

Mr & Mrs A Wilson

Delaheys Nursing Home

Inspection report

215 Clifton Drive South
St Annes
Lytham St Annes
Lancashire
FY8 1ES

Tel: 01253714946
Website: www.delaheys.com

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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

The inspection visit at Delaheys Nursing Home took place on 06 December 2016 and was unannounced.

Delaheys is a care home with nursing registered to offer personal and nursing care for up to 28 people. The home is a detached property with accommodation located on the ground, first and second floors. A passenger lift is in place for ease of access. The property is surrounded by garden areas and there is a large conservatory at the front of the building. Accommodation is in single and shared rooms, some with en-suite facilities. At the time of our inspection there were 24 people residing at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection visit carried in January 2016, we found the registered provider had not met the fundamental standards. We identified concerns in relation to medicines management, consent to care, safeguarding and assessment of risk. We asked the registered provider to submit an action plan to demonstrate what improvements they were going to make. We used this inspection visit in December 2016 to check the required improvements had been made

During this inspection, we found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who lived at the home were met.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

We have made a recommendation about the introduction of formal supervision for staff.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

The provider had ensured risks to individuals had been assessed and measures put in place to minimise such risks. A comprehensive plan was in place in case of emergencies which included detail about how each person should be supported in the event of an evacuation.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at Delaheys Nursing Home. This was confirmed from discussions with staff.

Staff responsible for administering medicines were trained to ensure they were competent and had the required skills. There were appropriate arrangements for storing medicines safely.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who were able to speak with us told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

Care plans were organised and identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at Delaheys Nursing Home. The activities were arranged for individuals and for groups.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives for input on how they could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of the assessments to reduce potential harm to people.

There were enough staff available to safely meet people's needs, wants and wishes. Recruitment procedures the provider had were safe.

Medicine protocols were safe and people received their medicines correctly in accordance with their care plan.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training and support to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and were responded to promptly when support was required.

Staff spoke with people with appropriate familiarity in a warm, genuine way.

People were looked after by a staff team who were person-centred in their approach and were kind.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

People were encouraged to participate in a variety of activities that were available daily.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good ●

The service was well led.

The registered manager had clear lines of responsibility and accountability.

The registered manager had a visible presence within the home.

People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There were a range of quality audits, policies and procedures.

Delaheys Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to 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 team consisted of one adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the Delaheys Nursing Home, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority and Healthwatch, a national consumer champion in health care, to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced living at the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Not everyone shared their experiences of life at the home. 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. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about their experiences of Delaheys Nursing Home. They included three people who lived at the home and three relatives who visited people during our inspection. We spoke with the registered manager, one member of the management team and seven staff.

We took a walk around the home to make sure the environment was safe and spent time observing staff interactions with people.

We checked documents in relation to three people who lived at Delaheys Nursing Home and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

We observed people were confident, relaxed and happy in the company of staff. People we spoke with told us they felt comfortable and safe when supported with their care. One person told us, "I feel safe here with [registered manager]." A second person also stated, "I feel safe here at the home." A relative told us, "I realised I couldn't cope, this is the best place for [my relative] they are safe here."

At our last inspection of Delaheys Nursing Home on 14 January 2016, we found significant concerns in the safe administration of medicines. Records showed variances in recording, for example the medicine record did not show the exact wording on medicine boxes/bottle labels. Care plans did not demonstrate protocols for medicines that were prescribed on a 'when required' basis. Record keeping for medicines was not safe or effective. Staff had not received training based around current best practice and legislation. Staff had not been assessed for competency on a regular basis. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During this inspection, we found the provider had made improvements on how they administered medicines. We observed medicines administration. This was carried out safely and in a person centred way. We observed the nurse spent time explaining what the medicines were and why it was important to take it. The process was relaxed and unhurried. The nurse signed the relevant documentation immediately after administering the medicines. The medication administration recording form (MAR) had the person's medicine correctly written on the MAR form. Nurses were regularly assessed by the registered manager on their competency.

We noted the medicines were locked in a secured medicine trolley, in a locked room when unattended. The nurse administered people's medicines by concentrating on one person at a time. We checked how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines. There was a clear audit trail of medicines received and administered. This showed the medicines were managed safely. Related medicine documents we looked at were clear, comprehensive and fully completed.

At our inspection visit in January 2016, we found personal emergency evacuation plans had not been completed for people who lived at the home. This placed people at risk of harm as the registered manager had not assessed the risk and made plans to manage the risk of evacuating people in an emergency. During this inspection visit, we found the registered manager had introduced person emergency evacuation plans for people who lived at the home.

The provider had compiled information on people's mobility. They had personal evacuation plans to guide and support staff in the event people needed to be evacuated from the home. Information included emergency contact numbers and people's capacity to understand the situation. This was reviewed monthly. This showed the registered manager had arrangements to minimise risk and keep people safe in an emergency

At our last inspection on 14 January 2016, we found staff lacked knowledge about types of abuse and the safeguarding referral process. We looked at training records and found approved safeguarding training had not been provided for many staff since 2010. This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding.

During this inspection, we found the provider had made improvements. We spoke with staff about safeguarding people from abuse. All staff spoken with told us they had received training on the subject and would not hesitate to report any concerns to their manager, the care quality commission (CQC) or social services. Training records we looked at showed staff had received related information to underpin their knowledge and understanding. One staff member told us, "Safeguarding training was good, some questions were tricky, it made you think." This showed the registered manager had implemented relevant training to inform staff and keep people safe and protected from abuse.

The registered manager told us they were a safeguarding champion. They had regular meetings with the local authority safeguarding team and other providers. They told us, "It is nice to have somewhere to go and discuss issues and look at safeguarding incidents." The registered manager also commented about the safeguarding team, "They help, guide and inform us. We have a link to talk to them and discuss things."

During the inspection, we had a walk around the home, including bedrooms, the laundry room, bathrooms, the kitchen and communal areas of the home. We found these areas were clean, tidy and well maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

As we completed our walk around the home, we checked the water temperature from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. Records we looked at showed all legionella checks were regularly completed.

Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We found call bells were positioned in bedrooms close to hand allowing people to summon help when they needed to. Throughout our inspection, we tested and observed the system and found staff responded to the call bells within an appropriate time.

During the inspection, we viewed four care records relating to people who lived at Delaheys Nursing Home. We did this to look at how risks were identified and managed. We found some individualised risk assessments were carried out appropriate to peoples' needs. Care documentation contained instruction for staff to ensure risks were minimised. For example, we saw one person required support with their mental health and anxiety. Staff we spoke with were able to explain how best to support and protect the person. This showed us that staff were knowledgeable of the risks identified and how to address these.

We checked how accidents and incidents had been recorded and responded to at Delaheys Nursing Home. There was a monthly review of accidents and incidents for people, staff and visitors. Accident categories included slips, trips and falls, moving and handling incidents and cuts and bruises. Notes on one incident showed there had been an investigation. There was no pattern noted, not something that had occurred previously and no action plan was needed at this time. This showed the provider had a system to identify and manage risk and keep people protected.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. . We found the provider had followed suitable practices in relation to the recruitment of new staff. We looked at four staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. A valid DBS check is a statutory requirement for people providing personal care supporting people who can be vulnerable.

We looked at staffing levels, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. One person told us, "There are always staff about plus a medically qualified nurse." A relative commented, "There are enough staff here." We saw the deployment of staff throughout the day was organised by the use of a work plan and staff worked in teams of two.

Is the service effective?

Our findings

We asked people whether they felt staff had the skills and knowledge to provide effective care and support. One person told us, "I think it is marvellous here, I am very happy." A second person said, "I don't think there is a better place along the coast." Relatives we spoke with told us they considered staff to have a good understanding of their family member's needs and had the skills and abilities to meet them. Comments included, "It's great here, couldn't be better, staff are very good, very conscientious."

At our last inspection of Delaheys Nursing Home on 14 January 2016, the provider did not have suitable arrangements to ensure staff were trained and supported. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

At this inspection visit, we found improvements had been made. We asked staff about the training and support they had received and looked at training records. The staff we spoke with told us they had received induction training on their appointment. They also said they had shadowed experienced staff to gain the knowledge and skills to carry out their role. One staff member told us, "The shadowing, it helped me."

Staff told us training was provided at a good level and relevant to the work undertaken. We were told and records confirmed staff received regular training. The registered manager provided a mixture of face-to-face and electronic learning. Electronic learning is the use of technology to deliver training anytime, anywhere using computers, tablets and mobile phones. Delaheys Nursing Home had a private room with a computer for staff to use for staff to learn and maintain their work knowledge and skills. The management team received automatic notifications when staff were due to complete refresher training and when they had completed a course. This showed the provider shared knowledge and information that increased and maintained staff member's skills and abilities, relevant to their roles.

During our inspection, we did not see any documentation that staff had regular formal supervision with a member of the management team. Supervision is a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. We spoke with the registered manager about supervising staff. They told us they spent time with staff most days, informally supervising and guiding them.

We asked staff about the support and supervision they received within their role. All staff we spoke with told us they felt supported and appropriately supervised by the registered manager. One staff member told us, "[Registered manager] is always around if you need her." A second staff member commented, "You can have a chat with [registered manager] whenever you want." A third staff member commented, "They [registered manager] are not frightened to pull you up, if they feel you are doing something wrong." For example, on the day of our inspection, we observed the registered manager ask a member of staff into their office. They explained they needed to highlight a small performance issue with the staff member.

We recommend the service provide staff with periodic formal supervision as stated in their policies and procedures

At the inspection carried out in January 2016, we found the registered provider did not have suitable arrangements to ensure the treatment of people was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection visit, ten people were subject to DoLS.

We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about DoLS. They told us the applications had been made in accordance with the standards and they were routinely chasing progress of the applications and working in accordance of people's best interests.

We spoke with staff to assess their working knowledge of the MCA. All staff we spoke with were aware of the need to consider people's capacity when helping them with their daily living activities. We spoke with people and relatives who told us they had been involved in all aspects of their care. Their records showed they had signed consent forms to support this.

During this inspection, we were present at lunchtime. We noted the dining tables were formally set with tablecloths, condiments and flowers on each table. People who chose to eat where they sat had their meal presented on a tray with a lace placemat or doily. We noted the lunchtime experience was relaxed, unhurried and efficiently organised.

We saw one person received a smaller portion of the main meal in a dish. Staff told us the person preferred their meal presented this way. The chef was aware of people who required their meals blended. Each part of the person's meal was blended separately. We were told this was to make sure people tasted the individual flavours of the food. We saw the provider had documentation on what consistency people's blended food had to be and why it was blended. For example, one person had food blended to a custard consistency as they were at risk of choking.

We observed one person became distressed during lunchtime, stating they were not going to eat their meal. Staff chatted and effectively guided the person to eat their meal.

Staff offered people snacks and drinks throughout the day and gave support when necessary with drinks. This showed the provider had effective safeguards so people were protected against the risks of dehydration and malnutrition.

We visited the kitchen during the inspection and saw it was clean, tidy and well stocked with foods and fresh produce. We were told and saw, meals were freshly prepared and home cooked. We confirmed this by comments we received from people who lived at the home. One person told us, "The quality of the food is good, it is all fresh meat and fresh veg." A second person said, "The chef is excellent."

There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The provider and catering team had knowledge of the Food Standards Agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The current food safety rating was displayed advertising its rating of four. Services are given their rating when a food safety officer inspects it. The rating of four meant the home was found to have good food safety standards.

Care records we reviewed evidenced people were supported to maintain good health and healthcare services were promptly called should their health deteriorate. There was good evidence in the records that other specialist services such as GP's, chiropodists, speech and language therapists and the memory assessment team had visited and treated people. There were detailed care plans with evidence of reviews taking place regularly and when necessary. This showed the registered manager worked with healthcare professionals to provide effective continuity of care that met people's needs.

Is the service caring?

Our findings

People spoke positively about the care and support they were given. They told us staff were kind and caring towards them. One person told us, "The staff love me and I love them." One relative commented, "They are all caring here, they have got to be and they are." A second said, "Staff are very good, very kind, and don't get nowty (moody and bad tempered.)"

As part of our SOFI observation process, we witnessed good interactions and communication between staff and people who lived at the home. Staff walked with people at their pace and when communicating got down to their level and used eye contact. They spent time actively listening and responding to people's questions. It was evident positive, caring relationships had developed. One staff member told us, "I am happy giving the best of ourselves to the residents."

On the day of inspection, one person celebrated their birthday. The registered manager and staff visited the person in their room, presented a birthday card, homemade cake, and sang happy birthday. Photographs of the event were taken as a reminder of the day. One person confirmed this was a regular occurrence telling us, "On your birthday cook bakes a cake. They go out of their way for you." A second person overheard this comment and told us staff posted letters for them on their way to and from work. They commented, "Staff are very friendly, caring, nice and helpful."

We looked in people's bedrooms and saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings.

Relatives we spoke with said they were made to feel very welcome. They told us they could visit whenever they liked. One relative commented, "I visit nearly every day, [the registered manager] has almost become a mother to me." We observed during our inspection, visitors were warmly welcomed when they arrived. This showed the provider valued and maintained positive relationships with people's loved ones.

Care files we checked contained people's views on how they wished to be supported. For example, one person requested three pillows on their bed. Their care plan informed staff that they needed lots of reassurance and cuddles. A second person's care plan identified they enjoyed a glass of Famous Grouse whisky in the evening. This showed the provider had listened and guided staff to interact with people in a caring manner. People supported by the provider told us they had been involved in their care planning arrangements. We saw people had signed consent to care forms which confirmed this.

It was evident during our observations that everyone who lived at Delaheys Nursing home had themselves, or been supported to spend time on their appearance. We saw people smartly dressed, wearing jewellery and accompanied with accessories. It was written in one person's file they liked to choose their outfit and they did their full make up each morning.

Staff wore full uniforms that included a nurse's hat. People and staff referred to the registered manager as Matron. The registered manager commented on the old style routine, "I am old fashioned but people feel

safe, loved and secure." The home was decorated in a style that reflected the cultural background of people living there. There were warm colours, patterned carpets and anti-macassar or headrest covers on all chairs. This genteel environment fostered a warm and respectful atmosphere throughout the home.

We spoke with the management team about access to advocacy services should people require their guidance and support. We noted information regarding advocacy services was advertised publicly within the nursing home. The registered manager had information that could be provided to people and their families if required. This ensured information was available on additional support outside of the home to act on people's behalf if needed.

We asked the registered manager and staff about end of life care for people. We noted the registered manager was an end of life care home champion. They told us, "End of life care is important to get right at the end." A staff member told us about the training they had received on the subject. They said, "End of life care, it is important for the person and for the family, working here helped me understand that."

We saw evidence conversations had taken place with people who lived at the home and family members about their end of life wishes. There was a do not attempt cardiopulmonary resuscitation (DNACPR) register which ensured end of life wishes were valid and current. People had advance care plans (ACP). ACP's involve thinking and talking about your wishes for how you are cared for in the final months of your life. For example, people had assessments, which looked at pain management and the person's ability to take a full and active part in communication. This highlighted the provider had recognised end of life decisions should be part of a person's care plan and had respected their decisions.

Is the service responsive?

Our findings

To ensure they delivered responsive personalised care the provider assessed each person's needs before they came to live at Delaheys Nursing Home. This ensured the care would meet their needs and staff would have the skills to keep them safe. One person said, "The staff are lovely, I feel looked after." A relative told us, "They [staff] take their time with people, they go at their pace." The registered manager told us, "We don't use agency staff here, they don't know the people."

To ensure the support was responsive to their needs, people had a care and support plan. Within each person's plan, a one-page profile provided a pen picture of the person. This showed their life history, who was involved in the person's life and who was important. For example, one person had been born in Oldham and raised by their Grandma. There was information about people's memory, hearing, speech skills and communication abilities. For example, one person had problems with their short-term memory and 'would appreciate a gentle reminder'. A second person was coming to terms with their mental health. Under the behaviour section, we noted one person needed guidance and reassurance with their night time routine.

Care plans provided staff with details about people's preferred name, their GP details, past and present medical history and how they wished to be supported. There was information on people's mobility, safety, breathing and circulation, morning routines, mental health and future decisions. One file identified the person liked to laugh and joke with staff.

Plans also included, 'This is why I need support', 'This is what I can do for myself' and 'This is what I need you to help me with'. We noted there was information on 'Time you prefer to rise in the morning', 'When do you go to bed', 'When do you prefer a bath.' Responses we saw included 'I go to bed when tired about 11 pm' and 'I like a bath in the morning.' We asked a member of staff about this. They told us the information was to support people to keep their independence.

This showed the provider had developed care plans responsive to individual care needs.

We asked about activities at Delaheys Nursing Home. One person told us, "Entertainment is nice, I enjoyed the guitarist and the singer." There were photographs of people participating in activities on the notice board in the main reception. Whilst we inspected we observed a manicurist visit and treat, and paint people's nails. People were given a choice of varnish colours to choose from and enjoyed the interaction.

There was a therapy room at Delaheys Nursing Home. Visiting hairdressers, chiropodists and reflexologists used this room. The home was decorated throughout with Christmas decorations and a large tree in the reception. People guided us to look at different decorations. We noted there was a Christmas party advertised for the following week and there was a Christmas concert planned with live music.

We asked one person about activities, they told us, "There is always something going on, I liked the summer party." One relative told us, "I always come to the parties, people enjoy it. It's what fits the bill." We saw people playing dominoes and a staff member told us they played dominoes with people and or sat with residents, read the papers and talked about the past. This showed the provider recognised activities were

essential and provided a varied timetable to stimulate and maintain people's social health.

There was an up to date complaints policy. People and their relatives we spoke with stated they would not have any reservations in making a complaint. Regarding complaints one person told us, "No care complaints at this time." A second person also stated, "I have no complaints." A relative when asked told us, "No complaints whatsoever." At the time of our inspection, no complaints had been received. We noted Thank You cards at Delaheys Nursing Home expressing gratitude for the care people had received. Feedback from relatives included, 'Thank you for looking after my [relative] with dignity, humanity and kindness', 'A very big thank you for the love and care you have given [relative] over the years.' We also noted, 'Staff have shown not only are they professional but also kind, caring, fun and dedicated.'

Is the service well-led?

Our findings

Our observations showed people knew who the registered manager was and felt confident and comfortable to approach them. We observed people, their relatives and staff engaging with the registered manager in a relaxed and comfortable manner.

The provider demonstrated good management and leadership. There was a clear line of management responsibility, from the providers through to the staff. Regarding the registered manager one person told us, "She is nice, I like her." A second person said, "[Registered Manager] is very good with everybody."

The staff agreed with the positive views of the registered manager. One staff member told us, "I think the home is managed well, very structured." A second member of staff commented, "[Registered manager] looks at everything, her eyes are everywhere."

At our last inspection of Delaheys Nursing Home on 14 January 2016, we found the provider did not have suitable systems to evidence quality monitoring at the service. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Good governance.

During this inspection, we found the provider had made improvements to record regular audits and quality assessments. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The provider completed a comprehensive range of audits as part of their quality assurance for monitoring the home. They completed regular audits of all aspects of the home, such as gas safety checks, legionella, emergency lighting, water temperature and hoist checks. They completed health and safety checks of the building. They used these audits to review the environment. We found the audits identified areas they could improve upon and whether action required was immediate or needed to be carried out within a set timescale.

We noted there was an ongoing maintenance programme to maintain a safe environment that promoted and supported the delivery of high quality care. For example, we noted several bathrooms had been remodelled to include baths that tilt and or horizontally recline which allowed a more personalised bathing experience.

We saw there were regular medicine audits. The registered manager told us this involved meeting with the pharmacist. The pharmacist checked people's medicines paperwork was correct and correctly completed.

We saw evidence of Delaheys Nursing Home being awarded the gold standard in their Investors in People (IIP) assessment. IIP is a nationally recognised framework to assist organisations to improve their performance and objectives through effective development of staff. The gold award is given to organisations who can demonstrate excellence in developing and supporting their staff. Delaheys Nursing Home was

required to meet multiple standards, which included commitment to service values, leadership and communication. We spoke with the registered manager about this who told us, "It was a good achievement for everyone involved. We celebrated and the award boosted everyone's morale."

We found the registered manager had sought the views of people, relatives, visitors, staff and professionals who lived at the home with the use of a stakeholder survey. The survey used the five key questions adopted by CQC in their inspections. Is the service safe? Is the service effective? Is the service caring? Is the service responsive to people's needs? And, is the service well led? The registered manager was awaiting responses from people before they collated the information. They told us they had started the surveys in response to a previous inspection. This showed there was a system to capture people's views and monitor the care delivered.

We spoke with the registered manager about staff meetings. They told us they met staff daily for feedback on what had occurred within the home. We spoke with staff who told us the registered manager was available and supportive.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire. The plan included a floor plan of the building and roles to be undertaken when an incident occurs.