

Lister House Limited

Lister House 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

Lister House Nursing Home provides accommodation and nursing care to up to 32 people at any one time. The home is located in Heaton, Bradford with accommodation spread over two floors. The client group is mostly older people, some of whom live with dementia. There are also some younger adults with physical disabilities.

This was an unannounced inspection which took place on 30 and 31 March 2016. On the date of the inspection there were 29 people living in the home. As part of this inspection we checked whether action had been taken to address breaches in regulation we identified during the last inspection on 7 and 8 September 2015.

A registered manager was in place. 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.

At the last inspection in September 2015 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 regulations in relation to staffing, management of risks and record keeping.

At this inspection we found improvements had been made to staffing levels, to help ensure safe care and treatment. Staff told us the increase had been positive and made for a more pleasant experience within the home.

We found improvements had been made to care records with better populated care plans and more robust evidence care was delivered in line with plans of care. However further improvements were required to documentation surrounding medicine management. We identified this was of minor risk and the registered manager assured us it would be addressed.

Following the last inspection, the home had utilised assistive technology to reduce the frequency and impact of falls within the home. We saw evidence this was being utilised and had been effective in reducing the frequency of falls. However documentation following incidents was not always appropriately completed and did not demonstrate a fully robust falls prevention strategy.

Medicines were safely managed. People received their medicines in a timely manner. Medicines were stored appropriately within the home.

People told us they felt safe within the home. Staff demonstrated they understood safeguarding procedures. We saw evidence these had been utilised to help keep people safe.

Safe recruitment procedures were in place to ensure staff were of suitable character to care for vulnerable people.

People had access to a good choice of food. Staff understood how to meet people's individual nutritional needs .

The service was acting with the legal frameworks of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People and relatives generally told us staff were kind and caring and treated them well. We observed care and support and saw staff knew people well and interacted with them in a positive manner.

People's individual needs were assessed and clear plans of place put in place for staff to follow. We saw examples of staff following plans of care to help ensure appropriate care.

Systems were in place to assess, monitor and improve the service. We saw the manager undertook frequent audits and checks of the computerised care system and took action where records provided insufficient evidence that people were receiving the required care and support.

Mechanisms were in place to listen to people's views and use these views to make changes to care and support provision.

We found a breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. You can see what action we asked the provider to take at the back of this report.

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.

Overall, we found medicines were managed safely. However some documentation surrounding the management of medicines needed to be made more robust to provide clear evidence that medicines were managed in an appropriate way.

Risks to people's health and safety had been assessed and preventative measures put in place. However documentation following incidents was not always appropriately completed and therefore did not demonstrate a fully robust falls prevention strategy.

Improvements had been made to staffing levels since the last inspection. We found there were enough staff to ensure people received prompt care and support.

Is the service effective?

Good ●

The service was effective.

People had a good choice of food and received appropriate support to ensure their nutritional needs were met.

Staff were knowledgeable about the people they were caring for and received regular training and support.

People had access to a range of health professionals to help ensure their healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and that they were treated with dignity and respect. This was confirmed in the interactions we witnessed during the inspection.

Mechanisms were in place to listen to people and support them to make choices.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed and plans of care put in place for staff to follow. We saw evidence staff delivered care in line with plans of care.

Complaints were appropriately managed by the service.

People had access to a number of activities to help meet their social needs.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Although improvements had been identified since the last inspection, there were still improvements required to documentation before we could conclude the service was well led.

Systems were in place to assess and monitor the quality of the service to help ensure continuous improvement.

People and staff spoke positively about the manager and said they dealt with any issues raised.

Lister House 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 follow up on breaches of regulation identified at the September 2015 inspection, look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 and 31 March 2016 and was unannounced. The inspection team consisted of three adult social care inspectors 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, in this case experiences of services for older people.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people who used the service, two relatives, the provider, registered manager, deputy manager, a registered nurse, three care workers and the cook.

We looked at elements of five people's care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting the local authority contracts and safeguarding teams. We also spoke with a health and social care professional who liaised with the service.

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. This was completed and returned to us in a prompt manner.

Is the service safe?

Our findings

We looked at how people's medicines were managed. People were supported to take their medicines by staff trained in the safe management of medicines whose competency had been assessed. We saw that a copy of NICE guidelines for safe administering of medication was in a folder in the medicines room and staff were aware of this.

Medicines were stored safely and securely. The temperature of the room where the medicines were kept and the medicine fridge were monitored to make sure medicines were stored properly.

Some medicines were prescribed with special instructions about how they should be taken in relation to food, for instance 30 to 60 minutes before food. However, we saw an instance of these medicines given after breakfast. We discussed this with the nurse administering the medicines and the registered manager. They agreed that arrangements needed to be put in place to make sure these instructions were followed and actioned them immediately.

We looked at the Medication Administration Records (MARs). MAR charts were consistently completed which indicated people had received their medicines consistently each day. However we saw that a number of MAR charts had been handwritten in blue ink, that were difficult to read and signed by one member of staff when administered. We discussed this with the registered manager and deputy manager who was taking steps to rectify this and ensure staff were aware of the correct procedures.

The staff member administering the medicines told us one people who lived at the home was receiving their medicine in a hidden or disguised format, either in porridge at breakfast or pudding at lunchtime. However when we reviewed the care plan it stated that medicines should not be given covertly. We raised this with the registered manager who said that it had been agreed that the person could have their medicines covertly, but that the documentation demonstrating this had been agreed as part of a best interest process had gone missing. However this meant we were unable to confirm whether this arrangement was safe. Following the inspection, the registered manager took action to ensure that new documentation reflecting the best interest process was put in place.

Some people were prescribed Paracetamol to be taken 'as needed' (PRN) for the relief of pain. There was a written protocol for this in a file in the medicines room as well as guidance at the back of the MAR charts. When 'as needed' medicines were given, they did not however, complete the back of the MAR chart with further details i.e. why the treatment was needed, and the exact quantity given (if a variable dose is prescribed.) We discussed this with the manager and deputy manager who told us they would take action to address.

This was a breach of regulation 17 (1) (2c) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

In people's care records we saw assessments were undertaken in relation to medicines. This included a self-

medication assessment to determine if people wanted to and were safe to manage their own medicines. At the time of the inspection we saw that some people living in the home were managing their own medicines, such as nebulisers and inhalers, demonstrating staff were giving people the opportunity to maintain their independence in these areas.

Weekly checks were carried out to make sure medicines were being stored and administered properly. There were clear processes in place for dealing with any medication errors and we saw evidence that any errors that had occurred had been dealt with appropriately. We carried out a random audit of medicines stocks and found no discrepancies indicating people had received their medicines consistently as prescribed and records were correct.

People and relatives told us that people were safe in the home. For example one person said "[The person] is much safer here than at home. I don't worry about [person's] safety here". Staff we spoke with had a reasonable understanding of safeguarding and were able to give examples of what they would do if concerns identified. We saw evidence safeguarding procedures had been followed to keep people safe from abuse and preventative measures put in place by the home. Disciplinary procedures had been followed where staff practice had been identified as contributing to an incident.

Care records showed risks to people's safety and welfare were identified and assessed. For example, people had assessments in place for the risk of falls, developing pressure ulcers, nutritional risks and for the risks associated with moving and handling. Information in people's care plans showed how these risks were managed.

At the last inspection we identified a regulatory breach in relation to safe care and treatment as we found appropriate falls prevention measures were not in place. At this inspection, we found improvements had been made although there was still more that could have been done to demonstrate that clear and robust falls prevention strategies were in place.

We witnessed staff reacting appropriately to a person falling during the inspection. Staff responded well, handling the situation calmly and reassuring the person constantly. The person was initially assessed on the floor and assisted back to their room, using a hoist and wheelchair. This was a difficult manoeuvre and staff took time to ensure correct procedures were followed. We saw in the person's care plan that a record had been made of the fall in the daily notes and an accident form was being completed.

Following the last inspection, the home had utilised assistive technology to reduce the frequency and impact of falls. This included pressure mats and movement sensors. We looked at one person's care and saw these had been effective in reducing the number of falls they had experienced. On the day of the inspection we identified assistive technology was being utilised in line with the person's care plan. On reviewing incident records we saw that some falls had occurred at night when the assistive technology had not been functioning correctly. We saw this had been recognised by the manager and a new piece of equipment had been ordered which arrived the day after our inspection.

.Another person had also experienced a number of falls and assistive technology had been put in place for example when sat in the lounge they had a pressure mat on their chair to notify staff as to their movements. One staff member was deployed in the lounge to ensure the safety of people. We saw a number of occasions where staff were effective in preventing falls, notified by sight of the person or the pressure pad on the person's chair. For example on hearing the alarm, two healthcare assistants immediately came over and helped the person sit back down. One healthcare assistant remained with the person and began a conversation with them. However, on another occasion we saw a near miss where the person nearly fell

when staff were attending to another person within the room. On reviewing incident records we saw there had been a number of falls where staff had been attending to other people or matters either in the room or in the vicinity. These incident records contained preventative measures, written by staff. However as these were completed by different nursing staff, the quality and content of these varied which made for a confusing picture as to the strategy needed to keep people safe in the lounge and other areas. We raised this with the manager who agreed that a clearer oversight was needed to ensure all staff were aware of the preventative measures needed to keep people safe.

This was a breach of regulation 17 (1) (2b) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We saw staff were aware of other aspects of people's care in order to keep them safe for example those who were diabetic and required reduced sugar content and the correct moving and handling techniques for individuals.

At the previous inspection in September 2015 we identified a regulatory breach with regards to staffing, as we concluded there were insufficient staff deployed to ensure safe care and support. Following the inspection, the service told us they would increase staffing levels. At this inspection we found this had been actioned and improvements had been made..

A dependency tool was used to inform staffing levels. We saw staffing levels were maintained above the level specified on the dependency tool. Staffing levels had been increased during the morning from five to six care workers to help meet people's needs. Five care workers worked in the evening and three or four at night. One registered nurse was on duty at all times. Staff we spoke with told us staffing levels were now improved and there were enough staff for them to respond to people's needs and engage people in conversation. Most people we spoke with told us that staff were always available to assist. For example one person said "They always come when I buzz at night." During observations of care and support we saw staff were visible and able to respond promptly to people's requests for assistance, for example when call bells were rung.

Agency staff were utilised by the service to ensure safe staffing levels were maintained. Agency nurses were frequently used at night, however the registered manager told us a new nurse had been recruited which would reduce this need in the future and help further improve the quality and consistency of the service.

Safe recruitment procedures were in place. We looked at four staff files. There was evidence of an application form, interview notes, ID checks, disclosure and barring service checks and at least two references provided demonstrated appropriate checks on new staff were undertaken. Those members of staff from outside of the United Kingdom had provided evidence of their right to work in the UK. We saw records of nurses PIN numbers were recorded in their recruitment files to provide assurance that nurses were correctly registered. Staff we spoke with confirmed they had been subject to the required recruitment checks.

We found the premises to be safely managed and appropriately maintained. The building had adequate communal areas for people to spend time, although the dining room was rather small and could only accommodate a small proportion of the people who lived in the home at any one time. The home was adequately maintained. A programme of refurbishment was in progress at the time of the inspection with carpets recently replaced and decoration in progress. We checked to see if equipment was maintained and serviced to keep people safe. We checked service records for baths, hoists, lifts, scales, fire equipment, legionella testing, gas systems and portable appliance testing. All equipment had been serviced in line with the manufactures guidelines. The service employed a full time maintenance worker. This staff member

undertook monthly check on the building to ensure it was safe and appropriately maintained. A maintenance book was also available for staff to record any problems they had discovered for action by the maintenance worker.

Is the service effective?

Our findings

People and relatives we spoke with told us care was effective and staff were competent in their role caring for people. Staff were provided with a range of training to support their developmental needs. New staff without previous care experience were required to complete the Care Certificate. The Care Certificate provides care workers with standardised training which meet national standards.

New staff also received a local induction to the service. This included a tour of the premises, the aims and objectives of the service and familiarisation with the service's policies and procedures. New staff were required to complete a probationary period to ensure they met the required standard and to periodically check their progress and training.

Staff received regular training in subjects such as safeguarding, moving and handling, health and safety and dementia. Most of this was done face to face by the registered manager. We saw training was mostly up-to-date, with a plan in place to address any training that had recently expired. A training programme was in place for 2016. Nursing staff had received external training in medicines management from a pharmacist and they had their competency observed on a periodic basis. This was confirmed by staff for example one staff member told us they had been observed twice whilst doing medications.

External training had been sought for some subjects, for example roughly half of staff had received training in skin care provided by the tissue viability nurse. Many staff had been supported by the service to achieve further qualifications in health and social care by the service to further increase their skill and knowledge base.

Staff we spoke with told us they felt well supported by management. Staff were subject to periodic supervision and appraisal, this was confirmed by staff. Unscheduled supervisions were held with staff to address specific quality issues picked up through the managers audits and checks. An appraisal plan was in place for 2016 to ensure all staff continued to receive timely appraisal. Appraisals asked staff to reflect on what worked well and in which areas their practice could be improved.

We found people were supported to maintain good nutritional by the service. We spoke with eight people about the quality of the food. Seven out of eight spoke very positively about the food and said it was tasty and warm enough for them. They said they were given sufficient choice. One person we spoke with told us there weren't enough diabetic options.

We observed the lunchtime meal. People were approached and given a choice of meals. People were addressed by name and it was clear the person taking the lunch orders knew the usual preferences of individuals whilst also offering them a choice for example with regards to hot meal option, presence of gravy and size of pudding. Overall we identified a positive experience at lunchtime, although we did identify that one staff member supported two people simultaneously to eat which did not make for a dignified experience for these people.

Menus were well thought out and individual dietary needs were considered. The menus were changed every month, food prepared freshly every day and there was good choice and variation. We spoke to the chef who showed us information on the specific dietary needs of those at risk of malnutrition and was able to explain what extra supplements were used, such as cream, full fat milk and butter. Cakes were offered mid-morning and afternoon and milky drinks in the evenings. The chef was particularly clear about people in the home with allergens and was able to tell us about those at risk, and what they needed to avoid. A menu board was placed on the wall outside the kitchen with pictorial representation of the meals for the day. Care plans reflected people's dietary likes and dislikes and this information was also given to the chef.

Staff told us about two people they felt were at risk nutritionally and we looked at their care plans and daily notes. Daily notes indicated average fluid intake considerably less than the target. We spoke to the registered manager who told us that both people refused fluids and the doctor and family had been informed. We saw evidence the manager had been closely monitoring these people's fluid intake, had instructed staff to record in the daily if fluids had been refused and this had been done.

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 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.

We found improvements had been made following a recommendation made by the Commission at the previous inspection that the manager needed to assess the restrictions placed on people and make DoLS referrals where appropriate. This had been done with a tool used to assess the restrictions placed on people. The manager had made appropriate DoLS referrals for some people who lived at the home that lacked capacity to consent to their care and treatment and were subject to a high level of supervision and control by staff. At the time of the inspection there were no DoLS in place, with three authorisations applied for which were with the local authority awaiting assessment. The manager demonstrated a good understanding of the correct process to follow, which provided assurance that the service would continue to act within the appropriately within the legal framework.

Care and support focused on the least restrictive option, for example the front door was not kept locked from the inside and people were encouraged to maintain links with the local community and visit the adjacent Sherrington House Nursing Home to participate in activities which took place there.

Mental Capacity Assessments were in place within people's care and support plans. We identified these were improved since the last inspection but required further refinement through editing the electronic care record system to ensure they clearly demonstrated that the best interest process had been followed.

People reported they were supported to access external healthcare professionals by the service. For example one person said "I can always ask the nurse about things and she puts me down to see the doctor". A relative commented "the doctor checks on [resident] every week". The relative said "I'm very happy with the nursing care at Lister". We saw staff acted quickly where people had concerns over their health. For example one person told a member of staff they were experiencing pain in their leg. The member of staff informed the nurse who had a private consultation with the person, administered some pain relief and

arranged a GP appointment. Records provided evidence health professionals such as chiropodists and GP's were involved in people's care. We spoke with a health professional who liaised with the service who told us the staff and management were approachable, they listened to people's concerns and had helped the person to achieve positive health outcomes.

Is the service caring?

Our findings

Overall we concluded staff treated people with dignity and respect and their privacy maintained. People and relatives generally said they were treated with dignity and respect by staff. For example one person told us "They always give me a hug when I am low." We observed staff giving two people hugs as described by this person. We saw staff sat with people to comfort them and alleviate any anxieties using a mixture of verbal and non-verbal communication techniques to offer the required comfort. For example we observed a care worker holding someone's hand gently to help calm them when they had become distressed.

Staff were seen to be warm and caring towards people and we observed some good exchanges between people and staff. A staff member said "I can see that the staff are really engaged with the residents" and another said "I treat people how I like to be treated myself." One person spoke negatively about care staff attitude however we did not identify any other evidence to corroborate this. People looked clean and appropriate dressed with staff taking care to attend to people's appearance for example combing their hair and adjusting clothing.

We observed staff and saw that staff had a regard for most people's privacy. For instance, staff were seen to knock on people's doors before entering and spoke to them with respect. However we did identify that staff could have done more to protect one person's privacy during their use of the bathroom,. We concluded this was an isolated incident due to the other very positive interactions that we observed.

Care plans informed staff the areas where people could maintain a level of independence for example with mobility. We saw some people were supported to take their own medicines to maintain a level of independence.

Staff knew people well and addressed them by their name. Staff and the manager demonstrated they knew people's individual needs and histories well, for example providing appropriate material such as historical books to one person based on their life history. We saw some care plans contained a good life history and information on their likes and dislikes, with appropriate risk assessments in place, but others contained less information.

We spoke with two relatives who both told us they were able to freely visit their relatives in the service. For example one relative told us "they are really friendly about visiting during school holidays with the kids."

People and relatives told us that staff listened to them and acted on their opinions. Relatives told us they were consulted, for example one told us "They always talk to me when there is any big thing like [the resident] being poorly and needed a change in her care". People were also supported to express their views through the residents meeting. During the inspection we witnessed a meeting which nine residents attended. We saw evidence people were given time to voice their opinions on care and support. During this one person wanted to raise a personal issue. The staff member coordinating the meeting stopped the person talking about the issue but promised to speak to them later. At the end of the meeting the care worker approached the resident and they went to the resident's room to discuss the matter to ensure the

person's privacy.

Arrangements were in place to support people at the end of their lives with appropriate care plans put in place.

Is the service responsive?

Our findings

At the last inspection we identified a breach of regulation relating to records as a complete and accurate record of people's care provision was not kept and the service was unable to fully evidence that people had received appropriate care and treatment.

At this inspection we found improvements had been made. The service utilised a computerised care recording system which had been further updated and refined since our last inspection.

We saw that care plans that had been recently completed or updated were in depth, person centred and contained good information, including a section on medical information. Care plans were reviewed on a monthly basis. Care plans contained person specific plans relating to their care needs, such as mobilisation, dietary needs and pressure area care. Information on capacity was seen to be documented in care files. We saw evidence plans of care were followed, for example in ensuring the correct equipment was in place to help keep people safe. Staff understood the elements of people's care plans that we asked them about.

Records of daily tasks provided evidence care and support was delivered in line with plans of care. For example we saw people were subject to regular checks and pressure relief as per their plans of care. We observed pressure relieving mattresses were on the correct setting. Daily handovers took place which were a mechanism to help ensure staff were informed about any changes in people's individual needs.

People we spoke with told us staff consulted them about the care of their relatives. One person said "They always talk to me when there is any big thing like [the resident] being poorly and needed to change in her care". We saw evidence in records that relatives were contacted following any incidents or changes in health.

Arrangements were in place to help meet people's spiritual needs. Care plans assessed people's needs in these areas and fortnightly church services were held to help meet people's spiritual needs.

People were supported to participate in activities. There was a weekly programme of activities, with an activities board in the corridor showing what was taking place on a daily basis. Regular activities included, aromatherapy, 'music for health', bingo and reminiscence. We saw photographs from a recent visit from 'Zoolab', who brought in animals for people to pet. We observed staff sitting with people and giving manicures whilst chatting to them, which people enjoyed. One person said "They help me with my crochet wool." They went on to say they had made a scarf which had been included in a prize. They were very happy about this. Another person said "They help me put on my James Bond DVD's". One person did however say that they "would like more painting and craft activities".

On the day of the inspection an outsider entertainer visited the home to provide a motivation session in which 7 people took place. This involved a quiz, a session of chair based exercises, and a music session in which residents were given percussion instruments and sang and played along to songs. People appeared to enjoy this activity provision.

A system was in place to record , investigate and respond to any complaints. Records provided evidence that complaints were appropriately managed by the service. We asked eight residents and two relatives about making complaints. Six of the residents said they had not made a complaint and said they were very satisfied with the service. One person said "if something is bothering me I just say it to the person-that's always sorted things". The two people who had made complaints had differing views. One said "I had a talk with [registered manager] and she sorted everything out". The other person said "they always say they are listening but never do anything". Both of the relatives we spoke with said if there was an issue they spoke with the manager and things were resolved at that level. One relative said "I just have a word with [registered manager] when I see her. She has always helped". We observed a person make a complaint about the weekly menu. The person seemed relaxed making the complaint. The staff member responded appropriately and said they would investigate the issue.

Is the service well-led?

Our findings

A registered manager was in place. We found required notifications such as serious injuries and allegations of abuse had been reported to the Commission. This helped us to monitor events which occurred within the service.

We found improvements had been made since the last inspection in September 2015. However further refinements were required to the medicine management system and risk management systems as well as sustaining the improvements that had been made to demonstrate that the service was well led. We identified some improvements were needed to the medicine management policy to ensure it clearly defined how to administer 'as required' medicines, when and how to handwrite prescriptions and to ensure it set out a clear process in relation to covert medicines.

Whilst the computerised care record system contained a more complete and accurate record of care and support, improvements were required to specific elements. For example incident records did not always provide a full and accurate record of the incident such as whether assistive technology had been effective and preventative measures lacked a clear plan. Some documentation around best interest processes required further refinement. We had confidence the manager would further adapt records to put this things in place.

Accidents and incidents such as falls were analysed on a monthly basis by the manager to look for any trends and themes.

Staff we spoke to enjoyed working at the home and morale appeared good. A staff member said "I feel so comfortable now. We're working together. It's all about working as a team". Staff appeared committed to making a difference to people's lives. Staff told us "I love my job" and "I like coming and helping them". The management team were praised by staff who felt they could go to them for any queries and that the registered manager was approachable and very involved in the home. Comments from staff included "[registered manager] is always coming to ask if we're ok and want any help", "The support from our manager is really good" and "We get a lot of support from the senior nurses and management. [Registered manger] is excellent". Staff told us they felt valued and said "It's really nice to get a pat on the back and a well done sometimes. It makes you want to do more."

Systems were in place to assess and monitor the quality of the service. A deputy manager had been recently employed who had begun to support the registered manager in undertaking audits and checks on the quality of the service. The registered manager regularly undertook audits and checks on care records which could be done quickly and effectively through use of the electronic care record system. For example they regularly monitored people's fluid intake and where this raised questions about whether people had received regularly fluids this was flagged up with the staff concerned. Care and support plans and entries in daily records were regularly checked by the registered manager and emails sent to nursing staff to ensure any deficiencies were addressed.

Audits were undertaken in other areas such as people's weights, and pressure area care. Hospital admissions were monitored to establish the cause and determine whether they could have been prevented. Medicine management audits were undertaken. We saw evidence these were regularly identifying issues which were flagged up with nursing staff. Whilst this was positive, the audits had not identified all the issues we identified during the inspection, which indicated further refinement was needed. The deputy manager told us that their appointment would help ensure increased monitoring and checks in this area. Manager walk-arounds also took place daily. We saw evidence these picked up issues which were addressed either informally or through the staff supervision process.

The manager was committed to further improvement of the service, through refining documentation, and audit systems and processes. We recognised that the quality and consistency of the service had increased since the last inspection. Further improvements were planned, for example the introduction of champions in infection control, tissue viability and falls prevention to further drive improve quality in these areas. The manager was also training senior carers to take more responsibility in specific areas of care and support both to aid their development and to offer a greater level of support to nurses.

Staff meetings were periodically held. We saw a number of quality issues were discussed at these to help improve and/or maintain the quality of care.

People's views were sought on the quality of the service. Annual questionnaires were sent to people and their relatives. Surveys focused on feedback in areas such as food, staff attitude, care and support quality, and activities. We reviewed the responses from the most recent surveys sent out in November 2015, where there had been six responses. All six people said their overall experience was good or very good. Resident meetings were held on a monthly basis, where people could give feedback on activities, food, discuss holidays and any concerns.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	2b Systems and processes were not fully established to ensure risks to people's health and safety were assessed , monitored and mitigated.
Treatment of disease, disorder or injury	2c A complete and accurate record of people's care and treatment was not in place.