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Heatherdene Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 12 February 2016.

Heatherdene Nursing Home is a care home with nursing located in Bexhill On Sea. It is registered to support a maximum of 28 people. The service provides personal care and support to people with nursing needs, some of whom were living with dementia. There were 26 people living at Heatherdene Nursing Home during our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People were safe. People spoke positively of the service and commented they felt safe. Our own observations and the records we looked at reflected the comments people had made, however we identified some areas that require improvement.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink enough to meet their nutritional and hydration needs. Despite communal dining experience being available, it was not seen as a social event. We also saw that choices of food were minimal, for example, fish and chips or fish pie. Feedback in respect of the quality of food, temperature of food and choice of food was varied

There were a range of audits in place to monitor the quality of care delivery. Whilst accidents were recorded there was a lack of recorded actions documented or root core analysis of the possible cause. Resident meetings were held but there was no feedback to people or evidence of what action was taken in response to people's suggestions to improve the service such as menu choices, activities and weekend staffing.

Activities were available five days a week from 10:30 am until 1pm. However feedback about activities, for example timing and duration of activities was not always positive. One person said, "I'm still waiting to get washed and dressed when activities happen." Another said, "If I'm a little bit later getting down, I might miss out."

Care plans contained information on people's likes, dislikes and individual choice. Information was readily available on people's life history and there was evidence that people and families had been involved regularly in their care planning.

Care plans and risk assessments, reflected people's assessed level of care needs, action for staff to follow and an outcome to be achieved. Care plans were in the process of being changed and 'This is me' documents introduced. We saw the new documentation that had been prepared and ready to share with people at the next resident's meeting. People's medicines were stored safely and in line with legal regulations and people received their medicines on time and from an appropriately trained care staff

member.

Staff received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the legal requirements of the Act. They were aware of restrictions imposed on some people in the home and why they were in place.

Staff felt supported by management, said they were well trained and understood what was expected of them. There was sufficient day to day management cover to supervise care staff and care delivery. The current management staffing structure at the service provided consistent leadership and direction for staff.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated they had built rapport with people and they responded well to staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Heatherdene Nursing Home was safe. Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.
Safe recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provided additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Is the service effective?

Requires Improvement

Heatherdene Nursing Home was not consistently effective.

People were given choice about what they wanted to eat and drink and were supported to stay healthy. However the meal time experience was not enjoyed by people and there were not always choices available.

Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Is the service caring?

Good

Heatherdene Nursing Home was caring. Staff communicated clearly with people in a caring and supportive manner and it was evident that they knew people well and had good relationships with them. We observed that people were treated with respect

and dignity.

Care plans were personal to each person and included detailed information about the things that were most important to the individual and how they wanted staff to support them.

Staff were seen to interact positively with people throughout our inspection. It was clear staff had built a rapport with people and they responded well to this.

Is the service responsive?

Good

Heatherdene Nursing Home was responsive. A complaint procedure was on display in the entrance hall. People who were able to verbally express their views were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised.

The opportunity for social activity and recreational outings was available.

Is the service well-led?

Requires Improvement

Heatherdene Nursing Home was not consistently well-led. Incidents and accidents were documented and but not analysed to identify trends to prevent a reoccurrence.

There were systems in place to capture the views of people, visitors and staff however where suggestions for improvement had been made there was not always an action or response recorded.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and shortfalls identified had been addressed. Senior staff monitored the home to ensure that this happened.

Heatherdene 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 checked 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.

The inspection took place on the 12 February 2016. This visit was unannounced, which meant the provider and staff did not know we were coming. The inspection team consisted of two inspectors.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided in the service. CCGs are clinically led groups that include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients

During the inspection, we spoke with nine people who lived at the service, five relatives, the registered manager, five care staff, and the activity co-ordinator. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge/dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at seven care plans and the risk assessments included within the care plans, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Heatherdene Nursing Home. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident the providers did everything possible to protect them from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. One person told us, "Staff ensure the bell is nearby at all times and come immediately I call." Another person said, "I have everything I need, I am safe and cared for." Relatives told us they had confidence their loved ones were safe. For example, one relative told us, "I moved my dad from somewhere else because I wasn't happy with the care and this place has been brilliant."

People's risks were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, challenging behaviour, nutritional risks including the risk of choking and moving and handling. The files also highlighted health risks such as diabetes. Where risks were identified there were detailed measures in place to reduce the risks where possible. All risk assessments had been reviewed at least once a month or more often if changes were noted. (The January 2016 review was incorporated in to the development of new care plan documentation) It was noted that some health risk assessments were not used in full. This had not impacted on people's health at this time, but It is recommended that the home follow the NICE guidance pathways for nutrition and pressure ulcer management.

Information from the risk assessments was transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear, accurate and up-to-date information about how to reduce risks. Hoever we found inconsistencies with weight recording from December 2015 to January 2016. Such as one person had gained 8.1 kgs. There was no evidence that this had been identified and queried. We were told that in January 2016, new scales were purchased and this could be the reason for differing weights. Whilst this is accepted, there was a lack of action taken by staff when the discrepancies were recorded, such as people being reweighed or looking at a health problem such as fluid retention. The person whose weight was very different in January 2016 was weighed during this inspection in February and confirmed a weight gain of 8 kgs over two months.

We saw staff had acted on weight loss. One person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. The latest review had recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and foods fortified. This was monitored closely by the nurses and care staff and daily records kept of food and fluid intake.

The staff rota showed there were sufficient staff on duty each day to cover care delivery, cooking, maintenance and management tasks. The rota showed where alternative cover arrangements had been made for staff absences. At present there are six care staff and one or two nurses on duty from 8am until 8pm. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed

and allowed people to move at their own pace. We also saw staff checking people who were in their rooms regularly throughout the day. When people used their call bells we saw that staff responded immediately.

People told us there was always sufficient staff on duty to meet their needs. One person told us, "I have not ever had to wait for assistance, they come immediately." Another said, "Can't remember ever having to wait, they make sure I am totally safe before leaving me." A visitor said , "I have not ever been concerned about staffing levels. Staff always seem to be around." We did receive two comments that indicated that call bell response in the evening was slower but were unable to establish whether it was after 8 pm when the night staffing levels were lower or before 8 pm when the staffing levels were at maximum levels. The manager told us she does random audits on call bell responses but these had not identified long delays. She assured us that this would be investigated and further audits implemented.

People told us their medicines were administered safely. Comments included "I don't have to worry about anything, I get my tablets at the right time and that is important for my health." Another said, "I can rely on the staff to give me my tablets on time and that is so important." Medicines were supplied by a local pharmacy in weekly blister packs. We observed the lunch time medicines being administered. The nurse administered the medicines and we saw they were checked and double checked at each step of the administration process. The staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort. For example, we heard the nurse say, "It's the time for your tablets, are you ready to take them?" and "Have you got any pain, would you like some pain killers?"

Medicines were stored appropriately and securely. Medicines which were controlled under Schedule Two of the Misuse of Drugs Act 1971 were appropriately double locked within a medicines cupboard. These drugs were listed and logged in a controlled drugs register. They were checked daily by the nurse on duty. We checked that medicines were ordered appropriately and staff confirmed this was done on a 28 day cycle. Medicines which were out of date or no longer needed were disposed of appropriately. The manager said that they were in the process of looking at another medicine provider as they do not get support training or regular audits from the present pharmacy.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the recent mental capacity policy that was recently updated to reflect the changes to the mental health act.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were all included within a schedule of checks.

During our visit we looked around the home. We found all areas were safe and well maintained. People told us that their room was kept clean and safe for them. One person said, "Someone comes and checks my room for any problems." There was a lift between the ground and first floor, which enabled people to access all areas of the home. The lift was clean and serviced regularly.

All communal areas of Heatherdene Nursing Home were clean and fresh, with no unpleasant odours. The laundry room was clean, neat and tidy. Laundry equipment was in good working order. Safe procedures were followed to make sure laundry was clean and safe and staff told us of the training undertaken to prevent cross infection within the home. Staff wore protective clothing which was available throughout the home for staff to access easily. People told us they were very happy with the way the home was kept clean. One person told us "Every day my room is cleaned. The bedding is changed regularly." One relative told us "To us everything is perfect here, homely, safe and clean."

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us, "Excellent here, they worry I'm not eating, but I eat when I feel hungry, but it's good they are keeping an eye on me," and "We know that they are trained to look after us, I see the doctor when I need to, I have also seen an optician and dentist."

People had been protected from the risks of inadequate food and hydration. However the mid meal observed was not seen as an organised and enjoyable event. Activities had just finished and there was no preparation for lunch. Seven people were served their meal where they had sat all morning. The table was not properly cleared (debris from craft session) or set with cloths, cutlery or condiments. The interaction was minimal as people were sat far apart and couldn't hear each other. So the meal time experience was of individual service, not a social occasion. Staff admitted that as activities was 10:30 am until 12:30 am it was always a bit of a rush. There were people who ate in the lounge and meals were brought individually to people on trays with plate covers. Trays were put straight onto individual tables although they did not readily fit on them. The main table was rapidly cleared of activities things but not laid up as a meal table, There was background music but no conversation. Comments from people about meals was mixed. Some people said it was "Good," "Plain, but tasty." Others told us, "Boring and repetitive," and "Tasteless."

The meal choice on the day of the inspection was fish and chips or fish pie. There was no other alternative offered verbally but we were later told that ham, egg and chips had also been offered that morning. One person did not want the main meal and asked for something with cheese. This was initially ignored by care staff.
A staff member went and removed the mashed potato from the fish pie and re-offered it to the person. The person was adamant that they didn't want the meal. The person then asked for tomato soup but staff returned to say there was no tomato soup but there was mushroom soup. This was only half eaten and the person declined pudding. We were told that the meals had featured in recent resident meetings and the manager realised that meal delivery required attention. The meal time experience and choice of food was not always provided for people. This was an area that requires improvement.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. The cook told us, "People have a nutritional assessment when they arrive. We can cater for vegan, diabetic and any other special diets. We also have people who need a pureed or soft diet. Staff are good about telling me who needs special diets."

People who had been identified at risk from malnutrition or who were not drinking enough had daily records in place so staff could monitor their intake and take appropriate action, such as fortified food and drinks. The records were also used to ensure that accurate information was available for GPs and other external health professionals. The records we saw were well completed and totalled up every 24 hours.

People's weight was regularly monitored and documented in their care plan. Staff said some people didn't wish to be weighed and this was respected, "We notice how their clothes fit, that indicates weight loss or weight gain sometimes." The registered manager said, "The cook and staff talk daily about people's

requirements, and there is regular liaison with Speech and Language Therapists (SALT) and GP." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

We observes staff assisting people with their meal in a skilful, unrushed and discrete manner. Staff sat at the same level, maintained eye contact and spoke with people while they assisted them.

The registered manager is responsible for organising all staff training and told us the she worked with staff on the floor regularly to underpin the training sessions. These sessions contributed towards staff supervisions by giving staff and the senior nurse an opportunity to share and reflect on their practice Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They also received additional training specific to peoples' needs, for example care of catheters, dementia care and end of life care provided by a local hospice. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed an NVQ 2. We all complete mandatory training." We saw that staff knew how to engage with people who lived with dementia and that they were patient and asked only simple open questions to ensure that there was opportunity for the person to respond. Examples of this included, "Can I help you with your meal?" and "Would you like to go the bathroom."

Staff received supervision regularly. Feedback from staff and the training lead confirmed that formal systems of staff development, including an annual appraisal was in place. The training lead told us, "It's important to develop all staff as it keeps them up to date and motivated." We were aware that due to the shortage of nurses the supervisions were slightly behind until a deputy manager was recruited. The manager had tried to engage the nurses with undertaking supervisions of care staff but they were not keen to take on this extra role.

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw evidence in individual files that best interest meetings had been held. We saw care staff asked people for their consent before assisting people with eating, with moving and with any activity. Staff waited for the person to agree. We saw that staff had worked on communication strategies for those people unable to speak verbally. One person used hand gestures whilst another used eye blinks.

CQC is required by law to monitor the operation of DoLS. In March 2014, changes were made to DoLS and what may constitute a deprivation of liberty. During the inspection, we saw that the manager had sought appropriate advice in respect to these changes and how they may affect the service. The service was meeting the requirements of DoLS. DoLS applications had been made with the Local Authority, and the registered manager knew how to make an application for consideration to deprive a person of their liberty. We were told that training was cascaded to all staff

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "The care here is good, nothing fancy but very kind and caring. Nothing is too much trouble." Another person said, "My goodness, everyone is so kind and helpful, I never feel rushed or a nuisance, they have the patience of a saint."

We saw that people's differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. Communal areas had displays on the wall that reflected people's interests, some of which they had created at craft sessions. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "I am happy in my room, I have all my things around me, my photos and paintings. If I wanted to go down to sit in the lounge, I could but I don't want to, staff respect that." Another told us, "We get the choice, but it's always our own decision, great respect is shown to us in all ways."

We saw staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are very sweet and caring."

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. A relative told us, "They ask us for suggestions and keep us well informed, I feel supported." Another relative said, "My thoughts echo my relatives. We are always consulted and involved, nothing is changed without talking it through." The registered manager told us, "We support people to do what they want, we are very caring in their attitude." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

People told us staff respected their privacy and treated them with dignity and respect. Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage people to walk and in eating and drinking.

One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care. This showed staff understood how to respect people's privacy and dignity. We saw staff ensure that people's modesty was protected when moving them in an electrical hoist (lifting equipment). Staff explained what they were doing before they started to move them and continued to speak with them throughout the whole procedure. The moving procedure observed in the communal area was done in a professional and sympathetic way. Staff ensured the person's dignity was promoted throughout the manoeuvre. Staff were able to tell us about why they used a privacy screen in the double bedrooms and

were able to express ideas of the protection of people's privacy and dignity.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them." All the people we spoke with confirmed that they had been involved with developing their or their relative's care plans. One care staff member told us she sees communication with and about residents as a key to improving their lives, which she also sees as core value of the home. For example, using eye contact taking time to develop the persons confidence in using finger squeezes and eye signals, Another example was the manager's sourcing of Portuguese vocabulary and staff willingness to try with it. The staff member likes to spend coffee breaks with individual people to explore this aspect of care. She also mentioned the importance of finding out about people's preferred music or reading materials. This caring approach was expressed by two other staff who told us that communication with people was the most important aspect of delivering care. We saw that for one person with dementia staff had purchased a twiddlemuff. This is a knitted muff with items attached so that a person who lives with dementia can twiddle in their hands. People who live with dementia often have restless hands and like to have something to keep their hands occupied. It provides
a source of visual, tactile and sensory stimulation and at the same time keeping hands snug and warm. We saw the person use this throughout the inspection and it had a calming effect. Staff referred to it whilst assisting the person with drinks and food.

Care records were stored securely in the office area. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, "There are no restrictions on visitors". A visitor said, "I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting."

Good

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "I only have to mention a niggle and it's dealt with," and "We can talk to staff at any time, about anything." We were told that activities and events were always available if they wanted them, and people could choose what they did every day. Staff told us, "We have an activity plan but we try to do one to one time as often as possible as everyone has different hobbies and interests."

The home supported people to maintain their hobbies and interests. One person said, "I like to be left to my own devices and this is respected. I go down to watch television, I have friends visit, see my family and my newspapers, and I don't feel bored." Another person said, "They let my dogs visit with my family, so thoughtful and means everything to me." We also saw that consideration was given people's music and television preferences. People were asked what they wanted to watch and as a group came to the most popular choice. The home provided people with a choice of daily newspapers that certain people valued. People were seen to request to return to their room at a time that was decided by them. One person said, "I get weary in the afternoon and like to have a nap on my bed." Another said, "I like to spend time in my room in the afternoons." Group activities were planned to take place in the mornings as many people preferred to return to their room in the afternoon. Five people we spoke with enjoyed staying in their room, either reading or watching their television. Special events were planned and people enjoyed attending them, such as visiting entertainers. Heatherdene have had two student occupational therapists from university on placement for a month. They were enthusiastic about the plans for meaningful activities. A meeting was being held to discuss activities and the introduction of film afternoons was one thought put forward for the future.

The home encouraged people to maintain relationships with their friends and families. A relative told us, "We visit all the time, and that is so important to us." One person said, "I look forward to my family coming to see me. It brightens my day and is important to me." We saw that visitors were welcomed throughout our inspection.

Records showed comments, compliments and complaints were monitored and acted upon. Documentation showed that complaints had been handled and responded to appropriately and any changes and learning was recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the management, they are all wonderful". One senior nurse said, "People are given information about how to complain. It's important that you reassure people, so that they comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in."

A 'service user / relatives' satisfaction survey', had been completed in the Autumn of 2015. Results of people's feedback was used to make changes and improve the service. Resident meetings were held formally as people were encouraged to share feedback on a daily basis.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records

showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver peoples' care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Work was still being undertaken to improve the care planning system, and this was on-going as more staff received training in care planning.

Care plans were reviewed monthly or when people's needs had changed. In order to ensure that people's care plans always remained current, the manager checked them regularly alongside daily notes and handover records. Daily records provided detailed information for each person, staff could see at a glance, for example how people were feeling and what they had eaten.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. Everyone was aware of the registered manager and referred to her when describing their experiences of life at Heatherdene Nursing Home. One person said "The manager always pops in to see me, very knowledgeable and honest." A relative said, "The manager is very professional, runs the home well." Staff told us, "Really supportive, works with us on the floor, always available."

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and meals. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions." We saw minutes of resident and family meetings with agenda items but we noted there was a lack of feedback to people and visitors recorded and no action plan seen. There were comments on people and relatives saying in their meeting that weekends had a different feel and later reference in minutes to weekends being 'short staffed at present' but no indication that this had been taken forward for action by the provider. This was an area that requires improvement.

Staff meetings were regularly held to provide a forum for open communication. Most staff told us they were encouraged and supported to question practice. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue. They said; "I felt listened to, although the process could not be changed, and I now I have a better understanding behind the reason we need to do certain things." However there were also staff who felt that their comments and suggestions to improve were not always listened to or respected. We were told, "I want to improve my particular role but do not think that I am listened to. I have so many ideas but it's difficult." This was an area that requires improvement.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Where recommendations to improve practice had been suggested, they had been actioned. For example, medicine administration shortfalls at night were identified and staff had received further training and practical assessment to improve competency. However whilst accidents and incidents were recorded and an audit was completed monthly, the audit did not identify possible cause, whether it was unwitnessed and whether there were trends such as times. There was therefore no opportunity to learn from accidents and incidents. This was an area that requires improvement. We were told following the inspection that a falls audit is in place and all falls were investigated as to cause and preventative measures implemented.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the

management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

People, friends and family and staff all described the management of the home to be approachable, open and supportive. People told us; "Always available and very approachable." and "So understanding and ever such a lot of help." A relative said; "The management have time for you, they will stop and talk and most importantly listen." A staff member commented; "The management are supportive, they work with us, they're not just stuck in their office, but they can be very strict, which is good."

Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were improved following review.

The manager worked with staff to provide a good service. We were told, "She leads by example and works alongside us." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; "Love it here, everybody gets on and we work as a team," and "I was made welcome when I first came here to work, it's a small home and we can do our job well because of that."

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example they were offered staff training opportunities in such areas as end of life and management courses.