

Manor Court Care Homes Limited

Abbey Grange Nursing & Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Abbey Grange Nursing and Residential Home provides accommodation for up to 42 people who require nursing and personal care. The home comprises of the main building over four floors and a self-contained bungalow attached to the home. During our inspection there were 23 people living at the home and two people living in the bungalow.

We inspected Abbey Grange Nursing and Residential Home in May 2015. At that Inspection we found concerns relating to four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations included; Need for consent, Safe care and treatment, Receiving and acting on complaints and Good governance.

The provider sent an action plan of how they would make improvements. During this inspection we saw some improvements had been made.

This inspection took place on 8 and 9 June 2016 and was unannounced.

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. 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.

Medicines were not always administered as they were prescribed, one person did not have medicines they required available and staff did not always look after people's creams and ointments appropriately. Medicines were stored securely but not within safe temperature requirements.

The registered manager and provider had systems in place to monitor the quality of the service although these did not always identify shortfalls relating to mental capacity, medicines and poor record keeping relating to fluids.

Risks to people had been identified and plans were in place to reduce the risk. Some of the plans lacked information. Where people's capacity had changed, this was not always clearly recorded in people's care plans

People and their relatives said the home was a safe place. Systems were in place to protect people from harm and abuse and staff knew how to follow them. There were enough staff available to meet people's needs. Safe recruitment procedures were in place.

Staff felt well supported and well trained. There were some gaps in staff training and the registered manager had plans in place to address. New members of staff received an induction which included shadowing experienced staff before working independently. Staff received supervision and told us they felt supported.

Care plans provided information about how people wished to be supported and staff were aware of people's individual care needs and preferences.

Staff had built trusting relationships with people. People were happy with the care they received. Staff interactions with people were positive and caring.

People were complimentary of the food provided. Where people were at risk of dehydration accurate records were not always kept of how much fluid they had consumed. Care plans did not always accurately record people's food preferences.

There were systems in place to receive feedback from people who use the service, their relatives and staff. An action plan had been developed in response to the feedback.

Mixed feedback was received about the activities provided. A new activity coordinator was in post and was finding out about people's interests.

People and relative's told us they were confident they could raise concerns or complaints with the registered manager and they would be listened to.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

Some aspects of the service were not always safe.

People did not always receive medicines at the correct time, as prescribed or that had been stored safely within the required temperature.

Risks to people's safety were identified however care plans did not always contain information relating to specialist equipment settings.

People were protected from the risk of abuse because staff were trained and understood how to report it.

People were supported by staff who had checks undertaken to ensure their suitability to work with vulnerable people.

Requires Improvement 

Is the service effective?

Some aspects of the service were not always effective.

People's meal preferences were not always accurately recorded in their care plans. People were complimentary of the food provided.

Where people's capacity to make decisions had changed, this was not reviewed and responded to in line with the Mental Capacity Act 2005.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Requires Improvement 

Is the service caring?

The service was caring.

People told us they were happy with the care and support they received to help them maintain their independence.

Good 

People were supported by staff who respected their dignity and maintained their privacy.

Staff knew the people they were supporting well.

Is the service responsive?

Good ●

The service was responsive.

People gave mixed feedback about activities, the activities coordinator was new in post and finding out people's interests.

The service had systems in place to receive feedback from people, their relatives and staff.

Care plans provided information about how people wanted to be supported. People were involved in developing their care plans.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems were in place to monitor and improve the quality of the service for people. The systems did not identify the shortfalls we found in the service.

The management promoted an open culture and were visible and accessible to people being supported by the service and the staff.

People were supported and cared for by staff who felt supported by approachable managers.

Abbey Grange Nursing & Residential 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.

The inspection took place on 8 and 9 June 2016.

The inspection was carried out by one adult social care inspector, a pharmacist inspector, a specialist advisor who was a 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.

Before the inspection, the provider completed 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. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who monitor the service provided.

During the inspection we spoke with 10 people and three visitors about their views on the quality of the care and support being provided. We spoke with the registered manager, provider and nine staff members including the activity coordinators, a housekeeper and the cook. We also spoke with a visiting health professional. We looked at documentation relating to seven people who used the service, four staff recruitment and training records and records relating to the management of the service. After the inspection we received feedback from three further health professionals.

Is the service safe?

Our findings

Some aspects of the service were not always safe.

At our last inspection in May 2015, we found medicines were not stored and administered safely. The nurse left people with their medicines and did not check they had been taken. During this inspection, we saw staff give people their medicines safely. Staff signed the medicines administration record after they had seen people take their medicines. People's medicines were stored securely.

We identified further areas of concern during this inspection.

Several people were prescribed a medicine with instructions to take it 30 to 60 minutes before food. We saw staff give this to three people after breakfast and one person after their lunch. Staff did not follow the advice given by the pharmacist for this medicine to be most effective.

Some people were prescribed creams and ointments. These were kept in people's bedrooms and applied by care staff when they provided personal care. Staff did not always look after people's creams and ointments appropriately. We looked at the creams and records in three people's rooms. In one person's room, one cream belonged to a different person. The label had been torn off another container so it was not possible to see who it had been prescribed for. Another cream had a 'use by' date of November 2015. However, staff recorded they had used this cream on the day of the inspection. Medicines supplied on prescription belong to the person named on the label and are for their use. Medicines used past their 'use by' date could cause harm.

Systems were in place for the ordering of medicines. People told us their medicines were available for them. However, records showed that an antibiotic for one person had been unavailable for three days before the inspection. Staff told us they had ordered this but not followed it up. They told us they were not sure if it was to continue because they had not had a further supply. During the inspection staff found that a prescription had been at the pharmacy and they had arranged for it to be supplied later in the day. This delay in supply could have made this person's treatment less effective.

Staff checked the temperature of the medicines refrigerator every day. There was no guide for staff stating the safe range for storing medicines. Records showed the temperature was just below the safe range for two weeks from May 2016 to June 2016. There was no record that staff had taken action to adjust the refrigerator or checked whether this would have any effect on the medicines stored in the refrigerator. We looked at the medicines stored in the fridge and there was a risk this could have an effect on their effectiveness. However due to the temperature only being slightly out of range the risk of this was low.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

We discussed these concerns with the registered manager, who confirmed with us following the inspection

action had been taken in response to the concerns.

The pharmacy provided printed medicines administration records for staff to complete when they gave people their medicines. Information was kept with the medicines administration records to support staff to give people their medicines safely. Records showed that staff gave people their medicines as prescribed. We checked a sample of four medicines and these matched the records.

Qualified nurses gave people their medicines. The manager told us they observed staff giving medicines on a regular a regular basis to check safe practice. The nurse on duty told us two nurses usually did the morning medicines and this would include the manager.

Medicines were stored securely. Suitable arrangements were in place for medicines, which needed additional security. Records for these medicines were checked regularly and showed they were looked after safely.

People told us they felt safe at Abbey Grange. One person told us, "I feel safe here, I have security". Another person said, "It is safe enough here, they are all nice honest people". Relatives and visitors also told us they felt people were safe. Comments included; "I feel my [name of relative] is safe enough now", "I am sure my friend is safe here" and "I have never seen or heard anything that has caused me any concern during my visits here".

The service had arrangements in place to ensure people were safe and protected from abuse. The registered manager, provider and staff knew the importance of safeguarding the people they supported. Staff told us they had received training in safeguarding adults.

All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. They told us this would be reported to the registered manager and they were confident it would be dealt with appropriately. They were also aware they could report this outside of the organisation to the local safeguarding authority. We observed information around the home instructing staff on what action to take if they thought a person was being abused. This meant people were supported by staff who knew how to recognise and felt able to report abuse if they had a concern.

People told us they thought there were enough staff available to respond to their needs, however some commented they thought there were lots of different staff. Comments included; "We get lots of staff", "We more or less get the same people, they are all wonderful" and "There seems to be plenty of staff around".

All of the staff we spoke with told us there were enough staff available to meet people's needs and keep them safe. Comments included; "I think the staffing levels are quite good, we have enough staff and there is always a 'floating' member of staff to help out" and "Shifts get covered, we use agency if needed".

We discussed staffing levels with the registered manager. The registered manager told us the provider made decisions about staffing arrangements based on people's individual needs. They said they also considered occupancy levels within the home.

We looked at the staffing rota which showed staffing for a period of four weeks. There were consistent numbers of staff on duty throughout this period. The registered manager told us if people's needs changed they would provide additional staffing if required. During our inspection one person's health deteriorated. The registered manager arranged for additional staffing to be brought in to support the person. During our inspection we observed there were enough staff available to respond to people's needs.

People had call bells in their bedrooms to enable them to call staff for assistance. During our inspection we observed six people who were in their bedrooms had their call bell out of reach. This meant people could be at risk of not receiving support because they were unable to summon staff. We noted those people had access to drinks and were sat in chairs but their call bells were out of reach. We discussed this with the registered manager who told us the call bells would be checked each shift to ensure they were in reach for people and this check would be recorded on the handover record.

There were risk assessments relating to people's individual needs. Where people were at risk of pressure ulceration we found there was some information missing from their assessments. Some people received support in their beds and had pressure relieving mattresses in place to prevent them from developing pressure ulcers. Whilst there were risk assessments in place to prevent people from developing pressure ulcers we found there were no systems in place to check the air mattress was set at the correct pressure for the person's weight. For example, one person who weighed 54 kilogrammes had a mattress which was set for a person who weighed 150 kilogrammes. There were no details in the person's care plan of what the air pressures should be set at. We discussed this with the registered manager who told us they would ensure this information was recorded in people's care plans. Following our inspection they confirmed this had been completed.

We found other risk assessments gave information about how risks were minimised to ensure people remained safe. Areas covered included; risk of falls, risk of people becoming anxious, and moving and handling. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe. People were able to take risks as part of their everyday lives and access the local community independently.

A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of people. We looked at five staff files to ensure checks had been carried out before staff worked with people. This included completing a Disclosure and Barring Service (DBS) check and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed prior to them starting work and records confirmed this.

Is the service effective?

Our findings

Some aspects of the service were not effective.

At our last inspection in March 2015 we identified that people did not always receive effective care because the correct procedures were not always followed where people lacked capacity to make decisions for themselves. During this inspection we found the provider had taken some action to address our concerns.

Most of the staff we spoke with had knowledge and understanding of the Mental Capacity Act 2005 (MCA). One staff member said, "It is to determine if someone has capacity, each decision is specific and we always assume people have capacity". Two of the staff members we spoke with had little knowledge of the MCA, however both of the staff members were new employees and had not received training on The Act.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found that they were where people were being supported to make specific decisions such as a person refusing medicines or needing medical treatment.

Where people had bedrails in place and were able to consent for their use we found this was recorded in people's care records. However, we found where bedrails were in place for one person and they were unable to consent to their use, there was no capacity assessment in place to demonstrate this and no evidence of a best interest decision. We discussed this with the registered manager who told us when the person had capacity they consented to the bedrails, however their health had deteriorated and they were no longer able to demonstrate their consent. They told us this information would be clearly recorded in the person's care plan and they would complete a capacity assessment for the use of the bedrails.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection there was one authorisation to restrict a person's liberty under DoLS. The registered manager told us they were in the process of completing a further six applications. Where the DoLS had been granted we found the home had been following the conditions of the DoLS.

At our last inspection in March 2015 we found people were not always supported to make meal choices or have a sociable mealtime experience. During this inspection we found some improvements had been made.

There were three main meal options on the menu each day and the cook told us staff asked people which

option they would like on the previous day. The cook told us if people did not want what was on the menu they would offer alternatives from additional items available. Information relating to people's nutritional goals and eating and drinking requirements were available in the kitchen. We asked the cook if they also had a list of people's likes, dislikes and allergies. The cook told us the information was present in the kitchen however they were unable to locate it. They told us they thought the list was being updated. We discussed this with the registered manager who told us they were not aware of where the list was. They told us they would ensure this information would be available in the kitchen.

Where people were identified as being at high risk of dehydration we found the systems in place to support them were not always effective. For example, one person's care plan identified they required at least one litre of fluid each day. We looked at the person's records which identified they had drunk less than this on four days and on six days nothing was recorded. This meant the person was at risk of dehydration because staff were not able to accurately monitor their fluid intake. We discussed this with the registered manager who told us they would address this issue with staff. Following our inspection the registered manager told us they had raised this in a staff meeting. They said following this there was an allocated staff member on each shift to assist and encourage people who had a poor fluid intake. They also said the nurse in charge was monitoring fluid records to ensure they were being completed accurately.

There was a drinks dispenser in the dining room and throughout the day some people helped themselves. People also had access to jugs of drinks in their bedrooms.

People and their relatives commented positively about the food provided. One person told us, "Food is very good, plenty of choice, good quality". Other comments included; "The food is marvellous. I enjoy every meal", "Food is ok, not luscious, but can choose from three things every day" and "The food has improved and there is good choice". One person told us how they had a specialised diet and had held discussion with staff about what they could eat. A relative told us, "From what I have seen there has been a great improvement in the meals, I have no complaints".

We also observed one person being supported by staff to eat their meal in their room. The staff member explained to the person what the meal was and checked they were happy with this. The staff member supported the person in an unrushed and relaxed manner.

The same person's care records stated they were a 'vegetarian'. We looked at the person's food monitoring record and found they had been offered and eaten meat based meals on four occasions. We spoke to the provider who told us the person was a "Sometimes vegetarian". Which meant they were sometimes happy to eat meat. The provider said the person's family member had provided them with this information, they confirmed the person's care plan would be updated with this information.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. One person told us, "I think staff who know us know us well and how we like things". Staff felt they had enough training to keep people safe and meet their needs. Staff received basic training such as first aid, fire safety, moving and handling and infection control. Some staff had also been provided with specific training to meet people's care needs, such as dementia care and nutrition. Where there were gaps in training the registered manager had a plan in place to address these. One staff member told us, "The training is good, you can ask for more" and another commented, "It's good, you learn a lot, it makes you feel more comfortable doing the job".

New staff completed an induction when they commenced employment; the registered manager told us they had linked their induction to the Care Certificate. The Care Certificate standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and

high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member commented, "There was a lot of training and it prepared me for the role".

Staff had formal supervision (a meeting with a senior member of staff to discuss their work) to support them in their professional development. They told us this gave them an opportunity to discuss their performance, any concerns and identify any further training they required. One staff member told us, "Supervision is really good, they say where I am doing well and where I need to improve and we agree actions". Another commented, "You can talk about any job problems, they are there to listen, I feel supported".

People told us their health care was supported by staff and by other health professionals. One person told us, "If I was unwell I would tell the nurse and she would take over and do what has to be done". Other comments included; "If I feel poorly, I see the nurse and if necessary she will take me to the surgery" and "Since I have been here, they have called the doctor to see me several times". Community professionals told us the home contacted them for advice when required and staff followed any guidance they put in place.

Is the service caring?

Our findings

The service was caring.

At our last inspection in May 2015 we found people were not always supported and engaged with by staff in an inclusive and respectful way. During this inspection we found improvements had been made. We observed staff interacting with people in a positive way.

People told us they were supported by kind and caring staff. Comments included; "Staff are kind, they treat me as I treat them, with courtesy", "Staff are all kind and lovely people" and "I trust the staff". Relatives also commented positively about staff. One relative told us, "Staff look after [name of relative] wonderfully, they are extremely kind". Another commented, "I am very happy with the care and support [name of relative] receives".

Staff had built trusting relationships with people. People told us staff knew them well. One person told us, "They know me and what I like". Community professionals told us staff knew the people they were supporting well and interactions with people were positive. One community professional told us, "I have never had any concerns, staff are always lovely. There is good interaction between staff and residents".

Throughout our inspection staff interacted with people who lived at the home in a caring way. There was a good rapport between people and staff. Staff talked positively about people and were able to explain what was important to them such as family members, enabling people to be independent and people's life history events.

People could choose where they spent their time. Some people told us they preferred to spend time in their rooms rather than communal areas. People told us they were supported to maintain their independence. One person told us they felt staff had supported them to feel able to move back into the community. Staff told us how they supported people to maintain their independence. One staff member told us, "We give people the opportunity to be as independent as possible, even if it's something like putting their glasses on it makes them feel independent".

The registered manager showed us a document they were using to obtain up to date information about what was important to people from people and their relatives. This included information relating to likes, dislikes, preferred routines, preferred gender of carer, important life events and preferred activities. The provider told us this document was also used as part of the admissions process.

People told us they were treated with dignity and respect. We observed staff treating people with dignity and respect. For example, knocking on bedroom doors before entering. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains when supporting people with personal care and asking people what support they would like.

We observed a number of thank you cards from relatives. We saw positive comments from relatives giving

feedback on the service. These included; 'for all your lovely dedicated, caring staff I cannot thank you enough', 'thank you for all the time, care and understanding the team gave [name of relative] during their stay' and '[names of relative's] dignity was always kept in the front of their [staffs] minds and their communication was amazing'.

Each person who lived at the home had a room where they were able to see personal or professional visitors in private. People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. Health professionals also commented they were made to feel welcome by all the staff. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was present in the building.

Is the service responsive?

Our findings

The service was responsive

At our last inspection in March 2015 we identified that people did not always receive effective care because there were no clear and assessable systems in place to encourage people to raise concerns and complaints. We also found there were no systems in place to receive feedback on the service provided from people, relatives and visitors. During this inspection we found improvements had been made.

All of the people and relatives we spoke with told us they felt able to raise concerns and were aware of the complaints procedure. There had been two complaints received by the service in the past year and these were responded to in line with the provider's complaints policy. Both of the complaints had been investigated and action points were implemented as a result where appropriate.

Relatives told us the manager was approachable and friendly and they would have no hesitation in speaking to them about any concerns. One relative told us how they had concerns about the level of care and support their family member received. They told us a meeting was called involving the family, registered manager and other staff members; as a result, improvements were made and they were pleased with the outcome.

We saw minutes of relatives and residents meetings that were held three monthly. Items discussed included the complaints procedure, menus, activities, staffing and the environment. Feedback from people about the meetings were mixed. Comments included, "They listen and take minutes but nothing gets done" and "I have been to a few residents' meetings, but got fed up because I was not asked for my views". We discussed this with the registered manager who told us they asked each person for their views during the meeting. They also said they discussed at the beginning of each meeting comments from the previous one and any action taken. We saw this was recorded in the meeting minutes.

Where people and their relatives raised agenda items records demonstrated they were discussed and action points set in response to these. For example, a relative had raised concerns that people had been left unsupervised for periods of time. The registered manager responded to this by adjusting staff break times to ensure staff were available.

Surveys were undertaken to receive feedback from people and their relatives annually. We saw the results from the latest survey carried out in June 2015. The survey covered areas such as; satisfaction with staff, activities, choices, cleanliness of the home, laundry and meals. In response to the feedback the provider had identified areas to improve and had an action plan in place. Actions included; areas of the home being updated and an activities coordinator being employed.

At our last inspection in March 2015 we identified that people did not have access to meaningful engagement and activities to meet their needs. At this inspection we found some improvements had been made.

People had mixed views about the activities on offer. One person told us, "I like going for outings in the mini bus". Other comments included; "There is enough for me to do, I choose to sit in the quiet lounge and watch T.V.", "I enjoy going for trips", "I sit in the lounge, I can't get up to walk around, the T.V is on but I am not interested, I get bored" and "Luckily I get visitors because some days there's not enough to do".

There was an activities coordinator in post. The activities coordinator had recently joined the service and they told us they were focusing on spending time with people finding out their interests. There was no formal activity programme in place. On the afternoon of our inspection a skittles activity was arranged, we did not observe anyone join in with this activity. The activity coordinator supported people to access local shops where they chose to and arranged a weekly minibus trip to local areas of interest. The home had arranged for a celebration party for the Queen's birthday in the home.

During the inspection we read seven people's care records. All of the care plans were personal to the individual and included information relating to what people could do for themselves and what support was needed from staff. The care plans were reviewed and updated monthly. This meant staff had details about each person's specific needs and how they liked to be supported.

People were involved in developing the care plans where they were able to. Care plans were signed by people to confirm their agreement. One person told us how they had sat with staff and their relative and "Checked the care plan". Staff had a good knowledge of the people who lived at the home and were able to identify and respond if people needed any changes in their care. Staff were able to tell us information about how people liked to be supported and what was important to them.

Is the service well-led?

Our findings

The service was not always well led.

At our last inspection in May 2015 we found there were not effective systems in place to assess, monitor and improve the quality and the safety of the service provided. During this inspection we found some improvements had been made.

The registered manager and provider carried out audits such as medicines, infection control and care plan audits. The provider told us they completed a monthly 'walk around' to check the environment, speak with people and staff and observe practice. They told us these were informal and not recorded. The provider completed a quality audit of the service once a year; the most recent was completed in November 2015. The areas covered included staff training, supervision and policies. Where shortfalls had been identified from the audit we saw action had been taken. However the audits had not identified the concerns found during this inspection in relation to medicines, the lack of people's fluid monitoring and the lack of mental capacity assessment relating to bedrails.

The provider confirmed they analysed incidents and accidents for themes and trends monthly, although records demonstrated they had not recorded their analysis for the previous two months. We found actions had been taken, for example, for one person following a series of falls input had been requested from the person's GP and the falls team. The provider described how they had applied learning from incidents to improve how the home ran. The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

There was a registered manager in post at Abbey Grange. The registered manager was also a nurse and they told us they kept their skills and knowledge up to date by attending training and receiving email updates from organisations such as the Health and Safety Executive (HSE). They also told us they attended local provider forums and found these meeting useful to network with managers from other organisations. The registered manager and provider confirmed they had visited other care homes to share ideas and discuss good practice. They showed us recording tools the other homes had been shared with them and they told us their plans to implement these.

The registered manager told us they felt well supported by the provider and they met weekly to discuss their plans, any issues and concerns and agree action plans relating to these. The provider confirmed they were present in the home during the working week and available to the registered manager and staff.

Staff told us the registered manager and provider were approachable and accessible and they felt confident in raising concerns with them. One staff member told us, "[name of registered manager] is good, you can always see them at any time". Other comments included; "[name of registered manager and provider] are absolutely brilliant, very supportive" and "The manager is very available always in the office or on the floor". The registered manager and manager told us they promoted an "Open door" policy for staff to approach them. The registered manager said, "I want to motivate staff to provide really good care and enjoy their jobs."

I let the staff know they are valued and appreciated".

The registered manager and provider told us they spent time with staff working alongside them and observing them informally, giving them feedback to support their development and promote best practice. The registered manager also conducted formal observations on staff. We saw evidence of this being completed for administering medicines, care tasks, supporting with meals, use of personal protective equipment and supporting people with privacy, dignity and choice. Records confirmed where observation feedback was given to staff to enable them to develop their practice.

We looked at staff meeting records which showed meetings were held to address any issues and communicate messages to staff. Meetings were held for the different departments such as housekeeping, kitchen and care staff. Items discussed included; completing records, cleaning, people's preferences around receiving support, training and cascading information relating to specific subjects such as The Mental capacity Act 2005 and infection control. Staff felt able to voice their opinions during staff meetings. One staff member told us, "They are good, we get our say and a change to discuss ideas and they are acted on".

Staff's opinions on the service were sought annually through a staff survey. The last survey results carried out in June 2015. Areas covered included; training, how the home is managed, friendliness of the staff team and their opinion on the service people received. Where staff rated areas as needing improvement the provider had a plan in place detailing the action they were taking to remedy this.

The registered manager confirmed their vision for the service. They told us this was to, "Motivate and train staff to provide really good care". Staff told us that they felt the vision for the service was to, "Provide the best care we possible can and support people to be independent" and "To support people to live how they want to, it's their home".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The management of medicines was not completed safely. Regulation 12 (2) (f) (g)
Treatment of disease, disorder or injury	