Longacre Care Home Limited

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Inspection report

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Worthing
West Sussex
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 29 January and 5 February 2016 and it was unannounced.

Longacre Care Home limited is registered to provide accommodation for 30 older people who may require nursing or personal care. At the time of this inspection 23 people were living at the home, some people were living with dementia.

A registered manager was in post who was also a registered nurse. 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.

Longacre Care Home is two houses that had been converted into one large home with a front driveway. The home is situated in a residential area of Worthing. Communal areas included a large lounge leading to a dining area and access to spacious rear gardens. At the other end of the building there is a conservatory that leads into a hairdressing room. All bedrooms were of single occupancy apart from one which was shared.

We found the home to be clean and tidy and maintained to a high standard. Home furnishings such as pictures and flowers in vases decorated communal areas and hallways attractively. The ambience of the home was warm and inviting.

People and staff told us that they were happy with the activities that had been organised. However it was observed that some people may be at risk of social isolation due to remaining in their bedrooms or the way staff were deployed to facilitate activities. We have identified this as an area for further improvement. The registered manager was able to share how this was managed and was open to improving interactions with people where possible.

People and their relatives felt that Longacre Care Home was a safe environment. There was sufficient staff who had been trained in how to recognise signs of potential abuse and protected people from harm. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks. People's medicines were managed safely and administered by trained staff. The service followed safe staff recruitment practices and provided a thorough induction process to prepare new staff for their new role.

Staff demonstrated how they would implement the training they received in core subject areas by providing care that met the needs of the people they supported. Staff received regular supervisions and spoke positively about the guidance they received from the registered manager.

Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make

decisions. They also understood the associated legislation under Deprivation of Liberty Safeguards and restrictions to people's freedom.

Additional drinks and snacks were observed being offered in between meals and staff knew people's preferences and choices of where and what they liked to eat.

Staff spoke kindly to people respected their privacy and dignity. Staff knew people well and had a caring approach. People's spiritual and cultural needs were taken into account of and they were supported to follow their religious preferences. At the end of their lives, people were supported to have a comfortable and dignified death.

People received personalised care. Care plans reflected information relevant to each individual and provided clear guidance to staff on how to meet people's needs. There was a complaints policy in place. All complaints were treated seriously and were managed in line with this policy.

People were provided opportunities to give their views about the care they received from the service. Some people chose to use these opportunities to become more involved with their care and treatment. Relatives were also encouraged to give their feedback on how they viewed the service and where necessary support with the reviewing of the care plans alongside more senior staff.

A range of quality audit processes overseen by the registered manager were in place to measure the overall 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 and their relatives found the service safe.

Staff were trained to recognise the signs of potential abuse and knew what action they should take.

Medicines were managed safely.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff attended training and gaps in training were being addressed by the registered manager.

Staff received regular supervision and appraisals.

People were supported to have sufficient to eat and drink.

Consent to care and treatment was sought in line with legislation under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People's well-being was taken into consideration in the approach used by the staff team.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Daily activities were not consistently provided to all people to reduce the risk of social isolation.

Care records were personalised and individual to the person being written about.

The staff team and registered manager responded quickly to complaints and issues to improve the quality of the service.

People knew who to go to raise a concern and felt able to do so.

Is the service well-led?

Good

The service was well-led.

The culture of the home was open, positive and friendly. The staff team, including the registered manager, cared about the quality of the service they provided.

People knew who the registered manager was and felt confident in approaching them.

An overview of the quality of care provided was being managed by the registered manager. Actions were taken when the need was highlighted and improvements implemented.

Community links were maintained with external agencies

Longacre Care Home Limited

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.

This inspection took place on 29 January and the 5 February 2016 and it was unannounced. The inspection team consisted of one inspector, an inspection manager and a Specialist Advisor. The Specialist Advisor had expertise in nursing care.

Before the inspection, we examined the information that we held about the service and the service provider. Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the Provider Information Return (PIR) and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We liaised with two health care professionals from the local authority to gain their views of the service. We used all this information to decide which areas to focus on during our inspection.

During the inspection we observed care using general observation and we carried out a 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 to us. We spoke with nine people living in the home, five relatives and one visitor to the home. We also spoke to a physiotherapist who was attending an appointment for one person at the home. We met with three care staff, the registered nurse on duty and the registered manager and spoke with other staff including a domestic worker during the inspection.

We spent time looking at records including care records for eight people. We also read five staff files including training records, medication administration record (MAR) sheets, staff rotas, activities plan, complaints, accidents and incidents record and other records relating to the management of the service.

The home was last inspected on the 24 July 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us they felt safe and when asked why responded with, "The care I get. They are always watching me…They're not nasty". Another person told us, "You're quite safe here". Relatives also described why they found the service to be safe and how their family members were protected from harm. One relative told us that the home gave them, "Peace of mind". Other relatives told us how quick staff were to respond to call bell alarms when people used these to summon assistance and this had made them feel confident about their family member's safety.

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us that they would go to the registered manager in the first instance and failing that they were able to refer to the whistleblowing policy. One staff member told us, "If I observed anything I would report it". A senior care staff member told us that she would keep people safe by observing staff members and guiding them when necessary. The home had safeguarding adults at risk policy which provided information and guidance on keeping people safe.

Care records contained detailed risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details what reasonable measures and steps to take to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people to move safely, how to administer medicines safely and how to support people with the food and fluids they required. We found risk assessments were updated and reviewed monthly and captured any changes. For example, one person's mobility had improved from using a hoist supported by two staff members to using a walking frame supported by one staff member. Therefore staff were aware of the person's current mobility and the correct equipment to use. Environmental risk assessments had been completed and there were plans in place in the event of an emergency, such as a fire. One person's emergency evacuation plan required further clarity due to their mobility changes. The registered manager told us what would happen and amended the plan accordingly.

Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager. This also included an analysis of any persons that had experienced a fall. The records showed that appropriate professionals had been contacted and subsequent support provided such as the introduction of specialist equipment. This helped to minimise the risk of future incidents or injury.

People told us that there were sufficient numbers of suitable staff to keep people safe and we observed this during the inspection. When people needed support with personal care or help with refreshments staff were able to meet people's requests. One person told us that there were, "Definitely" enough staff. The same person had experienced falls when they first moved into the home, they told us the staff were, "Very quick to respond". One relative when talking about the staff told us, "They are always popping in", and continued to say, "They are all pretty quick". Staffing levels had been assessed based on people's needs and rotas were then completed by the provider although they were not based at the home. At the time of the inspection

there were five care staff on duty, one registered nurse and the registered manager. There was also a domestic staff member and a chef. Staff felt that they provided a safe service however expressed their frustrations when there were only three care staff on duty sometimes in the afternoons. Rotas confirmed that on three or four occasions each week there were three care staff and a registered nurse on duty in the afternoons. The registered manager told us they aimed to have four care staff on duty in the afternoons. The registered manager felt that the rota would be better managed if they were responsible for completing the rota in the first instance. Care staff absences were covered by the registered manager and registered nurses therefore reducing the impact to people.

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the office receiving two satisfactory references, including checks with previous employers. In addition staff held a current Disclosure and Barring Service DBS (DBS) check. Certificates of qualifications staff had listed on their application forms were held on file, this showed that the authenticity of qualifications had been established. This included a validation pin number for all qualified nursing staff. The pin number is a requirement which verifies a nurse's registration with the Nursing and Midwifery Council (NMC). Recruitment checks helped to ensure that suitable staff were supporting people safely within their own homes.

Medicines were managed safely by the home using an effective medicine administration system. People told us they were happy with the medicine system and felt confident with how they received their medicines. One person said, "I get my tablets at the right time". Another person told us, "The nurse sometimes does give a lot of tablets at once, but I do have a chance to take my time". We observed the registered nurse administering medicines with confidence and using a personalised approach. They told us, "I get to speak to and interact with every resident during the process and I am aware of any change of presentation that may need a response". The registered nurse showed us the Monitored Dosage System (MDS) that they used when administering medicine to people. All people's medicines were held in a locked facility. They were individually stored in medicine boxes which were labelled and corresponded with a clear recording system. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. We observed that the Medication Administration Record (MAR) was completed on behalf of each person by the registered nurse on duty each time someone was supported to take their medicine. This evidenced that people received their medicines as prescribed. Guidance was provided for staff when administering "When required" (PRN) medicines. One person told us, "If I need extra I ask and get what I need". Another person said, "I can ask for extra medication when I need it".

The registered manager told us that on rare occasions trained care staff administered medicines to people. They explained that the registered nurse on duty would give the requested medicine to the care staff then the registered nurse would sign and complete the MAR. This had tended to be for pain relief medicine such as paracetamol. We discussed this process with the registered manager and the potential risks associated. After the inspection the registered manager sought advice from their pharmacy. Their practice was amended to include senior staff administering medicines and signing the MAR when required. Even though the responsibility of administering medicines remained with registered nurses the slight change in practice was reflected in the medicines policy. This meant any risks to people when administering medicines were minimised.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People and relatives told us of the confidence they had in the abilities of staff and they knew how to meet their needs. One person told us, "Staff are very good and aware of what I need". Another said, "When I need anything, I can usually get it". One relative said, "I can't fault the care here". When we asked a community physiotherapist their views they told us, "Staff are very good at following the advice that I give…they have enough skills".

People received support from staff that had been taken through a thorough induction process and attended training with regular updates. The induction consisted of a combination of shadowing shifts and the reading of relevant care records and home policies and procedures. Staff records showed that newer staff were supported by the registered manager and senior staff using observations to assess their competency before performing their tasks independently. The mandatory training schedule covered 16 topic areas including moving and handling, dementia and safeguarding. The registered manager was aware of any knowledge gaps staff had and booked staff accordingly on training or for existing staff refresher training. One of the registered nurses was trained to facilitate moving and handling training which they delivered to all staff. Staff told us that they felt confident when using moving and handling equipment and we observed staff using their skills to move people safely.

The home had introduced the Care Certificate (Skills for Care) for staff to complete. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity for registered managers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. Records showed two staff had completed 15 standards and a further four were due to complete.

Ten staff had achieved various levels of Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff spoke positively about their induction and training. A new staff member had completed the Care Certificate and their induction and told us that they had also commenced end of life training which consisted of completing a workbook. This was a course relevant to the needs of some people that lived at the home. Another staff member, who had been working at the home for a number of years, discussed the training they had completed and said, "You always get opportunities".

Supervisions and appraisals were provided to the staff team, overseen by the registered manager. Senior members of staff including registered nurses also supervised care staff. A system of supervision and appraisal is important in monitoring staff skills and knowledge. A supervision and appraisal plan showed meetings booked throughout 2016. Supervision records confirmed staff were encouraged to demonstrate how they carried out their individual roles and responsibilities. For example one record asked a staff member to explain how they would, 'Reposition somebody in a bed', another detailed a discussion of, 'How

you deliver personal care'. Staff meetings were held regularly and included items relevant to people's needs. For example one meeting provided a learning opportunity in catheter care. One meeting in October 2015 made reference to record keeping, the section was titled, 'The importance of good record keeping'. Night staff were also provided with opportunities to attend separately organised meetings. Therefore all staff had access to effective support and guidance in order to carry out their role.

Consent to care and treatment was sought in line with legislation and guidance. 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).

We checked that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us, and care records confirmed that a standard authorisation application had been made for all people who lived at the home who lacked capacity. So far one person had participated in a best interests meeting. This had involved their family member and the appropriate health professional due to their need of constant supervision.

Thirteen staff had attended Mental Capacity and Deprivation of Liberty Safeguards training in 2015. In addition three meetings had been organised in November 2015 called, 'MCA/DoLS updates and short discussions'. This ensured that staff were provided with essential information and training in this area. We observed staff putting the main principles into practice when supporting people by offering choices and involving them in all aspects of their care. Three staff shared some insight into the knowledge and their understanding of the topic area. One staff member told us that MCA is about, "Assuming that everybody has capacity unless it's assessed otherwise". Care records provided guidance for staff of how to recognise the signs of what might constitute challenging behaviour and how to respond to this. We observed staff supporting people with patience and sensitivity.

People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account individual needs. Some people ate in their bedrooms out of choice or need others chose to eat in the lounge or dining area. A menu board was completed daily listing the choices of food available. Staff explained to people the options of meal choices and encouraged people to be as independent as possible when eating. When one person was asked if they liked the food they were offered they said, "Good food". They also told us, "Plenty for me…I usually eat everything". Another person told us that the food was, "Very good. They bring it to you". However one person said, "Sometimes it's ok. Sometimes it's not too good", but did share that there was enough food and had enough to drink. One relative explained how they had been concerned about their family member prior to them moving into the home and said, "[named person] started to pick up once they came here and has gained weight". Staff offered additional snacks and drinks in between meals to people so that they did not have to wait for their main meals to eat again.

The Food Standards Agency in June 2015 had given the home a five star rating which is the highest score. The Food Standards Agency is responsible for food safety and food hygiene across the United Kingdom.

Staff completed food and fluid charts on behalf of people to monitor what people were eating and drinking. Weights were recorded and monitored on a monthly basis. This ensured that changes to people's

nutritional needs were regularly monitored for any changes.

Staff told us that they would tell the registered nurse and/or the registered manager if a person had any health issues immediately and then they would contact a nurse or a GP. People and relatives confirmed that the staff team were effective in addressing health care needs. One relative told us, "[named person] sees a GP when they need it". Another relative said, "[named person] has seen a doctor quite a few times, they seem to come pretty soon after the request". Health care records included actions that had been taken to address people's needs. The records demonstrated that the staff team were able to act on observations and call on the necessary health care professionals when needed. This included supporting people with appointments to see dieticians, physiotherapists and Speech and Language Therapists (SaLT).

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff smiled with people and looked approachable; their interactions were warm and personal. People confirmed their positive experiences of the staff team including the registered manager. One person described the staff as, "All very nice staff". Another told us, "They're all very nice". A relative told us about the rapport between their family member and the staff and said, "[named person] likes them all, they get on well". Another relative spoke on behalf of their family member who was unable to speak and said, "The staff are lovely…they can work out what she is trying to say".

Comments overheard from staff to people illustrated their caring attitude. For example, "Would you like to have some music on?", "Hello [named person]. How are you? Would you like a sherry? Shall I help you with that?" When staff were supporting people to eat they sat next to them or crouched down to their eye level. We also observed staff holding people's hands, adapting their style of support for different individuals which showed compassion and understanding.

People's needs and views were supported with regards to their religious and spiritual beliefs. One person was visited by a representative from their faith when they requested. The registered manager had also organised regular church services which people had an option to attend or not. Staff and the registered manager told us a few people enjoyed the service and this was reflected in their care records. One staff member told us, "[named person] likes you to read the bible".

People were supported to express their views and were actively involved in making decisions about their care and treatment as much as they were able. Resident meetings were provided as an opportunity for people to share their views of the home. One meeting took place on the 21 January 2016 and covered five main topic areas. This included the current decoration of the home. The meeting informed people that people's bedrooms would be decorated next and invited opinions on a choice of colours. Three people expressed that they would like a neutral colour like magnolia.

We observed staff supporting people to be as independent as possible with various aspects of their lives. One staff member said, "We get people to do as much for themselves as possible". Another staff member told us about a person who experienced difficulties with walking, despite this staff members walked alongside them. They also gave examples of how they involved people in their care. One staff member described in detail how they would support a person to get dressed. This included how they would enable a person to choose their own clothing and whether they preferred a bath or a shower. Another staff member told us that they sit with a person and go through their care plan with them. The registered manager supported one person to communicate to their family in Australia on a regular basis which highlighted how their well-being was considered.

People were usually treated with dignity and respect. Staff were observed knocking on people's bedroom doors and waiting for a response before they entered. Staff talked to people whilst they were supporting them so people knew what was happening. All three staff members we spoke to told us how they would

draw people's curtains before supporting them with personal care. One bedroom was a double room and two people were using it at the time of the inspection. Staff members described how they used a screen to separate the room and to respect people's dignity and privacy. However we saw moving and handling slings routinely hung on hooks outside people's bedroom doors therefore in view of any visitors to the home. The slings were used to support staff to move people safely between wheelchairs, beds and other furniture. This was fed back and discussed with the registered manager to see if they could be positioned in a more discrete area of the individual's bedroom.

People were supported at the end of their life to have a private, comfortable, dignified and pain-free death. One person was receiving such care at the time of our visit. The registered manager had developed a clear support plan for the person and staff were able to demonstrate their knowledge of what had been agreed. One staff member spoke with pride about how they enjoyed making people feel comfortable at this stage of their life. We found the registered manager was able to support and guide staff within this area of work confidently and sensitively.

Requires Improvement

Is the service responsive?

Our findings

People told us they enjoyed the activities offered to them. There was plenty of space in the home and in the gardens for people to engage with others. Some people seemed to prefer to spend time in their rooms whilst others occupied the lounge and dining areas. One person told us that it was their choice to spend time in their bedroom and said, "I don't mix much". Another person said, "They did a few games with us. There were some activities around Christmas".

However during the first day of the inspection we observed that interactions between staff and some people were limited to particular events such as supporting with personal care and meal times. During the afternoon people were sat in the lounge and had little interaction with staff, some people slept whilst others were sat without stimulation. One person told us, "I sit and read the paper a lot" and shared that they sometimes felt bored. Another person's daily notes showed that most days they listened to their radio or had 'chats with staff' in their bedroom. The same person had requested a group activity at a residents meeting therefore gave the impression wanted a more active day. This was fed back to the registered manager who was open to a discussion about the current range of activities offered to people and plans that they had for the future. They shared that due to the current needs of people- they no longer had regular planned daily activities as people either chose not to attend or were unable to due to health needs. The registered manager said that staff facilitated smaller group activities or went to people's rooms to provide sensory stimulation such as hand massages, manicures or read to them but this was not observed on the first day of the inspection. Records did not reflect the frequency of the daily activities offered and there was no scheduled daily plan of activities in place to ensure people's social needs were met.

We recommend the registered manager reviews how they are able to offer personalised daily activities for all people to increase the opportunity of social stimulation and avoid any risks of isolation, particularly for people who remained in their rooms for health reasons.

The registered manager had attended a workshop where a 'hands project' had been introduced to her which she had now developed in the home. Each person, with consent had photographs taken of their hands. The idea was that each pair of hands 'told a story'. The photographs, with comments underneath of their life experiences were in the process of being framed before hung on walls. This activity showed that people had been involved in a project and their pasts had been considered. We also read minutes of a recent residents meeting whereby people had enjoyed a visit from a fitness instructor and due to the positive response received, another session had already been booked. The registered manager told us the fitness sessions would take place monthly. People had also said they liked a magazine that circulated the home which contained articles of interest to the current age group. In addition the registered manager had booked a singer to come to the home as this used to happen.

On the second day of the inspection staff were more engaged with people in the lounge and encouraged people with sensory objects, colouring and the completing of a word search whilst listening to music.

The registered manager told us that most people enjoyed outings organised by the home and that instead

of hiring a vehicle the home would be purchasing their own. Therefore this would increase opportunities for people to engage with community activities. A hairdresser visited the home every week and was used and enjoyed by most people. Additional hairdresser appointments were made for people on special occasions.

Care plans were reviewed regularly and included information on a person's history to their present day needs. The care plans provided staff with detailed guidance on how to manage people's physical health care needs. This included guidance on areas such as skin integrity, mobility and continence care. People's preferences and consent to their care was captured. They showed how people were made to feel involved in all aspects of their care and where that was not possible the involvement of family members was used. Care plans were personalised and held clear guidance for the staff team on how the needs of people were to be met. Staff knew how important the care plans were and told us how and where they would find certain information to enable them to carry out their roles and responsibilities. Staff demonstrated they had a good understanding of people's personal histories and what they liked and disliked. One staff member told us how they liked helping one person with their jewellery and applied their makeup; this was reflected in the persons care plan. One staff member told us that, "resident's likes and dislikes are important to us". Another told us that care plans were taken to people monthly so that they were involved in reviewing their own care plan.

Daily records were completed about people by staff during and at the end of their shift. They included information on how a person had spent their day, what kind of mood they were in and any other health monitoring information. These daily records were referred to when staff handed over information to other shifts to ensure any changes were communicated.

Complaints were looked into and responded to in a good time. On the first day of inspection it was noted that a resident's room had one window that required fixing as it seemed to be allowing a draught. This was fed back to the registered manager who instructed the window to be fixed and informed the inspectors when it had been completed. There was a clear log of all complaints and the actions taken by the registered manager and the staff team. One person said they had no complaints but would feel comfortable if they needed to raise one. We asked another person what they would do if they had a complaint and they said, "I would go to the [registered manager] she is good." Staff told us that all complaints were treated seriously and they were able to demonstrate this during the inspection. A relative told us that staff treated all concerns, "Very seriously". Another told us, "If I've ever had a problem or query, she [registered manager] deals with it very well".

Good

Is the service well-led?

Our findings

People and relatives expressed positive views of the home and the care that staff provided. People felt the culture was an open one and that they were listened to by the staff and registered manager. During the course of the inspection laughter and pleasant exchanges were noted between staff and people. This showed trusting and relaxed relationships had been developed. One person told us, "It's very good actually". They continued to tell us that they, "Wouldn't change anything about the service". Another said, "It's not nursing, it's personal". Relatives were able to visit the home whenever the person wanted them to. One relative told us, "It was the only one I looked at that made a good impression". Feedback to us during the inspection from healthcare professionals was generally positive although one did feel that they didn't feel as confident when the registered manager was not there.

The registered manager demonstrated good management and leadership throughout the inspection and made herself available to people. We saw the registered manager working amongst the staff team guiding and leading other staff on duty. This ensured all people were receiving the right help and support. Staff felt supported by the registered manager and felt that they could go to her as her office door was always open to them. One staff member told us, "I think [registered manager] is very good. She works very hard". The registered manager told us, "I'm so passionate about this job", and shared that she was open and honest and tried to be approachable to all. The registered manager shared that she varied her working pattern to meet the needs of people and the staff which showed a flexible approach. The registered manager used a diary to record a 'daily walk around the building'. Actions were noted and signed off in the diary when completed. For example it was noted on 4 June 2015 'Curtains hanging' and on the 12 Jan 2016 'no paper towels in visitor's toilet'. The registered manager signed in the diary when items had been corrected or fixed.

There was a system of rewarding staff for their achievements where they were presented with the 'staff member of the month award. This showed the registered managers commitment to show her appreciation to the staff team and encourage their motivation.

A range of robust audit processes were in place to measure the quality of the care delivered. Audits had been completed in areas such as medicines, accidents and incidents and complaints. People, relatives and staff views on the service were encouraged as part of the audit process. The registered manager gave questionnaires to all and provided us with a 'Questionnaire analysis 2015/2016' which provided information on what had been received back. The analysis outcomes gave options of either 'excellent', 'good', 'fair' or 'poor'. Four people who lived at the service rated the care they received as 'excellent' whilst another six rated the care as 'good' and one as 'fair'. The registered manager had used comments made by people to hold a residents meeting and all actions were recorded. For example one person requested a singer to come to the home and this had since been actioned by the registered manager. Ten relatives had completed the questionnaires, seven completed rated the care as excellent, one read, 'I am very happy with the care my [named person] gets the staff couldn't be nicer'. All five healthcare professionals who completed questionnaires gave a rating of excellent. A GP wrote, 'I feel the care and attention to detail at Longacre is of an extremely high standard'.

Relatives were also invited to share their views on the home. This occurred via a combination of relative meetings, questionnaires, discussions over the telephone and face to face meetings with the registered manager. Relatives told us that they remained involved with their family members care and were kept updated with any relevant information from the home. One relative who was very pleased with support provided said, "It's taken the pressure off me". Another told us, "We come every day and are made to feel welcome and included".

Measures had recently been taken by the provider to assess and improve on the quality of the care provided. This included the support of a quality assurance officer who had visited the registered manager recently. The registered manager said this had proved a helpful and supportive exercise and made her consider areas of work that could be delegated out to other registered nurses and senior staff. The provider had also sought the advice of outside agencies to risk assess in the areas of infection control and fire safety. The registered manager and provider were in the process of completing any recommendations made. There were sufficient maintenance and health and safety checks within the home. The registered manager shared their maintenance plan with us.

The registered manager promoted learning amongst the team and used a creative approach. An example of this was when they recently laminated the five principles of the MCA within staff badges to embed the rights of people. The registered manager had also been asked to participate in a 'people living with dementia project' run by the local health authority. The registered manager considered herself a dementia 'champion' and encouraged other senior staff to become champions in other topic areas. The home was also recently visited by a Parkinson's Nurse Specialist as they were part of a pilot study that identified problems for people who have early stages of Parkinson's. This showed that they were keen to promote partnerships with other agencies for the well-being of the people living at the home.

Shortfalls had been identified during the inspection for the registered manager to review. However we found her to be responsive and open to the recommendations made and acted immediately where necessary.