa Care Homes (CFHCare) Limited

St Christopher's 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 24 August 2016 and was unannounced.

St Christopher's Nursing Home is registered to provide accommodation for up to 163 older people who require nursing care and may also have a physical disability or are living with dementia. The accommodation is arranged over five separate houses each with its own management structure. There were 154 people accommodated at the home at the time of this inspection.

The home had a registered manager. 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.

When we last inspected the service on 27 October 2015 we found breaches of regulations 14 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that risks to people in relation to malnutrition and dehydration were managed appropriately and did not work in accordance with the Mental Capacity Act 2005.

Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found that the provider had made the necessary improvements to help ensure that people's nutritional and hydration needs were met. Some improvements had been made to support the staff team to work in accordance with the Mental Capacity Act, the registered manager reported that it was an ongoing process to provide staff with the skills and knowledge in this area.

At this inspection we found that people's medicines were not always managed safely.

People felt safe living at St Christopher's Nursing Home. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of

their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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

This service was not always safe.

People's medicines were not always managed safely.

People felt safe living at St Christopher's Nursing Home.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

People's care was provided by appropriate numbers of staff who had been safely recruited.

Is the service effective?

Good

The service was effective.

Staff sought people's consent before providing all aspects of care and support.

People received care and support from staff who were appropriately trained and supported to perform their roles.

People were supported to enjoy a healthy, varied and balanced diet.

People were supported to access a range of health care professionals to help ensure that their general health was maintained.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

Is the service responsive?

Good

The service was responsive.

People's care was planned and kept under regular review to help ensure their needs were met.

Staff demonstrated an in depth knowledge and understanding about the people they supported.

People were supported to engage in a range of activities.

People's concerns were listened to and taken seriously.

Is the service well-led?

Requires Improvement

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open, respectful and inclusive.

St Christopher's 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 24 August 2016 and was unannounced. The inspection team was formed of three inspectors, a Specialist Nursing Advisor 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.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us in September 2015. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with 14 people who used the service, 23 staff members, representatives of the senior management team and the registered manager. We spoke with relatives of seven people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services and two visiting health professionals. We also 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 due to their complex needs.

We reviewed care records relating to eight people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed safely. We checked quantities of a random sample of boxed medicines against the Medicine Administration Records (MAR) across three of the five units in the home. We found errors in four of the 13 medicines we sampled. For example, records indicated that for one person's antidepressant medication there should be seven tablets in stock however we found there were nine tablets. Other examples included a person prescribed Lansoprazole where there were six tablets in stock but records indicated there should be four. (Lansoprazole is in a class of medications called proton pump inhibitors which works by decreasing the amount of acid made in the stomach.) This indicated that people may have missed doses of their medicines and that we could not be certain that people had received their medication as per the prescriber's instructions.

The nurses wore a red tabard that stated, 'do not disturb' whilst they were administering medicines. However we observed instances across all units where the red tabard was not respected and all grades of staff approached the registered nurse and disturbed them whilst they were administering people's medicines.

The weather was warm on the day of the inspection we saw that the medicines trolley was stationed in a bay window in one unit where it was really warm for a period in excess of 15 min. In another house we found that the temperature in the room where the medicines trolley was stored was 25° and this temperature had been registered first thing in the morning. We discussed this with the registered manager who informed us that this had been already identified and quotes had been obtained for air conditioning for the treatment rooms.

Due to the issues identified above this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Care plans included clear evidence to support individual administration of medicines. For example one care plan stated, "[Person] likes to take their medicines with a glass of juice whilst in a sitting position." Medicine records included photographs of people to aid identification when administering medicines. There was information about people's allergies in relation to medicines such as penicillin and protocols for 'as needed' medicines prescribed for conditions such as anxiety or for pain relief. Administration records clearly identified when medicines had been refused or not given for any reason, this had been documented on the rear of the MAR. We heard nurses encouraging people to take their medicines in a kind, patient and considerate manner. For example, we heard a nurse explaining to a person that the tablet was an antibiotic and gave them the reason that they had been prescribed it.

People told us that they felt safe living at St Christopher's Nursing Home. One person told us, "Staff are kind, and it's nice and safe here – I like it very much." A Relative of a person who used the service told us, "It's a nice safe home here and they look after [Relative] very well." They went on to say, "The staff all know [Person] and they're all good with them."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the

potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same. One staff member told us, "The management team encourage all staff to be open and share any concerns we may have immediately." Another staff member said, "I know what to do if I have any concerns for say, unexplained bruising and it is something we are reminded of in both supervisions and staff meetings." Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed two staff members using a mechanical hoist to assist a person to transfer from an armchair to a wheelchair. The staff members reassured and talked with the person all the way through the procedure. People's care plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely. One relative told us, "They do look after my [Relative] very well, there's no problems here." They went on to tell us of an issue previously where a hoist sling had been the cause of some bruising for their relative. They told us, "The home reacted very quickly and they had this special personalised sling made, which I thought was great." This showed us that people's safety and well being was a priority for the staff and management team.

We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

Throughout the course of the day we noted that there was a calm atmosphere in all units in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. People, their relatives and staff all told us that there were enough staff available to meet their needs. They told us that permanently recruited staff numbers had been increased reducing the needs for agency staff cover which had a positive impact on the standard of care delivered.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of four staff and found that all the required documentation was in place, before people commenced work at the home. This included two written references and criminal record checks. We also noted that for people who were employed from the European Union, there were certificates of conduct and professional references had been translated into English to ensure the information provided was both robust and authentic.

Good

Is the service effective?

Our findings

When we last inspected St Christopher's Nursing Home on 27 October 2015 we found the provider was not meeting the required standards and that they were in breach of regulations 11 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not taken proper steps to ensure that risks to people in relation to malnutrition and dehydration were managed appropriately and did not work in accordance with the Mental Capacity Act 2005.

At this inspection we found that significant improvements had been made to help ensure that people's nutritional and hydration needs were met. Some improvements had been made to support the staff team to work in accordance with the Mental Capacity Act and this was ongoing at this time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff confirmed that they had received training in both the MCA and DoLS and were knowledgeable about how the principals worked in practice. We spoke to nine staff members about the Mental Capacity Act and Deprivation of Liberty Safeguards. All nine staff were able to give examples of where a person may have their liberty lawfully deprived in order to safeguard them from harm. Examples given ranged from keypads on the front doors that required an entry code to access and prevented people from moving freely in and out of the service. Another example was in relation to the use of a lap belt when a person was at risk of falling from their wheelchair due to their frailty or mobility issues.

Staff demonstrated that they understood the importance of promoting people's independence with choice and the right of people to make choices. One staff said, "Always assume they have 100% capacity and from there we try our best. Always encourage choice." People told us that their everyday choices were respected. For example, one person told us that they sometimes chose to stay in bed as they experienced pain if they got up. The person told us that staff understood this and did not try to make them get out of bed against their will. We saw examples of where best interest decisions had been made where people did not have the capacity to make decisions for themselves. For example, a best interest decision was in place for the use of a bedrail to reduce the risk of a person falling from their bed. .

At our previous inspection in October 2015 people had told us they had been dissatisfied with the food provided for them at the home. At this inspection we found that people were very happy with the food provided and we noted there was little food wasted at the end of the lunch service. One person told us, "I

like the food, in fact I choose what I want the day before – I love salads, curry and omelettes, and it's all very nice really." We saw that people enjoyed their meals in pleasant surroundings helped by staff who served and supported them in a calm, unhurried and good humoured way. One person told us, "The food here is good." A relative of another person commented, "[Family member] is on a soft food diet but it is made to look appetising." A staff member said, "We learn what people like [to eat and drink] which is important."

People were offered choice of what to eat and there was an alternative menu should people not like the choice on offer. There were enough staff members available to ensure people were served their meals in good time and the plates had been warmed to help ensure the food kept warm. We saw examples of specialist equipment used to support people's independence for example there were plate guards, two handled beakers and adapted cutlery.

At breakfast time we noted a staff member supporting a person to eat their cornflakes but the person was clearly not interested. The staff member took the cornflakes away and returned with a bowl of Weetabix this went down a lot better with the person. This showed that staff were committed to ensuring that people were offered a diet that they enjoyed.

People were supported to embrace healthy living regimes. For example, a person had been identified as being overweight and, in conjunction with external advice and support, a care plan had been developed to encourage healthy eating and to reduce the person's portion sizes whilst also encouraging exercise. Records showed that the person's weight had gradually reduced to a healthier level over a period of seven months.

We did note that people who lived with dementia did not always receive appropriate support to help them make meaningful meal choices. For example there were no pictorial menus and people were not shown the plates of food for them to make a choice based on the look and the smell. We discussed this with the registered manager who responded that this was under development at this time.

People's individual and religious diets were respected. For example, one person did not eat pork, this had been clearly identified in their care plan and a record of food eaten showed us that alternatives had been provided when pork had been on the menu.

Staff had regular supervisions with senior colleagues to discuss and review their performance and professional development. They also had the opportunity to attend regular team meetings where they were encouraged to raise and discuss issues about how the home operated. Staff told us that managers were approachable, gave them clear direction and that morale at the service was high because they felt well supported. One staff member said, "I have regular supervisions and they are very useful. I feel very well supported and valued." Another staff member commented, "I feel as a team we have really moved on with regard to being supported and valued." A further staff member commented, "I have supervisions about once every two months but can always speak to a senior if I have a problem in between these times."

Newly recruited staff members were required to complete a structured induction programme and have their competency assessed in practice before being allowed to work unsupervised. This consisted of a five day induction programme for nurses and a four day induction for care staff. Staff confirmed that the induction ranged from two days spent in the classroom covering the theory of care, then a day of mandatory training before they then would then work alongside an experienced member of staff to be assessed as being competent to work unsupervised.

All staff members we spoke with told us that the training opportunities had greatly improved since the new registered manager had been appointed. One staff member told us, "The training opportunities are fantastic

here; I have been on some very interesting course as well as the usual mandatory course, which really helps you understand the people you care for." They told us that they had recently completed a record keeping course which helped them with writing the individual records for people and had made them think carefully before writing about the person.

External health professional input had been requested and involved when the need had been identified. For example we noted that the GP, a dietician and a specialist tissue viability nurse had been asked to review a person with a pressure ulcer. The professional's advice had been followed and updates requested when necessary. We saw that the care plans had been followed with regard to the dressings recommended and how often they should be changed and there was photographic evidence of the wound showing healing and deterioration and measurements of the wound.

We reviewed records of a person who had been admitted to the home after sustaining a fracture to their arm whilst in their own home. They told us that they had received good care and that they were hoping to go home once the plaster cast had been removed. The person told us said that they had lost confidence previously but that had been regained whilst they had been at St Christopher's Nursing Home and that they felt safe to return home.

We spoke with two visiting professionals during the course of this inspection. Both told us that they had no concerns with the care and support provided for people who used the service.

Good

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. A relative told us, "There are no problems here – if I felt there was a problem I would speak up. I come in everyday and the staff are friendly and good at their job." A regular visitor to the home told us, "The staff are really lovely, so kind. It makes me feel so happy that [person] is living here." The relative had lunch with the person when they visited the home and told us, "It's nice to enjoy such a simple activity together." A further visitor to the home told us, "It's a lovely and homely atmosphere. The care is a good. I have no complaints. They always inform us of any issues. The care staff always seem to want to be here, they really seemed to enjoy their work."

Staff were calm and gentle in their approach towards people and appeared genuinely happy in their roles. One staff member told us, "When you go home at night you know that you have made a difference." Another staff member said, "I love seeing people laughing and happy to be living here." A further staff member commented, "The people I care for make me smile every single day and that's a real bonus, I think you have to enjoy the job you do as its people's lives you are responsible for."

Staff respected people's dignity at all times and making sure they supported people in the way they wished and encouraging them to remain as independent as possible. During our visit we observed staff were always courteous and kind towards people they supported, often sharing banter and jokes between each other in a respectful and dignified way. We saw staff promoting people's dignity and privacy knocking on people's doors and waiting before entering people's rooms. Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices. For example we noted a staff member offering a person a cup of tea, they refused this so the staff member offered other alternatives and the person agreed to have some water.

Staff had developed positive and caring relationships with people they clearly knew well. For example, we saw that when one person became upset and anxious a staff member immediately offered them comfort with a hug and kind words of reassurance. They accompanied the person on a walk around the unit to take their mind off what had troubled them which they obviously both appreciated and enjoyed. Staff were seen appropriately holding a person's hand to comfort them or touching a shoulder and coming down to a person's level to take the time to talk and explain.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. For example, we heard the staff members say, "Would you like cold milk or hot milk on your cereal?" Later we heard them say, "What music shall we put on?" We heard staff ask people if they wish to wear clothing protectors, "Is it alright. I put an apron on you? I just don't want you to ruin your lovely clothes."

People's care records were stored in a lockable office in each of the four houses in order to maintain the dignity and confidentiality of people who used the service. We noted that the offices were closed when staff were not using them however, were not always locked. On one unit we noticed that there was personal private and confidential on a table in the communal dining room. For example, information about people's

personal care needs together with behavioural charts and food and nutritional needs. We brought this to the attention of the registered manager at the end of the inspection who took immediate action to address this.

There were photographs of the staff team on display in the communal areas of each house which meant that visitors and relatives were able to identify the staff on duty. Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

The environment was clean but tired and needed some refurbishment in some areas of the home. The registered manager reported that this had been already been identified and we noted that quotes had been obtained for future works.

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend monthly 'Resident of the Day' review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were sufficiently detailed to be able to guide staff to provide their basic care needs. People's care plans had been developed around their individual care needs. We noted one example where there was no care plan in place to reflect a person's needs in relation to diabetes. However, the staff team were knowledgeable about the person's needs and responded by immediately developing a care plan for this area of need.

Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. For example, they were able to describe people's medical history, the support they required and the importance of applying creams daily to a person's skin. Another staff member told us how many children a person had, what their profession used to be and how the person's needs had changed around their mobility.

There were several examples where we observed staff responding to people's individual needs. For example, reassuring one person during the lunchtime meal where they found it difficult to sit down at the table with three other people. The member of staff immediately saw the person becoming agitated and went to their assistance, offered them a seat within the lounge area where they could eat alone, with staff assistance. We saw that this helped the person immensely from becoming over anxious and upset. Throughout the visit we observed several examples of staff being proactive in assisting people and responding to their needs in a way that confirmed they knew people very well.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. One relative told us how they had been invited to a meeting in response to an unexplained bruise on their family member's arm. The service had investigated to see how it had happened and had found that the sling for the hoist had caused the bruising. The actions taken by the service in response to this was to have a special sling made for the individual which improved the way the person was supported to be transferred by hoist. This demonstrated that people's needs were responded to and actions were completed to improve outcomes for people.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. For example, we noted that a complaint had been raised about some missing

pictures and records showed that the pictures had subsequently been located and returned to their rightful owner. Another example was where a person's call bell had not been answered. A full investigation was undertaken but there was no electronic record to show that the bell had been activated. It remained unclear as to why this had happened so to resolve this issue the registered manager had ordered a pendant call bell to be worn around the neck to the satisfaction of the person who used the service.

We saw feedback from relatives of a person who had lived at St Christopher's Nursing Home for many years until they had passed away. The relatives had praised the staff team highly for the care, consideration, compassion and kindness shown to the person and for the many thoughtful acts towards both the person and their relatives.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at St Christopher's Nursing Home. There were "What you said" and "What we did" boards in the communal areas of the units to provide feedback on actions taken as a result of issues raised in these meetings. For example, we saw that people had raised a concern about some wobbly stones in the garden. We noted that these had now been repaired, and the gardens had been tidied for summer. This showed that people's concerns and views were taken seriously and acted upon.

We saw a variety of activities taking place throughout the home during the course of the inspection. For example, staff played dominoes with some people, others were sat in the pleasant gardens enjoying the good weather. We saw one activity staff member place a colouring book, and sharpened colouring pencils in front of a person and they started to colour in. Later we saw the person in their room, they showed us some paintings they had done earlier in their life. This showed that colouring was a pleasant and appropriate pastime for them. A person who used the service told us about trips out to garden centres, into St Alban's and that soon a trip has been arranged to Southend. They happily showed us photos of the trips that were displayed upon the wall.

A person who used the service told us how they had experienced a significant improvement in their health and wellbeing since they had lived at St Christopher's Nursing Home. They told us that they were now able to work part time at the home by assisting the staff by laying tables, tiding up, handing out the daily newspaper to everybody and generally helping around the home. This demonstrated that the staff and management team were committed to helping people live full and active lives.

Requires Improvement

Is the service well-led?

Our findings

The registered manager completed a range audits to assess if the service they provided was safe and effective. The managers of the individual houses provided a weekly report for the manager on such areas as pressure ulcers or other wounds detailing where there had been improvements and what professional involvement had taken place. Any concerns arising from these audits were discussed during the daily heads of departments meeting. Regular audits were undertaken in such areas as medicines, health and safety, infection control and nutrition. The information from these audits was collated into a monthly quality report completed by the registered manager which was sent to the provider for analysis. An action plan was completed to ensure that any identified issues were rectified promptly. However, issues we found in relation to the amount of medicines held within the home had not been identified as part of this system of audit.

People who lived at the service, staff and visitors were positive about the home and how it operated and were very complimentary about the registered manager in particular. One person said, "The new manager has made all the difference. It's much better here now; calmer with more staff and activities." Another person said, "The new manager is excellent and has made some real changes."

Staff gave us positive feedback about the management team and the improvements that the registered manager had introduced. For example, they told us that staffing levels had been increased, that staff training was much better and the registered manager listened to any concerns the staff raised. A senior staff member told us that the registered manager was very firm in regard to dealing with issues but also very fair and felt that the home had improved enormously since they had been appointed.

One staff member said, "The manager responds to any concerns or suggestions that we raise and comes back to us with a solution." Another staff member told us, "The manager has made a great difference, she keeps up to date with everything that's going on in the home and gives us options and encourages our ideas." A further staff member commented, "Things are getting much better especially with staffing levels – [registered manager] is very supportive and we can see a different in what they have been doing."

Staff members felt they were well supported and valued by the registered manager and senior staff members. One staff member said, "I love working here, it's the best place and staff attitude is very professional and caring." Another care staff member told us, "Our manager is wonderful and is always prepared to listen to my ideas and views on the service." A staff member commented, "It's a far better place than before. Staff are happier and the residents are settled and happy; we all feel that. The management is much more effective now."

Staff were clear about their roles and responsibilities and that communication across the service and from the management team had improved since our last inspection. One staff member told us, "Communication has really improved with the staff and managers; which is very important to me. Communication has also improved on the units. I feel really well supported and happy now. We get listened to now, I feel valued." Another member of staff commented, "The care and support that people get is so much better here than where I have previously worked."

Staff were supported to question practice and the provider had implemented a system of supporting staff around whistleblowing which was called 'Speak Up'. All staff were aware of this policy which encouraged concerns to be raised and staff knew their rights and responsibilities.

Staff told us they had meetings and supervisions to bring about change. We reviewed minutes of a recent staff meeting and found that topics discussed had included future plans for the home including developing a dementia friendly garden area and refurbishment of the individual houses. We also noted that the staff meeting was used as an opportunity to remind staff of the importance of infection control practices such as handwashing, the use of aprons and gloves.

We noted that members of the management team undertook a clinical walk around each morning to check best practice, to ensure that medicine rounds were completed on time and that the staffing levels on the unit were effective in meeting people's needs. A meeting was then held at 11:30 every day with the unit managers to discuss any changes ideas or concerns.

A representative of the provider undertook an in-depth monthly home review, we reviewed the findings of a review undertaken in one house in July 2016. The review assessed all aspects of the service delivery and any areas that did not meet the expected standards were flagged up with actions to be taken to address the shortfalls. This showed a commitment on behalf of the provider to assess the quality of the service delivered and to drive forward improvement.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always managed safely.