Mr & Mrs S Munnien

South Wold Nursing Home

Inspection report

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13 November 2018

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

South Wold Nursing Home is registered to provide accommodation for up to 16 people requiring nursing or personal care, including older people and people living with dementia.

We inspected the home on 6 and 13 November 2018. The inspection was unannounced. There were 13 people living in the home at the time of our inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider') 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.

In January 2018 we conducted a comprehensive inspection of the home. We found the provider was in breach of legal requirements in four areas. We rated the home as Inadequate and placed it in 'special measures'. We also imposed an additional condition of registration preventing the provider admitting anyone to the home without our written permission. This was to give the provider an opportunity to focus fully on the needs of the people already living in the home and ensure they were receiving the service they were entitled to expect.

On this inspection we were pleased to find significant improvement had been made. All four breaches of regulations had been addressed and the home is no longer in special measures. The overall rating is now Requires Improvement, reflecting the need for further action in a small number of areas. Our additional condition of registration remains in place but we have advised the provider that we are now prepared to permit new admissions to the home, so long as this is done in an incremental and sustainable way which does not jeopardise the progress made.

Action was required to ensure the premises were fully safe for people's use; to improve the recording of some recruitment decisions and to ensure quality monitoring systems were consistently effective. But in all other areas, the provider was meeting people's needs.

There were sufficient staff to keep people safe and meet their care and support needs. Staff worked well together in a mutually supportive way. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

Staff were kind and attentive in their approach. People were provided with food and drink of good quality that met their individual needs and preferences. There was a programme of regular activities and events to provide people with physical and mental stimulation. Staff provided end of life care in a sensitive and person-centred way.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure

people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm.

There was some evidence of organisational learning from significant incidents and events. There were very few formal complaints and any informal concerns were handled well. There was an ongoing programme of improvement to the physical environment and facilities in the home. People were invited to give feedback on the quality of the service and the provider acted in response.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had been granted a DoLS authorisation for two people living in the home. Staff understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Senior staff documented decisions that had been made as being in people's best interests.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Action was required to ensure the premises were fully safe for people's use.

The documentation of some recruitment decisions required improvement.

People's medicines were managed safely.

There were sufficient staff to meet people's care and support needs.

People's risk assessments were reviewed and updated to take account of changes in their needs.

Effective infection prevention and control systems were in place.

There was evidence of some organisational learning from significant incidents.

Is the service effective?

Good

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a record of staff training requirements and arranged a variety of courses to meet their needs.

Staff were provided with effective supervision and support.

Staff worked closely with local healthcare services to ensure people had access to specialist support when required.

People received food and drink of good quality which met their personal needs and preferences.

There was an ongoing programme of improvement to the physical environment and facilities.

Is the service caring?

Good

The service was caring.

Staff were kind and attentive in their approach.

Action had been taken to ensure people's privacy was promoted consistently.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good

People were provided with opportunities for physical and mental stimulation.

People's individual care plans were well-organised and kept under regular review.

Staff provided compassionate care for people at the end of their life.

Any complaints or concerns were handled effectively.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were not consistently effective.

The provider had taken action to address almost all of the shortfalls identified at our last inspection.

Staff worked together in a friendly and supportive way.

The registered manager provided effective leadership to his team.

South Wold 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. The inspection was planned to check whether the provider was 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.

We visited South Wold Nursing Home on 6 and 13 November 2018. On the first day our inspection team consisted of two inspectors, a specialist advisor whose specialism was nursing 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. On the second day, one of our inspectors returned alone to complete the inspection.

In preparation for our visit we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies including the local authority.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with four people who lived in the home, two visiting family members, the registered manager, the cook, the administrator, the housekeeper, the activities coordinator and two members of the care staff team.

We looked at a range of documents and written records including people's care files and staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in January 2018 we found the provider had failed to assess and mitigate risks to people's safety in a number of areas including medicines management; infection prevention and control; premises and equipment and individual risk assessment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA).

At this inspection, we were pleased to find that the provider had taken action to rectify almost all of the shortfalls we had identified. Although some further residual improvements were required, we were satisfied that the provider had taken sufficient action to address the breach of Regulation 12.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found that these were now safe. Describing the support they received from staff in this area, one person said, "I take tablets [four times a day] and they always bring them to me on time." Another person's relative told us, "Occasionally [name] struggles with taking her medication, but the staff gently support and encourage her." Staff maintained a record of the medicines they administered although, in response to feedback from our inspection team, the registered manager took action to improve the recording of the administration of prescription creams. Regular checks were made to ensure the medicines storage room and fridge were maintained at the correct temperature. The procedures for the use of 'controlled drugs' (medicines which are subject to special storage requirements) were managed safely in line with legal requirements. Staff organised regular reviews of people's medicines to ensure they remained suitable for their needs.

The home was clean and odour free and the provider had effective systems of infection prevention and control. Protective aprons and gloves were stored in various locations around the home to make it easier for staff to access them as required. A staff member had taken on the role of infection control lead and attended information sharing events organised by the local authority's infection control team, to ensure the provider was up to date with best practice in this area. Talking about the positive impact of this new role, one staff member said, "[Name] is on the ball. We have had a lot of hand washing training [and] use the alcohol [hand rub] a lot more now. [Name] encourages it." Reflecting on the improvements made since our last inspection, another member of staff told us, "The home is cleaner than it was. The cleaner [used] to be pushed into an admin role. But now she has a lot more time to clean the place properly." In confirmation of this comment, a relative told us, "They keep [name]'s room very nice. And clean the room daily. I have noticed that if there are accidents they are dealt with straight away. The housekeeper is regularly cleaning carpets."

Since our last inspection, action had been taken to improve the safety of the premises and equipment. For example, one of the patios had been resurfaced to make it safer for people to use and a fence had been erected to make the rear garden more secure. New water pumps had been installed to improve the supply of hot water to people's bedrooms and the communal shower room. Commenting positively on this change, one person told us, "The water in the shower is lovely and warm." During our inspection we identified a small number of residual hazards including a slippery rubberised floor covering in an external seating area, a patio with an unprotected drop off on one side and two first aid boxes with out of date contents. When we

raised these issues with the registered manager he acknowledged the need for improvement and said he would take action to address them.

The provider had a systematic approach to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to skin care and mobility. When we looked at the risk assessment documentation in people's care individual care records we saw that action had been taken to address risks that had been identified. For example, one person had been assessed as being at risk of weight loss and a range of measures had been put in place to address the risk. Daily recording sheets, including food and fluid charts, were used by staff to monitor a range of risks to people's health and welfare. To improve the effectiveness of this tool, the registered manager took immediate action to ensure the sheets were updated at regular intervals throughout the day, rather than at the end of each shift. Senior staff reviewed and updated people's individual risk assessments to take account of changes in their needs. As an additional means of identifying and mitigating potential risks to people's safety and welfare, the registered manager maintained a 'safety cross' system to record and evaluate the number and location of any falls.

At our last inspection we found the provider had failed to ensure sufficient staffing to meet people's needs and to keep them safe. This was a breach of Regulation 18(1) of the HSCA.

At this inspection, we were pleased to find that the provider had acted to increase staffing. As a result, the breach of Regulation 18(1) had been addressed. A staff member told us, "Staffing has improved [since the last inspection]." An administrator had been appointed which enabled the registered manager and other senior staff to spend more of their time providing hands on care and support. An activities coordinator had also been appointed to take the lead in providing people with physical and mental stimulation. Additional care staff had been recruited to provide more cover for sickness and other short-term absences. Talking about this initiative, the registered manager told us, "I was keen to avoid the staff working long days [to cover absent colleagues]. We now have more staff [to cover] which means the staff come in and are focused on their shift. It works better."

Reflecting these changes, everyone with spoke with told us they were satisfied with the staffing arrangements in the home. For example, one person said, "I spend the day in my room or in the lounge. If I am in my room, the staff make sure my buzzer is close by me so that I can call them. Sometimes I need to go to the toilet quickly and I never have to wait long when I call them." Another person's relative told us, "The staff always come straight away when a resident asks for help and there is always someone around keeping an eye on things." Reflecting these comments, throughout our inspection we saw staff were available to meet people's care and support needs without rushing.

The new administrator told us she had recently commenced a review of the provider's staff recruitment process to ensure it operated safely and effectively. However, when we reviewed staff employment records we found further action was required to improve the recording of some recruitment decisions, particularly those relating to people working as self-employed contractors.

Staff received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or the Care Quality Commission (CQC), should this ever be necessary. One member of staff had been appointed as safeguarding lead and provided staff with updates on changes to best practice in this area.

Since our last inspection the provider had taken steps to improve the review of accidents and incidents to promote organisational learning. For example, following a serious incident, the format of staff handover meetings had been changed to ensure people living in the home had sufficient supervision and support,

whilst the meeting was in progress.

Good

Is the service effective?

Our findings

At our last inspection we found shortfalls in staff training and supervision and told the provider that improvement was required.

At this inspection, we were pleased to find the necessary improvements had been made. Everyone we spoke with told us that staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "I am looked after really well." Another person's relative told us, "[Name] has come on marvellously … since she was admitted here from hospital."

Since our last inspection, the registered manager had created a 'training matrix' to identify each staff member's annual training requirements and organised a range of courses to meet their needs. Speaking positively of the provider's improved approach to training one member of staff told us, "We get more training than before. Every month we have different training to do. When I first started it was all online. Now external trainers come in. It's more practical. They can see if you are doing it properly." A relative advised us, "I have noticed that a lot of staff training goes on." The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and had incorporated it into the induction of newly recruited care staff as required.

Since our last inspection the registered manager had also prioritised his own training and development. Talking about the benefits he had derived from some of the training he had undertaken, the registered manager said, "I have finished a Skills for Care leadership course and am now doing an NVQ Level 5 [management] course. [The courses] have helped me motivate and inspire and get the staff on board."

The registered manager maintained a 'supervision timetable' to ensure staff received regular one-to-one supervision from senior staff. Commenting positively on the improvement in the provision of supervision, one staff member said, "I get supervision from [one of the nurses] every two months. And it is happening now! My next one is on 29 November. I am looking forward to it. We have a chat. I air any moans or groans, any worries or concerns. [Name] listens and sorts things out."

In addition to their training and supervision, staff had access to a range of publications and other information sources to ensure they were aware of any changes in good practice guidance and legislative requirements. For example, as described elsewhere in this report, infection control procedures were reviewed regularly and updated in line with the local authority's requirements. Additionally, the registered manager had placed noticeboards and posters throughout the home which provided staff with information and updates on topics including safeguarding; pressure area care and care of older people. The administrator had started reviewing the provider's policies and updated versions were placed in a folder for staff to read and then sign when they had done so. The registered manager told us he had recently become more active in the local care providers' association and said this was a further source of helpful information and guidance for him and his team.

Staff from the various departments within the home worked well together to ensure the delivery of effective

care and support. For example, one member of the care team said, "Communication has improved. We have more thorough handovers and there is a communication folder in place now. We all have a good working relationship. There is no them and us." Talking specifically of the relationship between the care staff and the nurses, one member of the care team told us, "The nurses are all really good and helpful. They all muck in [if needed]. Everyone works together."

Staff were aware of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. 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. Describing their approach in this area, one staff member said, "We still try to give people choice. We [can't] force people [to do something]."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). As part of our inspection we checked whether the provider was working within the principles of the MCA and were satisfied that any restrictions on people's liberty had been authorised and that any conditions on such authorisations were being met. Senior staff made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves and these were documented correctly in people's care records.

People told us they enjoyed the food provided in the home. For example, one person said, "The food is lovely. We are asked what we would like for lunch and given two choices. We can have something else if we want to but the choice is so good that I never bother. We have fish on a Friday and a choice of sandwiches for tea. Pudding or cake is always on offer at lunch time and tea time." Another person's relative told us, "The food is very good, and they offer the residents a choice of meal. I am often here at mealtimes and a good varied diet is offered. The menu has recently been updated which is good."

At the time of our inspection the chef had been in post for four months. Describing her growing awareness of people's likes and dislikes, the chef told us, "In the previous care home [I worked in] the provider didn't care [about the quality of the food]. I was ashamed of the food I was putting out. [But] I am very proud of what I am doing here. It's all home cooked. I have devised new menus [in discussion] with those who were able to give feedback. Bobotie (the national dish of South Africa) is [very popular] but my nutty apple bars didn't go down well. Fish and chips on Friday and roast dinner on Sunday are non-replaceable!"

Kitchen staff were also aware of people's individual nutritional requirements and used this to guide their menu planning and meal preparation. For example, the chef knew which people were living with diabetes and who needed their food to be pureed to reduce the risk of choking. Commenting approvingly on the support staff provided in this area, a relative told us, "The staff understand [name]'s needs very well. She is at risk of losing weight and because of this the staff make sure she has dietary supplements and encourage her to eat and drink. They monitor every meal very closely."

At our last inspection we identified concerns that senior staff had not always been prompt in seeking advice from external healthcare professionals, creating enhanced risks to people's health and welfare. At this inspection, we found that this was no longer an issue and the provider ensured people had prompt access to local healthcare services whenever this was necessary. Commenting approvingly on the provider's approach in this area, one relative told us, "The medical practice is in the village, just along the road and the GPs are very closely linked with the home. When I take my relative to hospital appointments, a staff member

always comes with me, which I think is really good." On the first day of our inspection we observed staff support one person to get ready for a planned hospital appointment, helping the person contact the hospital to check their transport was on time.

Since our last inspection, the provider had made improvements to the physical environment of the home to ensure it was suitable for people's needs. For example, signage to toilets and other communal facilities had been improved to make it easier for people to find their way around the home. One of the communal lounges had been redecorated and new vinyl floor coverings had been fitted in some people's bedrooms to make them easier to keep clean and enhance the prevention and control of infection. Looking ahead, the registered manager told us he had ambitious plans to re-design the home's extensive gardens to make them more accessible to the people living in the home.

Good

Is the service caring?

Our findings

At our last inspection we found shortfalls in the protection of people's privacy and told the provider improvement was required.

At this inspection, we were pleased to find the provider had taken action to address this concern. People's care plans were now stored securely in a new office and throughout our inspection we saw that staff supported people in ways that helped maintain their privacy and dignity. For example, by knocking on doors to people's bedrooms before entering. Describing the way staff met her personal care requirements, one person told us, "If I need to go to the toilet, they close the curtains and close the door, so that things are private for me." Another person's relative said, "I have noticed [staff] are very respectful of the residents."

Everyone we spoke with told us that staff were caring and kind. For example, one person said, "The staff are all extremely nice and kind and I have never had any problems with any of them." Another person's relative told us, "They are very kind, they get [name] laughing."

Describing his philosophy of care, the registered manager told us, "It's about having respect. Trying to bring a sense of identity and belonging. [Saying to people], 'We still recognise and value you. There is still a lot we can learn from you'."

The registered manager's personal commitment to supporting people with compassion in an individualised way was clearly understood by staff and reflected in their practice. For example, one member of staff told us, "I have been trained in person-centred care. It's about making people feel they are at home rather than in a home. Making their day as good as it can be. One lady [walks around] a lot. But she loves to have a little dance. I hold her hands. It keeps her focused for a few minutes." Throughout our inspection we saw staff engaging with people in a caring, attentive way. For example, noticing that one person might be cold, a staff member of staff asked, "Are you warm enough? Shall we go and find a cardigan for you?" Similarly, spotting that one person might be tired, another staff member asked, "Would you like to sit down and rest your legs? Come over here and sit in this comfortable chair." Commenting appreciatively on the attentive approach of staff one person said, "The staff are always very kind and helpful."

Staff also understood the importance of promoting choice and independence and reflected this in the way they delivered care and support. Describing the way they encouraged people to exercise choice and control over their daily routine, one staff member said, "There are no fixed times [for getting up and going to bed]. For instance, [name] stays up late in the lounge watching telly. Others are early birds and like to go to bed [much earlier]. Confirming the approach of staff in this area one person said, "I am always awake early and I like to get up then. The staff know this and I am usually up by 6.30am." Describing one initiative to help people maintain their independence for as long as possible, a member of staff said, "Some people now have a plate guard. They were trying to eat with their fingers which is not very dignified. We chop up their food and now they can eat it with a spoon."

Contact details for a local lay advocacy service were on display on a noticeboard near the entrance to the

home. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes. The registered manager told us two people living in the home already had the support of a lay advocate and that he would not hesitate to help others secure one, should this be necessary in the future.

Good

Is the service responsive?

Our findings

At our last inspection we found people were receiving insufficient stimulation and occupation and told the provider that improvement was required.

At this inspection we were pleased to find the provider had acted to improve the provision of activities and other forms of physical and mental stimulation. The provider had created a new part-time activities coordinator role to facilitate the provision of communal and 1:1 activities. Details of upcoming activities and events were displayed on a noticeboard in the reception area. These included massage, nail care, a village walk and a quiz. On the first day of our inspection a professional entertainer visited as planned and led a sing along which was clearly enjoyed and valued by many of the people living in the home. Talking enthusiastically about her role, the activities coordinator said, "I love coming here. We are making progress, big time!"

People we spoke with were very positive about the changes made in this area since our last inspection. For example, one person told us, "The activities person is really good and there are things going on throughout the week. I like to knit, and the activities person helps me with this and brings me all of the things I need." Another person said, "They put on a lot of really nice little music get togethers which I enjoy." Describing the positive impact the increased levels of mental and physical stimulation had had on the people living in the home, one staff member told us, "People are definitely more occupied [and] are happier. They are doing a lot more." Another staff member said, "They respond really well to [the activities coordinator]. She has made a big impact. The biggest example is [name] who hasn't stopped knitting since [the activities coordinator] arrived. Before, she was just watching TV. It has given her something to focus on." Looking ahead, the registered manager told us that he planned to increase the activities coordinator's hours and to focus the role on supporting people to retain daily living skills in addition to the provision of activities. The registered manager also told us he had recently purchased a chicken coop and was hoping to interest some of the people living in the home in keeping chickens and other small animals.

We looked at people's care plans and saw that they were well-organised and provided staff with information on the person's life history and their individual wishes and requirements in areas including personal care, nutrition, medication and skin care. At our last inspection we were concerned when staff told us they did not have time to read people's care plans. However, at this inspection, we found the provider had acted to address this issue. For example, one staff member said, "I was asked about three supervisions ago if I had looked at the care plans. I hadn't looked [but] now I have started reading them. They are very interesting, [especially] the life history. One person used to have a shop. I have talked to him about it. I didn't know until I read the care plan." Senior staff reviewed each person's plan on a regular basis to make sure it remained up to date and accurate. Commenting positively on their involvement in the care planning process, one person's relative told us, "I have been actively involved in writing my relative's care plan and it is very individualised to meet her … needs."

Staff clearly knew and respected people as individuals. For example, describing his relationship with one person the registered manager told us, "[Name] likes to feel in charge and [that] she can tell me off. I allow

that to happen. It helps her keep her personality." The registered manager told us of another person who had a very close relationship with his wife. To give the couple the chance to spend more time together, staff arranged for the person's wife to stay overnight in the care home whenever she wanted. Describing the care staff took to meet their loved one's individual needs, one relative said, "They make sure important things are done, such as cleaning [name]'s hearing aid and making sure it is in properly."

The provider's responsive approach was also reflected in the way staff cared for people at the end of their life. Outlining the enhanced support provided to people and their relatives at this stage, the registered manager told us, "We have a form we fill in to record any last wishes. We do it in conjunction with their relatives. Relatives can stay overnight if they wish and [if relatives are not able to come] staff will always sit with people at the end." Looking ahead, the registered manager told us he was in the process of organising some additional end of life care training from a specialist agency.

The provider was aware of the national Accessible Information Standard (AIS) which provides best practice guidance in communicating with people in ways that meet their individual needs and preferences. Information on the AIS was on display in the home and the registered manager said he had updated the provider's admission form to reflect its provisions. During our inspection we saw other ways in which staff responded to people's individual communication needs. For example, the administrator and chef were working together to create a photographic menu to make it easier for people to indicate their food and drink preferences. Discussing one of her strategies for communicating with people living with dementia, a member of the care team told us, "I call [people] by their names. If you use their name, they know you are talking to them."

Information on how to raise a concern or complaint was on display in the home. However, the people we spoke with told us they had had no reason to complain. For example, a relative said, "I have never had to complain in the two and a half years that [name] has lived here." The registered manager told us that formal complaints very rare, something he attributed to his commitment to trying to resolve any issues or concerns as quickly as possible. Describing his approach he said, "I am available [in person] and on my mobile phone. [If they have any issues] the first thing relatives do is come into my office [for a chat]." In confirmation of this comment, a relative told us, "The manager always seems to be here. I have a very good relationship with him and … have a word with him when I arrive and leave. I have not had to complain, but I would have no hesitation in doing so if I needed to. I would talk to the manager straight away."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of the home we found the provider had failed to notify CQC of several significant incidents involving people using the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found that the provider had submitted all necessary notifications and was no longer in breach of Regulation 18.

At our last inspection, we also found the provider had failed to address areas for improvement identified at previous inspections, resulting in a breach of Regulation 17 of the HCSA. At this inspection we were pleased to find that the provider had acted to address almost all of the concerns identified at our last inspection. For example, as described elsewhere in this report, improvements had been made in staffing, medicines management, infection control, training and supervision and the provision of activities. Reflecting the progress made, we found the provider was no longer in breach of Regulation 17.

Speaking candidly about his response to the findings of our last inspection, the registered manager told us, "I can see where we [went] wrong. My eyes were half shut. I was very laissez faire. [But] I am pleased with the progress made [since then]." Commenting positively on the changes she had witnessed since our last inspection, one staff member said, "Your [inspection] report was fair [but] I hope you find it better now. There's been a lot of improvement. We are better managed than before. [Previously] we were just coming and doing our job. Now we are all working together. [The registered manager] is happier. He was very down after the last inspection [but now] he's clear about what needs to be done." Another member of staff told us, "I think it is improving. A lot of things are being put in place. [The registered manager] know what he wants to achieve. He has his vision [and] now he has help with the admin, that helps a lot. He used to get bogged down. I would hope we get a better rating. A lot has been put in place."

Reflecting the registered manager's renewed energy and more effective leadership, staff told us they felt motivated and supported in their work. For example, one member of staff said, "It's a lot happier place to work in. I enjoy coming to work more. Everybody wants to work together to improve the place. [The last inspection] was a wakeup call for everyone. I thought about leaving but I am glad I stayed." Another staff member told us, "The atmosphere is good. [The registered manager] has a good relationship with staff and service users. He's knowledgeable and approachable. It's like a small family." Describing the registered manager, a relative said, "I have a very good relationship with him and we respect each other. He is a nice chap and tries very hard at, what I am sure, is not an easy job." One of the people living in the home told us, "The person who is in charge of the home is always happy and easy to talk to. I trust him."

Shift handover sessions, supervisions and regular team meetings were used to facilitate effective internal communication. Talking positively of their experience of attending team meetings, one staff member said, "We can talk openly and air our views. We reflect on issues, things we can improve on."

The provider maintained a number of audits to help monitor the quality of service provision. Although these had been expanded and improved since our last inspection, further work was required to ensure they were consistently effective. For example, the provider's environmental audits had not picked up some of the

premises and equipment hazards described in the Safe section of this report. Responding openly and positively to our feedback, the registered manager acknowledged, "We still have work to do, I am well aware of that."

As an additional means of monitoring service quality, the provider distributed questionnaires for people, their relatives and visiting health and social care professionals to complete and return. The registered manager told us that the completed questionnaires were a helpful source of feedback. For example, the chicken coop mentioned elsewhere in this report had been purchased in response to a suggestion in a completed survey return. The registered manager also hosted regular meetings with people and their relatives to invite their feedback on the running of the service. Commenting positively on their experience of one of these meetings, a relative told us, "I suggested that perhaps more fruit could be added to the menu and I notice this has happened."

Since our last inspection, as described elsewhere this report, the provider had made a number of improvements to the home. Looking ahead, the registered manager told us he planned to redevelop the garden to make it easier for people to access and enjoy. He also said he wanted to be more "adventurous" in creating new opportunities for people to get involved in the day-to-day running of the home and to remain active in the local community. To further enhance best practice in the delivery of care and support, the registered manager told us that he had recently become involved in quality assurance project initiated by the local authority.