Buckland Care Limited

Kingland House Nursing & Residential Home

Inspection report

Kingland House
Kingland Road
Poole
Dorset
BH15 1TP

Tel: 01202675411
Website: www.bucklandcare.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

Kingland House Nursing Home is registered to provide nursing care for up to 44 people. At the time of this inspection 39 people lived at the home.

A registered manager was in post at the time of the inspection. 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.

This inspection was unannounced and took place on 13 June 2017. At the last inspection in October 2016 the service was not meeting the requirements of the regulations and CQC took enforcement action, which included putting the service in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

During this inspection the service demonstrated to us that significant improvements have been made and is no longer rated as inadequate in any of the key questions. Therefore, this service is now out of Special Measures.

People's needs were assessed including areas of risk, and reviewed to ensure people's safety. We received positive written feedback from GP's and health professionals regarding the care and support provided to people.

Staff knew people well and treated them with dignity and respect. Wherever possible people and their relatives were involved in assessing and planning the care and support they needed.

People received their prescribed medicine when they needed it and appropriate arrangements were in place for the safe storage, management and disposal of medicines. Infection control processes were in place.

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures ensured staff were recruited safely. Staff spoke positively about the induction, training and support they received.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care home and hospitals from being inappropriately deprived of their liberty.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries.

There was a forward programme of quality assurance systems being introduced to monitor and improve the quality of the service provided.

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.

People were protected from harm or abuse because staff had been trained in safeguarding and knew how to recognise and respond to abuse correctly.

Recruitment procedures were effective and ensured people were supported by staff who were suitable to work with adults.

Medicines were managed safely, stored securely and records completed accurately.

Is the service effective?

Good

The service was effective.

Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify training needs. Staff felt well supported by their management team.

People's consent was sought.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a happy, calm, relaxed atmosphere.

People told us that staff were kind, compassionate and caring.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

People knew how to raise a concern and felt confident that these would be addressed promptly.

Is the service well-led?

Requires Improvement

The service was well led.

The provider and registered manager had made improvements since the last inspection but we were not able to see whether these have been sustained.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and were confident they would be listened to.

There was a system of audits and processes being put in place that would monitor the quality of the service and drive forward improvement, these systems required further time to be fully implemented.

Kingland House Nursing & Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 13 June 2017 with an inspection team comprising of three CQC Inspectors.

During the inspection we met the majority of the people who lived at Kingland House Nursing Home and spoke with those who wished to speak with us. Because a number of the people were living with dementia we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed four people's care plans in full and checked aspects of a further 11 people's care and support records to establish the quality of care they received.

We spoke with the registered manager, the deputy general manager, seven care staff which included the activity member of staff and one housekeeping member of staff and a visiting healthcare professional. Before our inspection we requested and received written feedback from GP's who regularly visited the service and a variety of community healthcare professionals.

We looked at records relating to how the service was managed. These included four staff recruitment records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Before our inspection, we reviewed the information we held about the service. We also looked at information about incidents the provider had notified us of, and requested information from the local authority.

Good

Is the service safe?

Our findings

At the last inspection in October 2016 we identified breaches in the regulations regarding; care and treatment not being provided in a safe way and risks to people not being robustly managed, and people not always being protected against the risk of abuse. We took enforcement action against the provider. We identified further shortfalls regarding some people did not always have the equipment they needed to maintain their safety, medicines were not fully managed safely to ensure people received their medicines as prescribed and infection control was not managed effectively. At the last inspection we imposed a condition of registration because risks to individual people were not managed safely. At this inspection we found the provider had made significant improvements in all of these areas and we have removed the conditions from the providers and managers registration.

At this inspection we found robust risk management systems had been implemented. For example pre-admission assessments were being used to determine whether any risks people faced could be safely managed at the home. The deputy general manager told us, "It's all about the assessment". New ways of managing risk, for example, where somebody had an injury had been introduced including regular checks to ensure the person had recovered.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. People had their needs assessed for areas of risk such as falls, moving and handling, nutrition, and pressure area care. Where risks were identified plans were in place to minimise these whilst still promoting people's independence. For example, one person's mobility risk management plan reflected that following them becoming unwell that their ability to safely stand up and manoeuvre themselves was variable. Staff told us they assessed whether the person could stand up every time they supported them and encouraged them to maintain their independence if they felt well enough.

Another person had bed rails in use. The use of the bed rails had been fully assessed and risk managed as the least restrictive and safest option for the individual.

In addition, people had risk assessments and plans in place for behaviours that may require a positive response from staff. For example, there were specific positive behaviour support plans in place for one person living with dementia. The response was based on the person's life history and talking to them about their past activities they had enjoyed. We saw this strategy reassured the person and they were responsive to interactions and was relaxed and settled.

Staff had received training in safeguarding adults. They understood what to do if they concerned or worried about someone including reporting their concerns. Up to date guidance was on display for staff to follow if they needed to report any signs of potential abuse.

Equipment used in the home was serviced to make sure it was safe to use. Risks in relation to the building were managed and there were contingency plans in place for emergencies. People had personal emergency evacuation plans, which provided staff with guidance in how to support people to safety quickly and

efficiently when required.

Maintenance records showed us equipment, such as fire alarms, extinguishers, mobile hoists, the passenger lifts, call bells, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines. We saw fire extinguishers were available throughout the home and there were six monthly fire training and drills.
Legionella maintenance and testing was regularly completed but the latest certificate was not available. The maintenance worker responsible for the testing took immediate action to make sure the latest certificate was emailed to the provider. Legionella is a waterborne bacteria that can be harmful to people's health.

There were systems in place to record, review and analyse any incidents and accidents that took place. The incident was recorded in an accident report which included a body map to identify any injuries or abrasions. The manager then reviewed all completed forms each month and analysed them for emerging trends and themes so that preventative action could be taken.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

There were enough staff employed to meet people's needs. Staff rotas correctly reflected the levels of staff on duty during our inspection visit. People and staff told us there were enough staff on each shift to care and support people safely. We observed staff took time with people and did not appear rushed or distracted. The manager told us they had a staffing dependency tool which enabled them to ensure they had the correct amount of staff on each shift. The manager said they were currently recruiting a further two members of staff to replace people who were due to leave shortly.

We reviewed people's equipment and observed where people required air mattresses and pressure cushions to maintain their skin integrity, these were set at the correct setting for their weight. People had their mobility aids within easy reach. People had their own slings which had their bedroom number on them and these were clean and well maintained and the correct size for their build. Records showed clear guidance was included in care plans for staff to follow to ensure people were hoisted from their chairs and beds in a safe manner which was comfortable for them.

At the last inspection we imposed a condition of registration because medicines were not managed safely. At this inspection improvements had been made and medicines were stored correctly and managed effectively. We were shown the electronic medication system the provider had purchased in March 2017. The system included hand held electronic devices that scanned people's medicines to provide a safe, effective method of administering, managing and controlling the stock of all medicines held at the home. We spoke with staff about the system. They told us once they had completed the training and had got used to the system they found it easy to use and preferred the new system to the previous paper based manual system. A member of staff said, "It's easy to use and tells us exactly what to give and when… less chance for mistakes, it's all good". Records showed staff who had responsibility for administering medicines had received medicine training.

The stock of medicines recorded in the medicine stock book accurately reflected the stock of medicines held at the home. This showed returned medicines were accounted for accurately. There was a system in place for recording the daily temperature of the medicine room and medicine fridge. Staff were knowledgeable about the correct range of temperatures and told us the action they would take if the

temperatures went out of range. The registered manager showed us the guidance that had been written for staff and told us this would be placed in the medication rooms to ensure staff had easy access to it at all times.

People's creams and eye ointments were dated when they were opened and there was a system in place where all creams, except those in sealed pump containers were replaced each month with the new cycle received. Cream records were signed to show when they were applied and there was a system of body maps in people's care plans to ensure people had prescribed creams applied at the correct frequency, however, these were not all consistently completed, some body maps showed staff where to administer creams but others were blank. We discussed this with the registered manager who stated they would ensure the body maps were consistently completed as soon as possible.

Some people had transdermal patches prescribed for pain relief. A transdermal patch is a medicated adhesive patch that is placed on people's skin to deliver a specific dose of medicine through the skin and into the bloodstream. Staff told us they always made sure these patches were placed on alternative areas of the body each week. However, they did not record where the patch had been placed, so that alternate sites could be used to reduce the risk of skin irritation. This was an area for improvement.

We reviewed a selection of 'PRN' as needed protocols for people who had medicines administered 'as required'. One person had medicine administered 'covertly', in their porridge. Their GP and pharmacist had been contacted to ensure this was a safe method to administer the medicine and a best interests assessment had been completed with the person's family to ensure taking the medicine in this way was in their best interests.

People's pain was assessed and managed. Staff used a pain assessment tool for those people living with dementia who were not able to communicate their pain. Staff administering medicines checked with people whether they had any pain or were uncomfortable. Staff administered pain relief if the person said they were in pain or showed any discomfort.

At the last inspection we imposed conditions of registration because the premises were not safe and infection control posed risks to people. At this inspection we found the provider had taken action to ensure the premises were used in safe way. For example, window restrictors had been installed in first floor windows and there was a further plan in place to replace or repair windows that did not open effectively. Staff told us that following the finding of the last inspection they were now using the sluice to clean commodes pans. This meant that the water temperature was high enough to eradicate bacteria. We also found that where flooring had posed a risk to the prevention of infection, this had been replaced. We spoke with one person responsible for cleaning. They told us they had enough time and the right equipment to make sure the home was kept clean. The training matrix showed that most staff had received training in infection control and there was a plan in place for the remainder of the staff team. Staff had also been supported to learn about effective hand washing.

Good

Is the service effective?

Our findings

At the last inspection in October 2016 we identified breaches in the regulations regarding; insufficient numbers of suitably qualified, competent skilled and experienced staff being employed on shift and people were not always treated with respect and dignity. At this inspection we found the provider had made significant improvements in all of these areas and was meeting the regulations.

At the last inspection we imposed a condition of registration because some staff had not received an induction or the training and support they required to enable them to care for or support people. At this inspection we found staff were supported to understand their role because they received an induction, had regular supervision and received the training they needed to fulfil their role. These significant improvements have resulted in the removal of the conditions from the providers and managers registration.

Role specific inductions for new staff were carried out and a recently appointed care worker told us their induction had been, "Really good" and included shadow shifts with a more experienced member of the team. The deputy general manager told us about how they had developed the new inductions and commented that staff feedback showed, "They are finding it very useful and supportive".

Staff had been supported to undertake training in areas including, moving and handling, dementia awareness, medicines management, pressure area care, record keeping, food hygiene, first aid and fire. Where there were gaps in training there was a plan in place including discussing training needs in supervision and a visual aid to support staff to know where they required updates to their training. Staff told us they had received the training they needed to enable them to undertake their role. One said, "I am still learning every day" and another told us the training was, "Really interesting. There is always something to learn".

Staff told us they were well supported through regular 1-1 (supervision) meetings and could also seek advice or help whenever they needed to. One said, "I know I can go and ask" and another talked about the improved support they received commenting, "Supervisions are more regular". Another staff member was undertaking their NVQ level 2. They told us about the support they had received and commented, "The manager is really good for support".

There was a system of regular staff supervisions in place. Staff received supportive supervision sessions that gave them the opportunity to discuss their development needs. Records showed topics for discussion included; performance, attendance, training and any other business. The supervision session allowed staff time to discuss any areas they would like further training in as well as a chance to discuss how they felt they were performing in the role and what they particularly enjoyed about the job.

Direct observations of staff practice were being introduced as part of staff supervisions. The registered and deputy general managers showed us the proposed format which included aspects of care delivery including treating people with dignity and respect.

A new system of appraisals had been planned and the registered manager told us these would be completed by the end of 2017. Guidance for staff on preparing for appraisals or probationary reviews had been developed. The deputy general manager told us it helped staff to, "Know what to expect at the meeting so that they [staff] can get the most out of it".

Staff said communication within the home was good. There were daily recorded handovers where staff discussed with staff coming on duty how each person had been that day. The handover included a summary of people's needs and any updates or changes in their needs.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA). 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.

Where people had capacity to make specific decisions their choices were respected and acted upon. For example one person had consented to various aspects of their care including the use of photography and their person care and medicines support. One staff member told us, "I always offer choice; if I was in their situation I would want my options. You always ask, everyone changes their mind sometimes".

People's records also showed the guidance staff received to respect people's choices. One person's care plan said, 'Actively listen to what [the person] has to say' and, '[the person] is able to decide what activities they attend and which rooms they spend their time in' and, 'discuss with [the person] and family their care needs and offer options and encourage [the person] to indicate their choices'.

Where people lacked capacity to make specific decisions there were some inconsistencies of adhering to the principles of the MCA.

Some people had individualised mental capacity assessments that were decision specific and any consequent best interests decisions had involved the person and other interested people such as family or involved professionals. However, other people had mental capacity assessments that were inaccurate because their content related to another individual. We spoke with the deputy general manager about this. They told us about the action they planned to take including sourcing appropriate training for key staff and ensuring there was a 'lead' MCA staff member to ensure people's rights were protected and that staff acted in accordance with the Act.

People can only be deprived of their liberty so that they can 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). The registered manager understood when DoLS applications would be required and had made appropriate applications. Some people had conditions attached to their DoLS authorisations. There was a system in place to ensure the registered manager made further applications when these were required and was assured that any conditions were adhered to.

At our previous inspection in October 2016 we observed people had received a poor mealtime experience. At this inspection people's mealtime experiences were much improved. There was a relaxed and jovial atmosphere. People chatted and laughed with each other and staff. Staff sat with the same person who needed their support throughout the meal. For example, a staff member sat and chatted with one person whilst they supported them to eat their meal. The person smiled at the staff and responded to them throughout the meal. The person ate the whole of the meal at their pace and at no time was rushed by the

staff member. This was a significant improvement in comparison to this person's mealtime experience at the last inspection.

One person liked to help with the mealtime preparation in the dining room and was laying tables, folding aprons and assisting people with their aprons. They visibly enjoyed their role and had their own tabard with their name embroidered on it.

People told us they enjoyed the food and they were offered choices each day. Where people did not eat their meals alternatives were offered.

People's dietary needs were assessed and their food was prepared for them in a manner which was safe for them to eat. For example a 'soft' diet or fortified meals with added cream and cheese. Care was taken to ensure all the meals looked appetising with plenty of colour and different textures for people to enjoy. Soft or pureed foods were presented separately.

People's weights were being monitored and reviewed on a weekly or monthly basis dependent on risk. Where people were identified as at risk their food and fluid intake were recorded. Where people's fluid intake fell below the recommended amount there was a written handover record so that staff could increase the person's fluid intake the next day. People's daily fluid intake was also reviewed on a weekly record so staff could see at a glance how the person had drunk over the week. This was effective in maintaining people's fluid intake to keep them hydrated.

A 'red tray' system had been implemented and people who required support with eating and drinking because of issues such as swallow difficulties were served their meal on a red tray. This meant that staff could easily see where people required 1-1 support with their meal and ensured the staff member supporting them was not disturbed so that they could focus on what they were doing to look after that person.

The use of contrasting coloured crockery and the setting up of drink and snack stations in communal areas should be considered. This is because research has shown that people living with dementia or sight loss can see food more easily on coloured crockery and may subsequently eat more. Additionally, if people have easy and free access to drinks and snacks that can be easily seen they are more likely to help themselves and this has been shown to increase their food and drink intake.

There were systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Staff told us and records showed us that the service regularly liaised with a range of health professionals such as, opticians, podiatrists, occupational therapists and GP's to assess and meet peoples' needs. For example, when one person had lost weight they had been referred to the dietician. Another person who was living with dementia had become very unsettled. They had been referred to the specialist 'In-Reach' team that supports people living with dementia and staff in local care homes.

Good

Is the service caring?

Our findings

One person told us, "They're really good, they listen to you", and another person commented on the kindness of staff saying, "They look very gentle to me".

At the last inspection in October 2016 we identified a breach in the regulations with staff not always treating people with dignity and respect, and less than half of the staff had received training in equality and diversity. At this inspection we found the provider was meeting the regulations. We observed good interventions between people and staff and saw staff chatting kindly and sensitively to people and taking an interest in what they wanted to do and say. Throughout our inspection we observed there was a relaxed, welcoming and friendly atmosphere at the home. Staff knew people well and told us what they enjoyed doing and what made them happy.

Staff told us about a very sensitive approach to one person who mistakenly borrowed other people's belongings. They explained the individual currently had an item that belonged to another person. The owner of the item was understanding of this person's needs and happy with the action staff were taking to cause the individual the least distress. This included purchasing an identical item for the person so that the original could be returned to its owner.

Staff were aware of the importance in respecting people's rights to privacy and dignity. Staff used people's preferred names and staff knocked on people's doors before entering their rooms. When people received personal care staff made sure people's bedroom doors were closed. In communal areas staff were discreet when asking people if they needed to go to the toilet. People's dignity was maintained whilst they were being hoisted and staff ensured their clothing was covering them.

Staff had a genuine interest in the wellbeing of people. They checked with people how they were feeling and if there was anything they needed. They offered people things to keep them occupied when they looked bored and allowed people to rest when they were tired.

People were prompted and supported to be independent in some areas of their lives such as eating and drinking. Staff helped one person by placing a spoon in their hand so they could feed themselves.

People who were reaching the end of their life had specific care plans in place to make sure their wishes and care needs were met. People and their relatives had been involved in producing any end of life care plans. One person told us they were comfortable and had everything they needed. They were being cared for in bed and their care plan was being followed by staff. We saw that staff were checking the person regularly and providing them with fluids, food and personal and pressure area care to keep them comfortable. Their care plan also covered their wellbeing needs.

Good

Is the service responsive?

Our findings

Before the inspection we wrote to GP's and health professionals that visited the home on a regular basis and asked them for their views on the service. Written feedback received from them stated, 'There is always an air of calm and competence when visiting this home…all residents are seemingly happy and very well cared for…staff are always available with resident files and are fully aware of the situation with each resident'. GP's commented they had full confidence in the home and believed the residents were looked after extremely well.

We spoke with a healthcare professional and they told us that staff sought their advice appropriately commenting, "They always ring us". They also told us staff followed their guidance or instructions and sought further advice when this was needed.

One person told us, "If I call a nurse I say what it is I want. They get it as quickly as possible".

People had their needs assessed before they moved into Kingland Nursing Home. This helped staff to understand what help the person wanted or needed to ensure they felt able to meet their needs. From the assessments care plans were drawn up to help staff understand what assistance people required with different aspects of their care and support.

People's care plans had been reviewed monthly and reflected their current needs. They included clear directions to guide staff on how to care and support people. Care plans had improved since the last inspection in October 2016. They included people's social and emotional wellbeing needs as well as their personal and physical care needs and were more person centred. Staff were knowledgeable about people including their personal histories, what was important to them and how they liked to spend their time. This meant they were able to care for people in a much more person centred way. For example, one person's care plan, who was living with dementia, included the importance of one aspect of the person's personal history and how talking about this reassured the person. In addition, the care plan detailed the person enjoyed classical music. They had classical music playing and a sensory light on in their bedroom. They were relaxed and hummed along to the music whilst we sat talking with them.

Records showed and staff told us people were being repositioned as detailed in their care plans to minimise the risk of pressure damage to their skin. There was a system in place to make sure peoples' specialist mattresses were working properly and set at the correct setting for their weight. People who were at risk of dehydration or malnutrition had their food and fluid amounts recorded to enable staff to monitor the amount of food and drink people were taking.

We observed staff were responsive to people's needs. For example, staff responded, sat and talked with one person as soon as they called out. Another member of staff quickly noticed when one person was feeling unwell and helped them to go outside to get some fresh air because it was a hot day.

During the inspection people had access to their call bells at all times, this included using mobile call bells

when people were in the communal areas. Call bells were answered promptly during the inspection. However, in the morning the call bells sounded in the corridors and the beeping noise was repetitive and was easily audible to people who chose to stay in their bedrooms. We discussed this issue with the manager and deputy general manager who said they would look into the possibility of an alternative system. We recommend the impact of this loud repetitive noise on those people staying in their bedrooms should be reviewed.

There was a programme of activities each day with a schedule detailing the activities displayed in the communal areas of the home. The activities member of staff spent time with people on an individual basis and in groups. During the inspection we saw people participate in doing puzzles, cards, board games, mind and co-ordination exercises and a daily quiz. People of all abilities actively participated in the activities and chose to come to the main lounge to attend the mind and co-ordination exercises. The activity staff quickly identified when a person wasn't engaged in the group activity and included them if they wanted to. People were laughing and joking with each other and the activity staff throughout the day. We spoke with the activity member of staff who told us, "I love my job, I love the interaction and being able to sit and really get to know people well, it's great".

People who spent time in their bedrooms had music or the radio to listen to as detailed in their care plans. Some people had sensory lights to provide them with additional stimulation.

People knew how to make a complaint if they needed to and information was displayed informing people how to make a complaint. Staff were clear about what they needed to do should anyone raise a concern or wish to make a complaint. This included listening to the person's concerns and reporting them to the management team so that action could be taken. There was a clear procedure in place for investigating and reviewing complaints. Records showed the service had received one complaint since our last inspection in October 2016. The complaint had been investigated in accordance with the provider's complaints process and all parties kept informed throughout the process.

The provider had received a variety of positive compliments on the service given to them or their relative whilst living at Kingland House Nursing Home.

There was a system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. The system ensured information accompanied the person which meant they would receive consistent, planned care and support if they had to move to a different service.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in October 2016 we identified a breach in the regulations regarding shortfalls in the governance and auditing of the service. We imposed a condition of registration because there were not systems and processes in place to assess and monitor the quality of the service people received.

At this inspection we found the provider was in the process of making significant improvements in all of these areas and we have removed the conditions from the providers and managers registration.

At this inspection we found that feedback from people and their relatives had been sought to learn about their experiences and drive forward improvements at the home. Surveys carried out in April 2017 had enabled the registered manager to consider what people felt about the care or support they received at the home. The analysis had provided insight into some staff practices and this had led to discussions with staff to help them understand how people were feeling.

Regular meetings with people and their relatives were held to check their satisfaction with the service and consider areas for improvement. At a recent meeting people's views about meals, including portion size and different meal ideas were sought, in addition to seeking feedback about people's bedrooms and talking about how to raise a concern or make a complaint. Action plans had been developed and acted upon following the feedback to ensure people felt they were receiving a high quality of service that met their individual needs.

Staff felt supported by the management team. One said, "They help a lot and are friendly" and another told us, "It's a lot more settled recently". There were a range of regular staff meetings to ensure staff understood their role and responsibilities and were supported to care for people well. These included specific meeting for care workers, night staff and the nursing and senior care staff team. Discussions about infection control, record keeping, training and people's changing needs ensured staff understood how best to help or support people. A member of staff told us, "I always take on board suggestions and we work well as a team". The deputy general manager also commented on team working and staff morale saying, "We are working much more as a team, the staff morale has really come up".

The deputy general manager had implemented a robust system of quality assurance that enabled them and the registered manager to ensure people received a safe, effective, caring and responsive service. Audits included people's care plans, the health and safety of the environment, infection control, and recruitment and supervision records. Other checks included the medicine room fridge temperatures, kitchen checks and a daily records checklist for staff. There was a much improved provider oversight of the quality of care people received. The deputy general manager told us they were supporting the registered manager and other staff by being at the home several times each week and received weekly and monthly reports to enable them to check actions in areas such as training and supervision.

The registered manager told us they walked around the building every day to check the environment and chat with people to make sure they were ok.

The provider had also appointed a member of staff to lead on quality assurance and meeting the regulations. The deputy general manager told us about some of the developments planned to ensure that a more sophisticated approach to quality assurance was developed. For example, they showed us the call bell audits. These were similar to those seen at the last inspection and did not contain any meaningful analysis or proposed actions. They told us about how these audits would be developed to form part of a larger analysis of people's dependency assessments and audits such as falls or accidents and incidents. This meant the provider would be able to analyse and take action in areas such as whether sufficient numbers of staff were deployed or where people may need additional support. The deputy general manager also showed us new developments planned at the time of the inspection. For example, they had developed a pictorial risk analysis for people's weight. This would enable staff to easily see and act on any concerns about people's weight.

At the last inspection we imposed a condition of registration because there was not an accurate and complete record of the care people received. At this inspection we found the standard of record completion had improved. People's care plans correctly reflected their individual care and support needs and were written in a person centred way. Generally people's support and care records were fully completed, however we found some inconsistencies around the completion of body maps, specifically in regard to cream application. We discussed our findings with the registered manager who confirmed they would discuss this issue with the staff and make the necessary improvements.

The registered manager had notified us about important events as required by the regulations.

The service's rating from the previous inspection in October 2016 was clearly displayed at the entrance to the home and on the service's website.

Following our last inspection in October 2016 the provider had made staff changes to the management team structure. These had resulted in a deputy general manager being employed who at the time of the inspection was supporting the registered manager at Kingland House Nursing Home two days each week. The provider had also employed an independent consultant to provide support at the home. Staff told us the changes had been generally positive however, they told us at times they felt they were given too many varying instructions. We discussed this with the registered manager and deputy general manager who confirmed they would look into the concern and discuss with all staff involved.

Records showed and observations made throughout the inspection showed an improvement in the way the service was managed and led. However, some of the revised systems and policies needed more time to become fully embedded and implemented in the service. We were not able to tell at the time of the inspection whether the improvements we found could be successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.