

Tamaris Healthcare (England) Limited

# Riverside Court Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on Friday 20 January 2017. It was carried out by an adult social care inspector, a specialist advisor and an expert by experience.

Riverside Court Care Home is a purpose built residential and nursing home situated on the harbour side of Maryport in Cumbria and is within walking distance of the local amenities of the town. Accommodation and communal space is over two floors and all rooms are for single occupancy and have en-suite facilities. There are suitable shared areas and a secure garden. The home provides accommodation for up to 60 older people some of whom may be living with dementia. There were 57 people living at the home when we visited.

The service is run by Tamaris Healthcare (England) Limited. This is a subsidiary of Four Seasons Healthcare and it is run using the staff and the systems of Four Seasons Healthcare.

The home had a suitably qualified nurse who had been the registered manager since May 2016. 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.

We last inspected this service on 20 and 21 August 2015 where we judged the service to be rated as 'Requires Improvement'. There were no breaches of the regulations at this visit in 2015 but we made recommendations about the application of emollient creams, communication and working with people living with dementia. At this visit we judged that good progress had been made in all these areas.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and showed a sensitive and practical approach to any concerns. Good risk assessments and risk management plans were in place to support people. Suitable arrangements were in place to ensure that new members of staff had been suitably vetted and were the right kind of people to work with vulnerable adults. Any accidents or incidents had been reported to the Care Quality Commission (CQC) and suitable action taken to lessen the risk of further issues.

The home had increased the staffing levels and the registered manager was keeping this under review as people's dependency changed. Staff were suitably inducted, trained and developed to give the best support possible.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary.

The registered manager was aware of her responsibilities under the Mental Capacity Act 2005 when people

were deprived of their liberty for their own safety. We judged that this had been done appropriately and that consent was sought for any interaction, where possible.

People told us they were happy with the food provided. We saw that the staff team made sure people had proper nutrition and hydration. We noted that snacks and drinks were available for people to help themselves.

Riverside court was a purpose built nursing home and the new manager had ensured that the environment was as homely as possible. There were nice touches around the home that made the environment comfortable for people living there. There had been redecoration in all areas and things like floor covering and furniture had been replaced as necessary. The provider had replaced some windows with more refurbishment work planned. The registered manager had plans to improve the outside space by creating a hen run, a vegetable garden and workshop/shed for people to spend time in.

We observed kind, patient and suitable care being provided. Staff made sure that confidentiality, privacy and dignity were adhered to. People were encouraged to be as independent as possible. Staff were trained in end of life care and we saw evidence to show that this was being done with sensitivity and good nursing.

Assessments and care plans were up to date and met the needs of people in the service. Staff were very centred on the needs of individuals. Nursing processes were being carried out appropriately. Dementia care delivery had improved and staff were starting on a new training package for dementia care.

People were happy with the activities and entertainments on offer. Some people went to day centres. Everyone was given the opportunity to follow their own interests, where possible. There were plans to widen the options for people with dementia.

The provider had a suitable quality monitoring system in place and action had been taken where improvements were needed. The service had improved greatly and the new registered manager was keen to maintain and update all aspects of the care delivery and services.

## 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.

The staff team understood their responsibilities in keeping vulnerable people free from harm and abuse.

Medicines were suitably managed.

Recruitment was done carefully so that only suitable members of staff were taken into the permanent workforce.

### Is the service effective?

Good 

The service was effective.

Staff had received suitable levels of supervision and support.

Care and nursing staff had attended training so that they could deliver effective care.

People were happy with the food provided. Staff ensured people had good levels of nutrition and hydration.

### Is the service caring?

Good 

The service was caring.

We observed dignified and respectful care being given to people who lived in the home.

Individuals told us they had privacy and were confident that their details were kept confidentially.

End of life care was being managed with sensitivity and care.

### Is the service responsive?

Good 

The service was responsive.

Assessment and care planning was up to date and appropriate.

People enjoyed activities and entertainments and were given the

opportunity to go out.

Complaints were being suitably managed.

**Is the service well-led?**

**Good** ●

The service was well-led.

The home had a suitably qualified and experienced manager who was registered with CQC.

Good practice was monitored and the new registered manager had created an open and responsive climate in the home.

Quality matters were being scrutinised carefully by the provider and the registered manager.

# Riverside Court Care 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 20 January 2017 and was unannounced. The membership of the inspection team included an adult social care inspector, a specialist advisor who was a trained nurse 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 care service. All members of the team were experienced in the care of older people and people living with dementia.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the registered manager for completion. The PIR 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. This was completed in some detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the adult social care team, the local authority commissioners and with health professionals about the delivery of nursing, care and services.

We walked around all areas of the home including the kitchen, laundry and communal areas. We were also invited into bedrooms. Some members of the team also shared a meal with people who lived in the home.

We spoke with 12 people about their experiences of living in the home. We also spoke to eight visiting relatives. The specialist advisor and the inspector read 15 care files. These included assessments, care plans and other documents. The specialist advisor looked at the management of medicines. The inspector checked on the catering and domestic arrangements in the home.

We spoke with 14 staff. This included nurses, care staff and housekeeping, maintenance and catering staff. We met with the registered manager and the operations manager for the organisation. The inspector saw the training and supervision matrix for the service and looked at six staff files. These files included notes on

supervision and appraisal. We also checked on four recruitment files and we reviewed evidence related to checks on competence and disciplinary matters.

The inspector also saw evidence of quality monitoring reports. The team saw evidence to show that the monitoring of quality was done verbally and then recorded on a daily, weekly and monthly basis.

# Is the service safe?

## Our findings

We judged how safe people felt in the home by talking to them and to their relatives. People told the team that they felt safe and well looked after. One relative said, "We have never seen anything to bother us." People also told us that there were "plenty of staff" to meet their needs. We also learned that people felt the home was, "So much better than it was, it's a lot cleaner now."

We spoke to staff about their understanding of safeguarding vulnerable people against harm and abuse. The care staff and nurses we spoke with understood their responsibilities and were aware of how to report any potential problems. Staff had received safeguarding training and were given opportunities to discuss any concerns in staff meetings or in supervision. We had evidence to show that the registered manager and her team reported any allegations or concerns in an appropriate manner.

We saw evidence of good general risk assessments and risk management. The provider had an emergency plan and suitable arrangements in place to deal with any emergencies. Accidents and incidents were recorded, investigated and dealt with as soon as possible. Action was taken to reduce the risk of further problems.

We looked at staffing levels in the home. Prior to our visit we had been told that sometimes there were insufficient staff on duty. We saw that a number of staff had decided to leave the service and that there had been some times when this had impacted on the service. We saw, from looking at staffing records, that more new staff had been taken on. The registered manager said that there were more staff than were needed at times but that this was done to ensure that there would be sufficient staff on duty at all times. This was a particular strategy to ensure the home continued to improve. We saw rosters for the staffing and we judged that the ratios of staff to people living in the home were suitable. A staff member told us, "We have got enough staff now, plenty of us and we all pull together".

We looked at recruitment in the service. We saw that checks were made on new staff to ensure that they were suitable to work with vulnerable people. References were taken up, fitness checked on and checks made to ensure the candidate did not have a criminal record nor had been dismissed from another care service.

The organisation had suitable policies and procedures covering matters of competency and discipline. These had been used to good effect in this service. The registered manager was aware of how to deal with these issues and had the support of the company's human resources department.

We checked on the medicines kept on behalf of people in the home. These were ordered, stored, administered and disposed of appropriately. Staff received training and checks on their competence. The dispensing pharmacy visited annually and audited the management of medicines. People in the home had their medicines reviewed on a regular basis by the GP or by a specialist consultant psychiatrist. We noted that the staff team did not rely on sedative medicines alone when people had difficulties managing their emotions and behaviours because they were living with dementia. Previous problems in recording creams



and ointments had been addressed and staff now did this.

The home was clean in all areas when we visited. Staff told us they had suitable personal protective equipment available for their use. The home had supplies of cleaning materials and staff understood how to manage cross infection. The provider had suitable policies and procedures in place. We spoke with housekeeping staff who told us they took pride in their work. One staff member said, "I have got everything I need. It's hard work but I like to do it right. I like it smelling all nice, it is so much nicer for people"

# Is the service effective?

## Our findings

People told us that the staff team were, "Good at their jobs...know what they are doing." They also spoke about the food in home. People thought the food was acceptable and, as one person said, "Fine...quite good really."

We reviewed the staff training records. We saw that the organisation had a structured induction package for all new staff and that established staff also completed the training that the provider deemed to be mandatory. We saw that staff had received training in, for example, moving and positioning people and objects, safeguarding and health and safety which all supported the work that they did. Staff told us that they were happy with both the e-learning and the face-to-face training they had received. Staff could talk about how they put the training into practice. We looked at training for nurses and saw that they were given time to maintain and improve their skills. We had evidence to show that the full staff team would be undertaking specialist dementia training during 2017, along with other mandatory training.

We noted that everyone on the team had received supervision from the registered manager, the nurses or senior care practitioners. Staff told us that they were observed during their working day and had the opportunity to discuss their work both informally and formally with senior staff. Nurses had clinical supervision from the registered manager. Appraisal was planned for all team members. We judged that the registered manager had ensured that staff development was seen as an important management task. One member of staff told us, "The manager asks what you would like to do, where you are heading, I want to nurse if I can. I found some training that would help with this, said I was interested and I have been chosen to go. It's really good."

Staff also told us that communication had improved dramatically in the service. The nurses and senior care staff told us that they used different means of ensuring tasks were completed and decisions made effectively. They told us about the daily 'flash meetings' where the more senior members of the team discussed the issues of the day and dealt with any matters of care or staff deployment. Staff also said that each shift was organised at the 'hand over' at the beginning of the shift.

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 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 checked whether the service was working within the principles of the MCA. We found that the authorisations were in place, where necessary. The registered manager was aware that, in the past, not all 'best interest' meetings had been recorded but she, and the nursing staff, were working on these issues of capacity. New capacity assessments and

applications for DoLs authorities were underway

We observed people being offered a range of options and choices. Staff asked for consent before interacting with individuals. We saw some good examples of consent being sought by staff. We also noted that consent was written into some care plans and that staff understood they should not do things against a person's will. We saw evidence to show that the registered manager was working on ways to ensure formal consent was recorded for everyone in the home.

Restraint had not been used in the service since the registered manager came to the home. Staff told us that diversion and other techniques were used and restraint was not considered to be the best way of supporting people.

The expert by experience paid careful attention to how people were supported to have enjoyable meal times and to take suitable hydration and nutrition. Their view was that the meal was quiet, orderly and unrushed; food looked appetising and seemed to be enjoyed. People were supported in a discreet way when they needed help to eat and drink. The inspector checked on the range of food available and found that there was a good variety of nutritious food in the kitchen. We noted that fresh fruit, snacks and drinks were readily available throughout the home. Food was fortified with cream, butter and proteins if any person found it difficult to maintain a healthy weight. Staff recorded food and fluid intake for some people where there were concerns. The staff were careful to follow food safety rules.

People told us that the nurses were, "Very good if you need any (nursing procedures) done...I feel Ok when they help me." We saw that nurses in the home were encouraged to keep their skills up to date. The specialist nurse advisor judged that the nursing care and treatment of service people was generally appropriate and addressed their needs.

We saw in people's records that the GP visited when necessary, medication was regularly reviewed and that specialists were called on appropriately. Some people needed the specialist care of mental health nurses or psychiatrists. A team of dementia care nurse specialists visited on a regular basis. People had received care and support from dentists, chiropodists, opticians, occupational therapists and dieticians where needed. People told us they were supported to go out to health care and health prevention appointments. Staff kept families informed of care and treatment, where appropriate. A visiting relative told us, "They ring us up if anything is wrong. The last place didn't do that (transfer from another home) and they tell us what the doctor said. "

Riverside Court is a purpose built nursing home on two floors. Each person had their own ensuite rooms. There were enough adapted bathrooms and shower rooms for everyone in the home. The home was divided into units and each unit had a dining area and a sitting room. There were other quiet areas and we noted that people made use of all these different area. The home was suitably adapted to support people who had mobility issues.

We saw that there was on-going maintenance and redecoration going on. Many of the bedrooms had been redecorated and new furniture purchased. One of the housekeeping staff told us, "The new manager is really keen that everything is matching and nice. She likes things to be just so...I like that and I think the home looks lovely now." We saw that rooms had good quality curtains and blinds and floor coverings had been replaced where necessary. We also noted that windows were being replaced and that good levels of maintenance were in place.

We noted that the dementia care unit had some signage to help people who might be disorientated. There

were interesting things for people to look at or to pick up and use. This was done so that people who felt restless would be able to walk with some purpose. The registered manager told us that they had plans in place to improve this unit and the secure garden. A vegetable garden and a workshop/potting shed were in the planning stages along with a hen run. The registered manager said that they were aware that they could do more with the environment for people living with dementia and that the staff team, relatives and people in the home were being asked for ideas about future changes.

## Is the service caring?

### Our findings

We judged how caring the service was by talking to people and their relatives; discussing care issues with staff and by observing the interactions between people and with staff.

People were very positive about the caring approach of staff. People said, "It's very good here, they are very nice to us.", "They look after us very well" and, "It's alright this place, the girls are good to you." One person was keen to tell us, "It's grand, I have got settled to it now, the girls are very good to me...it's wonderful here."

We noted that there were a number of visitors on the day of our inspection. We learned from them that they felt very welcome in the service. They were keen to talk to the team. This is just a few of the things we were told :

"My (relative) has been in since December... was in another (home) before and it was awful and we fought to get (relative) in here. It has been lovely, they ring us if there is the least thing ...we are really happy (relative) is here." "The care is grand", "(My relative) has settled in, the care is fine", "The girls are lovely! " "They ring us to keep us informed... (my relative) is well looked after" One person told us, "This has been fantastic for my (relative) who was in another home but couldn't settle but since being here (my relative) has been marvellous and the staff are great with (my relative)."

People and their visitors also commented on the changes in the home, One person said, "It is much more caring now...staff have time for us." One visitor said, " It is so much better than it was...new staff and there are young lasses now, and I come in sometimes and they are having a bit craic (a chat) and making her laugh and that is so much better. "

We observed kind and patient care. Staff were respectful but friendly. There was a lot of good natured teasing of staff by people who lived in the home. Genuine affection was observed between staff and people in the service. Staff asked people how they felt, what they wanted and offered to give them support. We judged that the staff were concerned about individual wellbeing. People were well groomed and dressed and staff understood needs and preferences. People were supported to maintain their dignity. We judged that staff were delivering holistic care and recognised individual needs despite the fact that Riverside was a large, busy home.

We noted that people got on well together and sought each other out for company. We had evidence to show that staff monitored how the group of people living with dementia interacted with each other. Staff kept a close eye on how the relationships in the specialist unit were developing. They responded quickly to any tensions and helped people to have as much personal space as they needed when they felt restless.

People were supported to be as independent as possible. Some people only managed to do a little for themselves but we heard staff encouraging people and giving them as much support as possible to maintain their right to make choices. This was written into some of the care plans we reviewed. The registered manager was encouraging staff to support people in a safe way to make choices and to be as independent as possible.

We had asked health care professionals about the staff team's ability to support people at the end of life. We were informed that this was an area of care delivery that had improved and they were satisfied that nursing and care staff could give good levels of care at this time in a person's life. We saw that some staff had completed some training in this and that nursing staff worked with community nurses and GPs to help people have a peaceful and pain free end of life. We saw some 'thank you' cards from families who were pleased with the way their relative had been cared for.

## Is the service responsive?

### Our findings

People told us that they were asked about their care needs and their preferences for activities and outings. One person said, "The staff ask me what I want and they write it down so everyone knows". A relative of a person living with dementia said, "My (parent) is consulted about all the care (of the partner) and is in every day and is told everything." One person told the inspector, "I am happy with the care...(my relative) is very vulnerable but is at less risk here. The staff do their best because they understand the problems."

People were keen to talk about activities and entertainments, "There are things to do, we had a fish supper the other night and we bake sometimes. There are things to do if you want to do them." We also learned that staff respected people's skills and abilities. One person said, "I crochet, I am trying to teach one of the carers." People were encouraged to maintain their former routines and remain as part of the community. One person said "I have just come back from my hairdresser, I go once a week (by taxi) to my own hairdresser, I have been going there twenty years." A relative said, "There is loads of people in, singers and schoolchildren and such"

No one had any complaints but told us, "I would just tell the nurses or the boss...or any of the staff...and they sort things!"

We looked at care files. We saw that suitable assessments were in place and that nurses and staff looked at dependency, need and strengths. Where changes were noted the staff discussed these with the person, their relatives and other professionals, as appropriate. Assessment of things like mobility, pain and nutrition were completed and action taken. The registered manager was aware that this had not always been done so well and was still ensuring that any outstanding gaps in assessment were being met.

We checked on care planning and on nursing intervention planning. We found the nursing processes to be written in a very detailed way. Our nurse specialist advisor judged that he could deliver nursing care using the directions in these plans because they gave all the relevant guidance necessary. We found that care plans were easy to follow and directed staff appropriately. We also saw that the "alert" system within the care plans that drew specific attention to certain care plan needs worked well ensure good care delivery. For example, we saw these for dietary needs, moving and handling and medication. We also saw that plans gave guidance on not just physical care needs but on emotional and psychological need. Where people were living with dementia there were plans in place that would help staff manage disorientation, agitation and distress. The registered manager had arranged for further training for the whole team on care planning and delivery for people living with dementia.

We read daily notes and we saw details of treatment completed and the general welfare of the person. We noted a really detailed daily note where a care assistant had taken time to talk to a person who wanted to talk about a bereavement, their own death and their happy memories of their life. We judged this to be a very sensitive way of helping a person who had shown some distress about the changes in their life.

The registered manager showed us some new plans. These had three levels. The plans gave an overview of

the person; their past life and present needs and preferences. The plans then gave details of how care was to be delivered. The last stage was where staff needed to have contingency planning place or where very skilled and detailed intervention was needed. We learned that all the plans would be written in this way once staff had completed in-house training and had time to try the new approach. This was tied into the new dementia training. We judged that this would make care planning and delivery much more person centred.

We looked at activities and entertainments on offer. There was an activities board listing timetabled events for the week, as well as a photo montage of previous outings and activities. The activity lists included quiz nights, coffee mornings, music for memory, gentlemen's club, pamper sessions, one to one time, parties and fish and chip nights. There was a Burns supper planned for later in the month. People enjoyed sitting in the large reception area, reading newspapers and watching everyone come and go. On the day of the inspection people were asked if they wanted to go upstairs to the dining room/'coffee bar' area upstairs for a regular coffee morning where people could get together. We were told, "We have tea and coffee and cold drinks and cake. We have music and singing or puzzles and word search, whatever we like".

There was a well tended, secure garden and patio area at the back of the home. It had brightly painted fencing, raised beds and nice patio furniture. Staff told us they were going to, "Get into keeping chickens!" and that a shed was going to be built so they could pot up plants and, "Our men can spend some time just like they did when they were younger..." Plans were in place to start a vegetable patch in the spring and one staff member told us, "Even if people aren't well enough to garden they can give us advice and expertise."

The organisation had a suitable complaints policy and procedure. This was available to people in the home and their relatives. The registered manager or the registered manager from another home operated by the provider would look at any concerns or complaints. Some issues would be investigated by the operations manager. We saw that complaints had been responded to promptly and dealt with appropriately. There was nothing of concern brought to us on the day. People and their relatives told us that they were more confident about complaining as they felt the whole atmosphere had changed. One person said. "The home has got better...I tell them mind, I have no worries about doing that, but they listen now."



## Is the service well-led?

### Our findings

We spoke with people and their visitors. A relative said, "I've done feedback for them, they sit and ask you questions." People told us that they were happy with the way things were being managed in the home. One person said, "Its all very good...well managed."

We spoke with staff about the atmosphere in the home and they could talk about the leadership, saying, "Its much more open now...we can go to the registered manager any time and say whatever we want." Another staff member said, "A lot of staff have left but it's better now, it's a happy place to work." One of the nursing staff told us, "The manager is very supportive, as is the organisation."

People in the home obviously knew the registered manager and she had very detailed knowledge of individual backgrounds, needs and preferences. The registered manager was a nurse who had extensive experience in hospitals and nursing homes. Her field of expertise lay in the care of people living with dementia or other mental ill health. She also had many years of experience of team leadership and the management of people and resources. She had developed or maintained networks with other professionals. We learned from social workers and health professionals that the registered manager and her team now worked very well with them.

We spoke with people who lived in the home and to the staff team. They judged that things were settled in the home and they appreciated the strong management that was apparent in the service. They told us that the registered manager, "Puts the residents first...but has a really good approach to managing us as staff." A number of staff said there had been a change in the culture of the home. One staff member said, "There is good team work...you don't carry anyone but the manager is very understanding and you get good support."

The inspector spoke to two younger care staff who could talk about the ethos of the home. They understood what was expected of them and they were more than satisfied with the culture engendered by the new registered manager. They told us that, "Everything is right now...good care is being promoted. There is a family feel to the home. It's nice to see our residents so happy."

Staff understood the caring values being promoted by the manager on behalf of the provider. They were aware of some of the plans being made to help people become even more involved in decision making about the home. People had been asked about décor, activities and menus. There were plans for people to become more involved in recruitment.

People told us that they had attended meetings and had their care needs and wishes reviewed. One or two people said they had completed questionnaires. A relative said, "I do all the residents and relatives meetings...nice to be consulted and kept informed." Another person said, "I am in every day and they tell me what is going on and we have meetings, nothing to worry you ...it's fine."

The registered manager told us she was sending out new questionnaires to people in the home, their relatives and other stakeholders. Residents' and relatives' meetings had been held and more planned.

People were aware that they could access one of the I-pads in the home which allowed people to make comments about their care, the environment and support services. Any comments received by this digital means then went to the provider and to the registered manager. We learned that comments had to be acted on and that this proactive approach to 'people's voice' was a very important part of their quality monitoring process. There were two or three comments received most weeks and they were shared with staff so that improvement could be made or compliments seen by the whole team.

The provider had a detailed quality monitoring system in place. We saw that there was routine audits of care delivery, medicines management, training and supervision, catering and cleaning. External officers of the company visited and completed their own reports. Any problems discovered were then met through action planning. The home had previously gone through a difficult time when quality standards had slipped. Several team members told us, "The company won't let that happen again...and neither will I. I feel stronger and more able to speak up. They really listen to the residents and to us." There had been changes to the management and staff and extra resources put into training, staffing and the environment.

We heard about the daily flash meetings held where nurses, housekeeping and catering staff and senior carers met daily to look at any problems and to plan the day or the week. These meetings were well received and staff felt that the home was much more organised. We spoke with a nurse and some care staff who told us that they planned each shift and that communication was good on each unit.

Staff also told us that they had the opportunity to take part in active learning. They said that practice was questioned, "All the time...every shift we ask ourselves if we are helping people to make the right choices." They said that there were open discussions about what was good practice. Staff felt that the manager, senior carers and nurses were good at explaining and discussing good practice.

We look at a wide range of records and found them to be, for the most part, of a good standard. They were suitably detailed and up to date. Some staff found recording a little difficult but they were given support so that succinct and suitable recording was in place. Good progress had been made on recording and records management. The registered manager was aware of the work that still needed to be done on some of the older records and this was being dealt with in a systematic way.

The registered manager and her team made sure they told the Care Quality Commission of any notifiable events. They had also improved the way they informed colleagues in health and social work of any incidents, concerns or needs related to people in the home.