Norse Care (Services) Limited

St Nicholas House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 8 March 2016.

At the last inspection in August 2015, we found the provider in breach of two Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to the management of risk and the monitoring the quality of the service. The provider sent us an action plan to say they would be meeting the relevant legal requirements by 31 October 2015. Other improvements were also required in relation to the number of staff available to meet people's needs and preferences, staff knowledge of the requirements of the Mental Capacity Act 2005 (MCA) and the completion of staff training. We found that the necessary improvements had been made and that the provider was no longer in breach of these Regulations.

St Nicholas House is a care home that provides accommodation and care for up to 39 older people, some of whom may be living with dementia. There are two units operating within the home, a residential unit and a dementia unit. On the day of our inspection, there were 33 people living in the residential unit and three people in the dementia unit.

There was a manager working at the home. They were not registered with us at the time of our inspection but we had received an application from them in respect of this, which is currently being processed. 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 and associated Regulations about how the service is run.

People who lived in the home were safe. Risks to their safety had been assessed and actions taken to reduce any risks that had been identified.

There were enough staff available to meet people's needs, preferences and to keep them safe. These staff had received appropriate training and supervision to enable them to provide people with safe and effective care.

People received their medicines when they needed them and the premises they lived in was well maintained. People received enough food and drink to meet their needs and the staff supported them to maintain their health.

People were cared for by kind, compassionate and caring staff who knew them well. People's individual needs were met and they were happy living in St Nicholas House. The staff were polite and treated people with dignity and respect.

People had a choice about how they wanted to live their lives and the staff promoted this. People were encouraged to maintain their independence and to participate in activities that complemented their

hobbies, interests and that promoted their wellbeing.

The home had an open and transparent culture. People were listened to and felt able to raise any concerns without hesitation. Concerns that were raised were dealt with quickly. The staff were happy working in the home. They were supported by a management team who were good leaders and who promoted care that was based on people's individual needs and choices. Communication within the home was good and therefore, the staff understood their individual roles and responsibilities which contributed to the provision of good quality care.

There were effective systems in place to assess and monitor the quality and safety of the care that was provided. It was clear that the provider, managers and the staff at the home had worked hard to improve the quality of care that people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people's safety had been assessed and actions had been taken to effectively mitigate these risks.

There were enough staff to meet people's needs.

Staff knew how to protect people from the risk of abuse and people received their medicines when they needed them.

The premises where people lived and the equipment they used were well maintained.

Is the service effective?

Good

The service was effective.

Staff had received sufficient training to enable them to provide people with effective care.

Staff had a good knowledge of how to support people who could not consent to their own treatment.

People received enough food and drink and concerns were acted on in a timely way.

People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect and their privacy was consistently upheld.

People were fully involved in making decisions around how they spent their day and what care and support they received.

Is the service responsive?

Good

The service was responsive.

Care records provided clear guidance for staff to understand how to meet each person's specific care and support needs.

Care was centred on each person as an individual and people engaged in appropriate stimulation and meaningful activities, including one-to-one interactions.

People could complain or raise any issues if they had any. These complaints were listened to and thoroughly investigated.

Is the service well-led?

Good

The service was well led.

An open and inclusive culture was demonstrated, with clear and positive leadership at all levels.

There were effective systems in place to monitor the quality and safety of the service. Record keeping and management systems were in good order.

St Nicholas House

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.

This inspection took place on 08 March 2016 and was unannounced. The inspection team consisted of two 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.

Before the inspection we reviewed other information that we held about the home. Providers are required by law to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also gathered feedback on the home from the local authority safeguarding and quality assurance teams.

On the day we visited the home, we spoke with eight people living at St Nicholas House and four visiting relatives. We also spoke with four care staff, the activities co-ordinator, the provider's dementia lead, the cook, two kitchen assistants, three domestic staff, the deputy manager, the manager, the peripatetic manager who was supporting the manager and the provider's regional manager. We observed how care and support was provided to people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The records we looked at included six people's care records and other records relating to their care, three staff recruitment files and staff training records. We also looked at maintenance records in respect of the premises and equipment and records relating to how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

At our previous inspection in August 2015, we found that risks to people's safety had not always been managed appropriately. This meant that there had been a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider told us that they would meet this Regulation by 31 October 2015.

We found that the required improvements had been made and that the provider was no longer in breach of this Regulation.

Risks relating to people's safety had been assessed. These included areas such as falls, helping people to move, pressure care, choking and nutrition. There were clear actions documented within people's care records detailing what staff needed to do to reduce the risk of people experiencing harm. The staff we spoke with were knowledgable about these. We observed staff making sure that people had the necessary equipment available to help reduce the risk of them falling. Risk assessments were reviewed regularly to make sure that the staff had up to date information on how to reduce risks to people's safety.

However, we did see one incident where a member of domestic staff gave a person a drink without adding some thickener to it. Thickener is used to make drinks more viscous to protect people from the risk of choking. The amount of thickener to be used was minimal and the person did not come to any harm. We brought this to the attention of the deputy manager. We saw that the staff member had received appropriate training but in this instance, had not followed the required process. The deputy manager took immediate action to reduce the risk of this happening again in the future.

Any incidents or accidents that occurred were recorded and analysed. Trends were identified and action taken to reduce the risk of the person experiencing a similar accident again. For example, one person had fallen a few times. In response to this, the person had been seen by a specialist falls team who had given advice on how to reduce this risk. Actions such as placing a crash mat by the person's bed and having a bed low to the floor had been implemented and this had reduced the risk of harm.

Risks in relation to the premises had also been assessed and regularly reviewed. We saw that fire doors were kept closed and that the emergency exits were well sign posted and kept clear. Staff demonstrated to us that they knew what action to take in the event of an emergency such as a fire or finding someone unresponsive within their room. The equipment that people used such as hoists had been regularly serviced to make sure they were safe to use.

During our last inspection in August 2015, we told the provider that they needed to make improvements to the number of staff available so they could meet people's needs in a timely manner. We found that the necessary improvements had been made.

In the main, the people we spoke with told us there were enough staff to meet their needs. One person told us, "Yes they [the staff] are always around when I need them." Another person said, "I feel safe here knowing

staff will come quickly when I need them."

All of the relatives we spoke with told us they felt there was enough staff available. One relative told us, "There are people [staff] around all the time." Another relative said, "Occasionally they might need an extra person, but I have never seen any issues. The staff may be busy but I've never felt uncomfortable with the level, or seen residents put at risk." A further relative advised us they had seen that people wore call bells they could use to request assistance and that the staff did not take long to provide them with support when they needed it.

The staff we spoke with said they felt there were enough staff to meet people's needs in a timely manner. They told us that staffing levels had improved and that therefore, they had more time to spend with people. We observed during the inspection that there were enough staff to meet people's needs

The deputy manager told us that any unplanned staff absence was covered by existing staff, bank staff or agency staff when needed. The manager told us that it had been a challenge to employ the correct staff into vacant roles but that they would not compromise on the quality of the staff recruited. The number of staff required was based on people's individual needs.

All of the people we spoke with told us they felt safe living at St Nicholas House. One person told us, "I know there's always somebody here to care and look after you." "I'm a light sleeper, they [staff] come and check me two or three times a night." Another person said, "If anything goes wrong, there's someone there." A relative told us, "[Family member] is extremely safe." Another relative said, "Absolutely safe, it's the care that everyone shows."

The staff we spoke with were able to demonstrate to us how they reduced the risk of people experiencing harm or abuse. They were clear about the types of concerns they had to monitor and report. We saw that any concerns had been reported to the appropriate authorities and investigated by the manager with action taken when needed.

Staff who were new to the home told us they had been asked to provide copies of their identification and references from their previous jobs before they could start work. The staff files we viewed showed that the relevant checks had taken place before the staff member commenced their employment. This was to make sure they were safe to work with the people who lived within the home.

People told us they received their medicines when they needed them. One person told us, "I always get my tablets and injections on time, it's well managed. It's very rare that I need pain relief, I have asked for it at times. They the [staff] stay with you and watch what you're taking." Another person said, "I've had two paracetamol today, I have them when I need them."

The relatives we spoke with echoed this. One relative said, "They [staff] will come with their tablets, and tell them what they're having. I will ask, if [family member] is uncomfortable or needs additional pain relief, and they're [staff] always very much aware, monitoring it and knowing when their next pain relief is due." Another relative told us, "[Relative] has difficulty swallowing tablets so paracetamol is given in liquid form. They [staff] stay with them, they're very, very good."

People's medicines were stored securely so they could not be tampered with and for the safety of the people who lived in the home. We checked some people's medicines records to make sure they had received their medicines as intended by the person who had prescribed them. The majority of the records we looked at confirmed this. There was clear information in place to guide staff on how to give people

certain medicines and regarding whether people had any allergies that needed to be taken into account. We were therefore satisfied that people received their medicines when they needed them.

Good

Is the service effective?

Our findings

During our last inspection in August 2015, we found that some staff training was overdue and that the principles of the Mental Capacity Act 2005 (MCA) were not always being followed. At this inspection we found that the necessary improvements had been made.

Most of the people we spoke with told us they felt the staff had the required skills and knowledge to provide them with effective care. However, two people did comment that they felt the agency staff were not as well trained. They told us that this was because these staff often needed direction on what care was required. We spoke to the deputy manager about this. They told us that the agency staff's training was checked by the provider prior to them commencing work within the home. The agency staff member then worked alongside a permanent staff member who was always available to them should they have any questions. The deputy manager agreed to review this to ensure that this was occurring.

The relatives told us they felt that the staff were well trained. One relative told us, "The quality and type of staff is excellent." Another relative said, "There's been a lot of training going on recently and it [the care at the home] has greatly improved." A further relative stated, "They [staff] do appear to know what they're doing. I've never had any concern about how they approach [family member's] care."

All of the staff we spoke with told us they had received enough training to provide them with sufficient knowledge to provide good quality care. They told us they were supported in their training and that extra training was provided to them when they requested it. This helped them to develop their knowledge and skills. We saw that staff had completed a variety of training and that their competency to perform their role had been regularly assessed.

The provider employed a 'Dementia lead' whose role it was to facilitate staff knowledge about dementia. The deputy was also a dementia coach, having completed a training course that was conducted by the Dementia Alliance. The staff we spoke with told us this was positive. They explained how they were being helped in a practical sense with how to provide people living with dementia the care they required.

The staff we spoke with who were new to the home told us they felt very supported by the existing staff and that the training they had received had been good. They advised us that they had spent some time shadowing more experienced staff before being allowed to work on their own. Records we viewed confirmed this. We were therefore satisfied that staff had received enough training to provide them with the relevant skills and knowledge to provide effective care.

The 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. We checked whether the provider was working within the principles of the MCA.

The staff we spoke with all had a good knowledge of the MCA and DoLS. They could tell us how they supported people to make decisions and were clear that any decisions they made on behalf of someone had to be in their best interests. Assessments of people's capacity to consent to certain decisions had been made when felt necessary. Decisions taken on behalf of people in their best interests had involved the relevant people.

We did not see anyone of the day of the inspection being deprived of their liberty unlawfully. People were offered choice and freedom regarding how they wanted to live their lives. Those who needed to have their liberty deprived in their best interests either had the appropriate authorisation in place or this had been applied for. We were therefore satisfied that the provider was working within the law to protect people's rights.

The people we spoke with told us they enjoyed the food. One person told us, "The food is very good, if there's something you don't like they [the staff] will always find you something else that you do like. They have fruit set out if you want any." The person continued, "I enjoy my breakfast. Porridge, toast, some prunes with it as well, you can have a cooked breakfast and sandwiches for tea, the bread is nice and fresh, quite a good choice." Another person said, "The food is excellent."

A relative told us how the staff prepared their family member's food in a different way so they could eat it whilst protecting their dignity. They said, "[Family member] likes eggs and bacon, and because [family member] is poor with their hands they often spill some. So they [the staff] make a sandwich of it for them instead." Another relative told us there was lots of choice of food, saying, "[Family member] lives to eat. The standard of the food is excellent, there's always enough choice. If there's a hospital appointment they'll send [family member] with sandwiches and offer them a meal when they get back."

One relative told us their family member had lost weight due to losing their appetite. They explained how the staff were helping their family member in respect of this. They said," [Family member] eats like a bird, little and often, porridge, a biscuit in the afternoon, a yoghurt in the evening. They [the staff] give them build-up drinks to supplement their diet. There's always choices. Encouragement is given by the staff to try things as well as to eat enough."

The staff we spoke with who worked in the kitchen knew about people's dietary needs. They told us that the communication between them and the care staff was good to make sure that people received the correct diet.

Our observations during the inspection confirmed that people were offered a choice of what they wanted to eat or drink, where they wanted to sit and have their meals and at what time they wanted to eat. Displayed within a kitchen cabinet were a variety of foods including finger foods, jellies, yoghurts, fruit and salad which people were able to snack on. People who required assistance to eat and drink received this promptly and they had access to regular drinks to help keep them hydrated.

Where there were concerns about people not eating and drinking enough, appropriate action had been taken. This included monitoring people's food and fluid intake and requesting specialist advice when needed. We were therefore satisfied that people had a choice of food and drink and that it was sufficient for their individual needs.

People told us they were supported by the staff with their specific healthcare needs. One person said, "I get my toe nails done, every six to eight weeks. The optician comes once a year, I had new glasses last year." Another person said, "Oh yes, they always get the doctor for me when I need them."

Relatives we spoke with agreed with this. One relative told us, "The GP and district nurses call regularly. I've seen this on [family member's] care plan. The chiropodist comes regularly, [family member] has speech help and help with swallowing. The optician comes in and [family member] had their glasses changed about a year ago, and new dentures." Another relative said, "We noticed a little pressure sore on their toe. They [staff] got a district nurse the same day. The chiropodist calls six weekly."

We saw that a GP visited people regularly when required and worked with the staff to implement any changes that were required. People also had access to other healthcare professionals such as occupational therapists, physiotherapists and chiropodists. We were therefore satisfied that the staff supported people with their healthcare needs when this was required.

Good

Is the service caring?

Our findings

Everyone we spoke with who was living at St Nicholas House commented positively regarding how kind and caring the staff were. People said they were listened to and their needs were met appropriately. All the staff demonstrated caring attitudes towards people and we saw this was consistent, regardless of the staff's roles.

One person told us, "They're [staff] are always polite, we can have a laugh and a joke with them as well, they're very caring, they always ask you if you're well, ask if they can get you anything, from town. They post letters, they're very kind that way. You can talk to them about anything you like and they'll always try and help you, explain things to you." Another person said, "They [the staff] could not be more attentive. I have all the care and support I need that is given to me when I need it."

A relative said, "They [staff] hold [family member's] hand, they're very comforting to them. If [family member] is having a bad day they ask them if they want to sit on their own, have a lie down and a rest." Another relative told us, "There is genuine concern. They [staff] carry out their duties extremely well. When they [staff] come in and talk to people they know all their individual needs. At the weekend one of the young members of staff came and had a chat with [family member]. It was instinctive, total respect and interest there." The same relative told us, "They [staff] bought [family member] a lovely fleece for their bed at Christmas. They also make them a cake on their birthday."

Another relative told us how their family member had been upset following bereavement. They described to us what happened, "[Family member] is cared for with respect, and dignity, and compassion. I rang the home to tell them their [relative] had died. They [staff] took them to their room, they stayed with them for a time, put them to bed at their request and rang me a couple of times to see how I was, and they continued to ask how they were feeling for several days afterwards."

We saw that the staff were kind, caring and attentive. They sat and spoke with the people they provided care for and we heard lots of laughter during conversations between the staff and people who lived in St Nicholas Home. When assisting people, staff were seen to be polite and gave people reassuring words and encouragement. Nothing was rushed and people were given attention as and when required.

People were actively involved in planning their own care as much as they wanted to be. Even when people's capacity was limited in some areas of decision making, staff ensured they were supported appropriately to make informed choices for themselves. People's relatives were also involved. One relative told us, "[Family member] has a care plan in place, very much so. I've been in and seen [family member] for a coffee and discussed it [care plan] with the [deputy manager]. They ask me to endorse that I was happy with [family member's] current care, signing off the assessment. It was a very open dialogue." Another relative said, "I recently went through their care plan. Whenever there's something new they'll [staff] call me or mention it when I'm here, all the updates are advised."

The people we spoke with told us they were treated with dignity and respect. One person told us, "Yes, they

[the staff] always treat me well." A relative said, "[Family member] is cared for with respect, dignity, and compassion. The [staff] protect their privacy at all times by using a blanket." They went on to explain how their family member had experienced a distressful situation with their health. They described the staff's approach to this as 'normalising the situation' for the person so they felt comfortable and well cared for. Another relative said, "[Family member] has their dignity respected when they are getting changed. The door is always closed, and when they're taking [family member] to the bathroom".

We observed staff treating people with dignity and respect. Staff told us that they ensured people's privacy by closing doors and drawing curtains before any personal care was carried out.

People told us that their independence was encouraged. One person said, "They'll [staff] say 'try and walk to the door with your frame' because it'll be good for you." They went on to explain how their walking had improved which led the staff to ask them to do a sponsored walk in the home. They proudly told us they had completed this and raised over one hundred pounds for charity.

We observed one person using a knife holder adapted for their use whilst eating their lunch. They told us, "There are one or two that use knife and fork holders. Everything's been made much easier for me since I've been here. They [the staff] have even given us beds we can control ourselves." A relative told us, "[Family member] is encouraged to maintain their independence. It's promoted".

Throughout the home we noted that all of the people living there either had a wrist or pendent call system allowing freedom around the home but enabling people to call staff from wherever they may be. This promoted people's mobility whilst providing them with reassurance.

The relatives we spoke with told us they could visit their family member at any time. They added that they were always made to feel welcome and were kept fully up to date about their loved ones care.

Where people had any specific religious or cultural needs we saw that these were being met. For example, a local church member visited the home regularly to perform a church service for those who wanted to attend.

Good

Is the service responsive?

Our findings

During our last inspection in August 2015, we told the provider that they needed to make improvements so that people's individual preferences on how they wanted to receive their care were met. We found that the necessary improvements had been made.

Most people told us that their preference were regularly met. One person said, "The staff always call me over the speaker and ask if I'm ready to get up, or if you want to lie in a bit." Another person said, "They [staff] ask me 'do you want a lady or a man to get you up?' A further person told us, "You can have your meals in your bedroom if you want, but they do like you to come down [to the dining room] if you can."

A relative told us when talking about their family members medicines, "They [staff] even ask them if they'd like it in a measure or on a spoon, and [family member] gives them varying answers." Another relative said, "Sometimes I've come in at 10am to 10.30am and [family member] has decided to have a lie-in. Care is definitely lead by the person. They [family member] definitely get their choices." A further relative said, "They [staff] know what time [family member] likes to get up and go to bed, but they still ask them. They make a hot drink and its tailor made to the time [family member] wishes to go to bed."

The staff told us they were able to meet people's individual preferences. We saw that care was centred on each person as an individual and all staff showed good knowledge of people's needs and preferences.

We observed that people were given choice about how they wanted to receive their care throughout the day. People could spend time in different areas of the home, their rooms or the main lounge. We saw two people sitting in a separate area enjoying a cup of tea, a chat and reading the newspaper to each other.

The people we spoke with told us that the staff were responsive to their individual needs and that they enhanced their wellbeing. This was echoed by the relatives we spoke with. One relative told us that their family member had been given a larger room when their care needs had changed. Another relative said, "They've [staff] encouraged them [family member] to adopt the cat, because they'd taken the trouble to understand how important a cat was to them."

Another relative told us how the care their family member had received had helped them to walk better. They said, "We're pleased with [family member's] mobility, it's improved tremendously. [Family member] has got their confidence back. There was a set-back when they first came in, but they were cared for extremely well during that time." We observed this on the day of the inspection. The staff responded to people when they required assistance and were attentive to their needs. For example, a staff member noticed that the sun was shining on one person. They asked the person if they wanted the curtain drawn to which they replied they did. This made them more comfortable.

People's care needs had been assessed before they moved into St Nicholas House. Clear information was in place to guide staff on what care people wanted to receive to meet their individual needs. Where people's care needs changed, staff responded to this quickly to make sure the care the person received was

appropriate. A handover of information about people's needs was held at regular times during the day to ensure that people received the care they needed.

People told us that there were enough activities for them to participate in that complemented their hobbies and interests. One person told us how they had their own shed where they could go and spend time when they wished. They informed us that it needed staining and that this was the next job on their list. Another person explained that they were happy to stay in their room where they completed crosswords and read magazines. One person told us how they were the quiz master when quizzes took place. They said, "I'm called the quiz master, I ask all the questions. [Staff member] bought me a t-shirt '[Person's name] quiz-master'. I make up the questions and several people here get involved. I've got a book with questions and answers, and I get a lot from the telly."

One relative we spoke with told us, "They [the staff] are always encouraging [family member] to pursue their hobbies. Drawing, tracing and colouring. They [the staff] ask [family member] if they want to be involved and then bring a table across and provide materials. [Family member] loves cricket and if there's a match on they'll make sure it's on the tv or if there's an article about cricket in the paper they'll show it to them. One of the carers took them to the local cricket club and arranged to have tea with them afterwards. There was a piece about it in the local paper and they put it in their room." Another relative said, "They had a film here in the meeting room, the Sound of Music. [Family member] does enjoy activities, and they are encouraged to join in."

We spoke with the activities co-ordinator. They told us they were able to provide a number of different activities to people to meet their individual needs and that the staff also joined in when necessary. We saw the activities co-ordinator spending time with people, reminiscing about the past. The staff told us they were conscious about people who preferred to spend time in their room. They explained that they often spent time having a chat with them and told them about the activities on offer should they wish to join in.

Events such as people's birthdays, Easter, Christmas and mother's day were celebrated. One relative told us, "Mother's Day. What a fabulous spread, they made tea special." The staff told us how they had arranged 'afternoon' tea for some of the people and their relatives who lived in the home recently to make the occasion special.

The people and relatives told us they knew how to make a complaint if they wanted and that they were confident these would be dealt with. They added they did not have any complaints about the care that was being provided. One person told us, "If I'm not satisfied with anything I'll take it to who's in charge and the manager will come and discuss it." One relative told us, "I know that if I did need to raise a concern they would be addressing and dealing with it promptly. I would never feel that I couldn't approach them." Another relative said, "It's absolutely easy to raise any queries, and questions are always listened to, such as when we were trying to find other ways to avoid [family member] falling."

We saw that any complaints that had been raised had been fully investigated and the person who had made the complaint had been involved within this process. Complaints both written and verbal were seen as a positive experience by the manager and they welcomed them to help them improve the quality of the care provided.

Good

Is the service well-led?

Our findings

At our previous inspection in August 2015, we found that the provider was not monitoring the quality of the service effectively to make sure that people received good quality safe care and that some records relating to their care were inaccurate. This meant that there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider told us that they would meet this regulation by 31 October 2015. At this inspection, we found that the required improvements had been made. Therefore, the provider was no longer in breach of this Regulation.

All of the people and relatives we spoke with during this inspection said they would recommend the home to others. One person told us, "Yes I would definitely recommend it here. I love my room." One relative told us, "I would totally recommend the home. It's always clean, [family member's] bed is always nicely made and the toilets are spotless. From the caring point of view I really can't fault them. At weekends it's still as good, it feels quieter but well led." Another relative said, "I always said, if I have to come into a home it would be here. Nice people, meals are good." A further relative stated, "It's the peace of mind, knowing that [family member's] being cared for twenty four hours a day. Things that I can't do, and by professional and caring staff who are always so happy. There's always a smile."

The relatives we spoke with told us they felt listened too and that the communication from the staff within the home about their family member was very good. One relative told us, "I'm always getting a phone call [from the home] to tell me the doctor's been out today or that [family member] has got a hospital appointment. There are never any shocks when you come in, they always keep me well and truly informed." Another relative told how the staff were always available to talk to if they wished to ask them questions. They said, "The whole team are always available for 'brain storming' and 'one to one' discussion. They ask, 'Is there anything else?' it's not us or them, it's a team. An open door policy."

All of the staff we spoke with told us they felt supported in their role. One staff member told us how they had worked in the home as an agency staff member and that because they had enjoyed it so much, they decided to apply for a permanent position. The staff said the manager and deputy manager were approachable and that they felt listened to. They added they were confident that any concerns they raised would be acted upon. Most of the staff said their morale was good and that they felt valued, although some commented that they did not feel they received enough praise for the job they did. We fed this back to the deputy manager who agreed to investigate into this matter.

The managers who worked in the home demonstrated good leadership. We observed them regularly walking around the home talking to the people who lived in the home and visiting relatives. It was clear from conversations with them that they knew the people who lived there well. They also engaged with staff in a professional manner, providing them with reassurance and guidance where necessary. The staff worked well as a team and each understood their own role to enable them to contribute to the care that people received. The staff told us that regular staff meetings were held where they discussed people's needs and any concerns they had.

We saw the rating we gave the home following our inspection in August 2015 was clearly displayed within a communal area within the home and on the provider's website. A notice was in place showing that the provider had apologised for the findings from the last inspection. An action plan following that inspection was available for people and their relatives to see. This detailed the progress that had been made by the staff team. This clearly demonstrated that the provider and staff team were open and transparent with the people who used the service and their relatives.

The quality of the care provided was regularly assessed and monitored. Audits were in place in respect of people's medicines, care records and the environment. We saw that the medicine audits that were performed each day were effective. This was because they had identified that some staff were not recording correctly that they had given some people their medicines. Action was being taken with these staff members to provide them with more training.

The completion of staff training and their competency was monitored to make sure that staff had the required skills and knowledge to enable them to provide effective care. Extra training, particularly in dementia had been identified as being required and was being provided. The number of staff working on each shift was regularly reviewed to make sure there were enough of them to meet people's individual care needs and preferences. The records we checked were accurate, clear and gave a good account of the care people wished to received and how it was delivered. Incidents, accidents and complaints were monitored so that the managers could learn from them and improve the quality of care that was being provided if necessary.

The provider also conducted regular audits. We saw evidence that a 'mock' CQC inspection had been completed recently which had identified some areas for improvement. Some of these had been completed and others were being currently worked on.

People and relatives were asked regularly for their feedback on the care that was being provided. Any suggestions made for improvements were considered and implemented when appropriate. One person had recently attended a meeting of local GP's within the area who were making a decision about the delivery of care in respect of people's medicines. This person had been able to provide their feedback on the GP's ideas and they had received a bunch of flowers as a thank you for their contribution.

We have therefore concluded that there were effective systems in place to access, monitor and improve the quality of care that people received.