Sanctuary Care Limited

The Rosary Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 20 & 21 February 2018.

The Rosary Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Rosary Nursing Home provides accommodation and nursing care to up to 102 people. At the time of the inspection there were 76 people living at the home. The Rosary specialises in the care of older people including older people living with dementia.

The home is made up of two main buildings. One part of the home, known as Primrose, provides general nursing care to people. The other building, called Snowdrop, provides care to people living with dementia.

At the last inspection in January 2017 we found that improvements were needed to ensure staff were effectively deployed so people received safe care which met their needs in a timely manner. We found improvements were needed to make sure everyone's care was person centred and to ensure people were aware they were able to make choices about the care they received. We also found the providers' quality assurance systems were not always effective in identifying shortfalls in the service provided to people.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, responsive and well led to at least good. We also met with the provider to confirm the action being taken. At this inspection we found that improvements had been made in all areas and there was a commitment to on-going improvements.

There is a registered manager in post. 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.

There had been a change in the culture of the home which ensured staff worked in a way that respected people as individuals and took account of their needs and wishes. This led to a happy and relaxed place for people to live.

People were cared for by staff who were observant and ensured people were comfortable. People told us, and we saw, that staff were always kind and caring. . Comments from people included, "The staff look after me," "I love it here. They [staff] are all so kind" and "The staff are pleasant and helpful."

People felt safe at the home and with the staff who supported them. One person told us, "I feel safe here." Staff were effectively deployed to make sure people's needs were met and they had opportunities for social

stimulation. Where people requested help this was provided in a timely manner.

People received their medicines safely from trained staff. The provider made sure that people at the end of their lives had the medicines they required to maintain their comfort and dignity. People who were being cared for in bed were regularly seen by staff to make sure they remained comfortable.

People received effective care from staff who had taken part in training which gave them the skills and knowledge they needed. One person pointed to staff and said, "Them [staff] know exactly what they are doing." One visiting professional told us, "The staff are on the ball."

People had access to a range of activities and care staff spent time socialising with people. There was a happy atmosphere in the home and most people were relaxed and animated.

The management team at the home had a commitment to continual improvement and seeking people's views. They learned from things that did not go well and acted on suggestions where practicable. One visiting healthcare professional said they had been involved with the home for six years and told us, "It is much improved over the last six months."

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.

There were sufficient numbers of staff to keep people safe and to meet their needs.

People's medicines were safely administered.

The risks of abuse to people were minimised by the providers policies and procedures.

Is the service effective?

Good

The service was effective.

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were monitored and met by registered nurses. People had access to other healthcare professionals according to their individual needs.

People were happy with the food served at the home.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate.

People's privacy and dignity were respected.

People or their representatives were involved in decisions about the care and support they received.

Is the service responsive?

Good

The service was responsive.

People's individual needs and choices were met where possible.

People had access to a range of organised activities and informal social stimulation.

People had their complaints and concerns listened to and addressed.

Is the service well-led?

Good

The service was well led.

People benefitted from a registered manager who put people at the centre of the service and was committed to on-going improvements.

There were systems in place to monitor the quality of the service and seek people's views.

People lived in a home where the management team were visible and approachable.

The Rosary 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.'

This inspection took place on 20 & 21 February 2018 and was unannounced. It was carried out by three adult social care inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included information supplied at registration, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with 26 people who lived at the home, five visitors and 21 members of staff. Staff spoken with included registered nurses, care staff and ancillary staff. The registered manager and regional manager were available during the inspection.

Before the inspection took place we received comments from two health and social care professionals. During the inspection we spoke with four visiting professionals.

Some people were unable to fully express themselves verbally due to their physical or mental frailty. We therefore spent time observing care practices throughout the home and carried out a Short Observational Framework for Inspection (SOFI) in one area. SOFI is a way of observing care to help us to understand the experience of people who could not talk to us.

We looked at a selection of records which related to individual care and the running of the home. These included 12 care and support plans, charts identifying how and when people had received support with eating, drinking and repositioning, three staff personal files, medication administration records, minutes of meetings and records of complaints.

Good

Is the service safe?

Our findings

At the last inspection we found staff were not always effectively deployed to make sure people received safe care in a timely manner. At this inspection we found improvements had been made and staff were available to people whenever they required assistance.

People were supported by adequate numbers of staff who were effectively deployed to keep them safe and support them with activities of daily life. We observed staff were attentive to people and had time to socialise with people as well as meet their physical needs. One person said, "They're very good, and attentive." At the last inspection we found some people who were living with dementia had limited social stimulation and opportunities to take part in activities. Since that inspection additional activity staff had been employed and care staff were taking a more active role in providing social stimulation to people.

People were supported by a consistent staff team because the provider had recruited a number of new staff which had greatly reduced the number of agency staff working in the home. The registered manager told us they no longer needed to use agency staff to fill vacancies during the day but still used a very limited number at night. This helped to make sure people were supported by staff who knew them well and were familiar to them. One member of staff said "No agency staff now so we are a much better team." Another member of staff told us, "We always have enough staff."

People felt safe at the home and with the staff who supported them. One person told us, "I feel safe here." A visitor said, "I would not leave my relative here if I thought the home was not safe." Some people were unable to verbally express their views to us. We saw people looked very comfortable with staff supporting them. Many approached staff and made physical contact such as holding hands or cuddling members of staff.

People were protected from abuse through the providers' processes and practices. These included a recruitment process which made sure only people suitable to work with vulnerable people were employed. Registered nurses were employed at the home and employment checks included making sure they were appropriately registered with their professional body. Staff told us they had not been able to commence work in the home until all checks had been carried out. Records seen confirmed this.

The provider also made sure all staff, including all ancillary staff, knew how to recognise and report any suspicions of abuse. All staff we spoke with said they would not hesitate to raise any concerns and all were confident that action would be taken to keep people safe. One member of staff said, "I would report any concerns. It would definitely be sorted out." Where allegations had been made the registered manager had worked in partnership with appropriate authorities to make sure issues were fully investigated.

People received their care safely because staff carried out risk assessments to minimise risks For example, some people were assessed as being at high risk of pressure damage to their skin and appropriate pressure relieving equipment was in place to minimise these risks. Daily checks were carried out to make sure any equipment, such as air flow mattresses, were correctly set to make sure people received maximum benefit.

The home analysed all accidents and incidents to look at where lessons could be learned and improvements made to people's care. Analysis showed that one person had a number of falls at a specific time of the day. The care they received had been changed to make sure they received attention at this time and the number of falls they experienced had declined significantly. The registered manager told us, "We looked at why people try to get up and thought we need to find out what they want and get it for them, as a result falls have decreased. Basically we look at why people have fallen and what can we do to prevent it happening again." Where no obvious patterns were identified people were referred to other healthcare professionals for further investigation.

People received their medicines safely from registered nurses or senior care staff who all received specific training and had their competency assessed to make sure their practice was safe. We looked at medicines practice around the home and found all areas had good systems in place to make sure people received the correct medicines at the correct time. We asked three visitors if they felt their relatives received their medicines correctly. They replied, "Always," "Oh yes" and "The home are really good with medicines."

All medicines, including prescribed creams and lotions, administered or refused were correctly recorded which helped to make sure their effectiveness could be monitored. A small number of people were receiving medicines covertly (without their knowledge.) A clear procedure was followed to make sure this practice was appropriate and safe. This included assessing the person's mental capacity, speaking with the person's representative and their GP and seeking advice from the pharmacist regarding the best way to administer these medicines.

The staff carried out regular medication audits and the dispensing pharmacist also visited the home twice a year to carry out a full audit. The visiting pharmacist told us before the inspection they had seen improvements at the home and now had no concerns regarding medicines administration.

People were protected as far as possible from the risk of the spread of infection because staff had received training in infection control and there were systems in place to minimise this risk. The home was kept clean by a dedicated team of domestic staff and all staff had access to personal protective equipment such as disposable gloves and aprons which we saw being used appropriately. Sanitising hand gel and hand washing facilities were available throughout the buildings. The provider had taken appropriate precautions, such as closing the home to non-essential visitors and informing relevant bodies, when an outbreak of infection had occurred. The staff working in the laundry knew about the additional tasks that needed to be undertaken in the event of an outbreak of infection.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. All staff received training in health and safety subjects and told us they had opportunities to undertake vocational qualifications and training in topics relevant to people who lived at the home. People felt staff were competent. One person pointed to staff and said, "Them [staff] know exactly what they are doing." One visiting professional told us, "The staff are on the ball."

People benefitted from a staff team who put their training into practice. At the last inspection we found there was limited interaction between some staff and people living with dementia which meant they received very limited social stimulation. Following the inspection staff undertook a training course called 'Engaging with people who are living with dementia.' Staff spoken with said the training had been very good and gave them confidence in their work. During this inspection we found staff engaged well with people and people appeared animated and cheerful. This showed the training had helped to improve people's well-being.

The registered manager told us they had provided training to staff to help minimise the risks of people falling. They said they felt this had reduced the number of falls people experienced. Comments from staff showed this training had an impact by raising their awareness. One member of staff said, "The falls training was really good. Made you think about how little things make such a difference. Like if someone is sat at the dining table make sure their walking aids are close by them so if they get up they have them." Another member of staff said "If someone is really frail and has a fall then it can really change their life so we need to be really vigilant to help people stay mobile. Some people forget they need help to move around so we need to always be looking and seeing where people want to go." In the area of the home which cared for people living with dementia a number of people liked to walk around and keep busy. Staff sometimes walked with people chatting or just observed to make sure people retained their freedom of movement in a safe way.

People received effective care because their needs were assessed and plans of care were put into practice. Care plans we read, and our observations, showed that were people required specific care to meet their needs this was provided. For example one care plan showed a person needed to wear hearing aids in both ears and we saw they had been supported to wear these. Where a person required fortified meals and food supplements to increase their nutritional intake these were being provided. Records seen showed the person was maintaining a stable weight.

People had their nutritional needs assessed and met. People were offered choices of food according to their needs. In communal areas of the home there were baskets of snacks that people could help themselves to whenever they wanted. We saw staff offered people snacks throughout the day. One person told us, "There's always tea and biscuits."

We observed lunch being served in a selection of dining rooms. People were shown choices of main meal and drinks to enable them to make a choice. People we spoke with were complimentary about the food. One person said, "Food is ok – plenty of it." Another person told us, "Food is always lovely." A visitor

commented, "The food is very good here. I've eaten here myself, the food tastes good." A lunch time we saw people ate well and seemed to enjoy their meal. One person told us, "I had my lunch. I enjoyed it and ate it all."

Some people required their meals to be served at a specific consistency to minimise the risk of choking and these were provided. A number of people required assistance to eat, ranging from prompting to physical help. People who required support were helped by attentive staff. There was an unhurried atmosphere and people were encouraged and supported to be as independent as possible. One person's care plan stated they required a deep sided plate to enable them to eat independently and we saw this was made available to them. One person was able to eat independently if they were provided with suitable finger food and we saw that on one day of the inspection the menu choices had been adapted to facilitate this.

Some people were unable to easily communicate their needs and wishes and staff used various ways to enable them to express themselves. One member of staff told us they used picture cards to help a person to communicate their wishes and make choices. The staff member said, "We would show them a picture of the bath and so they were able to say if they would like a bath or not. Same with drinks and activities." Staff told us they had ordered a white board for one person with communication difficulties so their relatives could write messages to them. They had also made a referral to a speech and language therapist to explore other ways they could support the person.

The home endeavoured to meet the communication/information needs of everyone. For example, the home had arranged for a person whose first language was not English to have television broadcast into their room in their preferred language. A person with poor sight had access to the local news by way of an audio newspaper which the home had arranged and a person with aphasia (communication difficulties resulting from an injury to the brain) was being assessed by the speech and language team to see how staff could find ways of communication.

Where people lacked the mental capacity to make choices or decisions the staff acted in accordance with the principles of the Mental Capacity Act 2005 (MCA) to make sure people's legal rights were protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care plans contained assessments about a person's capacity to consent to various aspects of their care and treatment and showed when best interests decisions had been made on their behalf. One visiting relative told us they had been involved in a best interests meeting when a certain decision was needed. Where people had the capacity to make decisions, even unwise ones, this had been respected and clearly documented.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding of the Mental Capacity Act and worked in partnership with relevant authorities to make sure people's rights were protected. Some people had authorised DoLS in place and others had been applied for where appropriate.

The staff sought advice and worked with other professionals to make sure people's needs were met. Registered nurses monitored people's day to day healthcare needs but, where appropriate, sought advice and support from other professionals to make sure they were meeting people's needs. One person told us, "I saw the doctor today." Another person said, "I have had my eyes checked. I have once seen a dentist. My hearing has been checked." A visitor said the staff had ensured their relative had been seen by a specialist to

make sure they had the correct treatment for a specific healthcare condition. One visitor said when their relative was unwell "A doctor was called straight away."

The home was divided into different areas which were equipped to meet people's differing needs. There were adequate communal spaces, including safe and secure gardens, which enabled people to choose where they spent their time. In the area which cared for people living with dementia there were objects, such as sensory items, magazines and soft toys, in communal areas for people to interact with.

The buildings were well maintained and there was on-going refurbishment to make sure people lived in a comfortable home. At the time of the inspection a large summer house was in the process of being built in the garden to give people further opportunities to comfortably spend time in the garden areas.

Good

Is the service caring?

Our findings

People were cared for by staff who were extremely kind and caring. Comments from people included, "The staff look after me," "I love it here. They [staff] are all so kind" and "The staff are pleasant and helpful." One visitor told us, "[Person's name] chose to come here, they've been here for respite and when they needed full time care they wouldn't go anywhere else." Written compliments received by the home echoed the comments we heard during the inspection. One card from a relative thanked staff for their "Kindness and warmth." Another person had written that everyone had been "Helpful and kind."

Throughout the inspection we observed staff treated everyone with compassion and warmth. Staff knew people well and were able to adapt their approach to each individual. Some people enjoyed a joke and some good humoured banter whilst other's preferred a quieter approach. A number of people were physically and mentally frail and staff were extremely gentle and caring when they assisted these people.

People were involved in decisions about the care and support they received as far as they were able. Discussions with staff and observations showed people were always consulted about their wishes. Where people were not able to express their views their representatives were consulted about the care they thought would be appropriate. Two visitors told us they had been fully involved in reviews of their relative's care plan. One member of staff told us, "We know people pretty well, we know their history and their body language will tell you if they are ok with things."

Some people required staff to support them to move using mechanical hoists. We observed people being helped this way and on all occasions staff were extremely kind and gentle. In one instance a person looked very concerned when staff showed them the hoist they were going to use. However staff explained exactly what was happening and offered reassurance throughout the process. They made sure their legs were covered to protect their dignity and used physical gestures such as hand holding to put the person at ease. By the time staff had assisted the person into a wheelchair they appeared more relaxed and were smiling at the staff who had helped them.

People were cared for by staff who were observant and ensured people were comfortable. On one occasion a person was finding it difficult to see the person they were talking to because of the sunshine coming through the window. A member of staff quickly noticed this and pulled the curtain across the window whilst asking "Is that better?" and the person smiled and nodded in reply. On another occasion a member of staff asked a person if they were cold and went to fetch a blanket for their legs and a hot cup of tea.

People's dignity was respected and personal care was provided in private areas. Each person had their own bedroom where they could spend time alone if they wished. People could choose to have their doors open or closed. Some people were being cared for in bed due to their frailty and all were regularly visited by staff to ensure their comfort. We visited people being cared for in bed and saw they were warm and clean. Records showed that a member of staff visited each person at least hourly to offer drinks, check if they required any personal care and help them to change position if they were uncomfortable or required a change to alleviate pressure on their body. One person said staff responded to their call bell quickly, they

commented "Within 10 minutes – but I don't use it unless I have to. They check every hour. I am very content here."

Staff were discreet in supporting people to meet their needs and respected people's choices. For example, one person had food on their clothing, a member of staff encouraged them to a private space and asked if they would like help to change and freshen up. The person firmly refused and staff respected this decision.

People had been able to build trusting relationships with staff who supported them. Staff used physical touch such as hand holding and hugs when people wished for this. In the part of the home which cared for people living with dementia one person went up to a member of staff touched their arm and smiled in a gesture of affection. Where people were frail and were unable to move around staff spent time sitting with them chatting and socialising even though these people were unable to verbally communicate. On one occasion staff used a musical instrument to engage with a person which ended with the person taking the instrument themselves to make sounds and smiling happily.

Staff took an interest in people and respected them as individuals. We heard a number of conversations which involved staff talking to people about their friends or relatives. Staff complimented people on various things and always thanked them when appropriate. One person asked a member of staff for help and the member of staff explained they were already helping another person and would return to then in five minutes. When they returned to the person, in under five minutes, they thanked the person for waiting.

Staff helped people to celebrate special occasions and maintain contact with friends and family. Visitors were always made welcome in the home and some continued to provide hands on care to their friends or relatives. One visitor came regularly to support their loved one to eat their lunch.
One person had a birthday during the inspection and staff had helped them to put on make-up and paint their nails in preparation to go out with family. Staff had placed a happy birthday banner in their room and we heard them singing which helped to make it a memorable occasion for them. We saw a letter written by a relative which thanked all the staff for making their relative's birthday special. They wrote, "It was fantastic to see [person's name] smiling and happy. You made them feel so special."

Good

Is the service responsive?

Our findings

At the last inspection we found people did not always receive person centred care and there was limited information about people's preferred routines. This meant that if people were no longer able to express their wishes staff had limited information about how and when they would like to be assisted with their care. At the previous inspection we also found that a number of people, in the area which cared for people with dementia, spent the day in their rooms either asleep in their bed or a chair. Staff were task focussed meaning people's physical needs were met but there was limited social stimulation. At this inspection we found improvements had been made especially in the stimulation people received. This was reflected in a happy atmosphere were people were animated and smiling.

People's care plans had improved since the last inspection and were more person focussed. A visiting professional told us, "The care records are hand written and personalised." However some care plans we read were bulky and it was difficult to easily find up to date information about how people liked to be supported. The registered manager told us they were aware that care plans required further development and they were changing to an electronic system which they hoped would improve them further.

Due to the bulky nature of the care plans they would be difficult for some people to understand and be involved in. Two members of the care staff team suggested that a one page summary of each person which clearly set out their life history, likes and needs would be very helpful and more meaningful to people. We passed this suggestion to the registered manager who said they would talk to staff about taking this suggestion forward.

People could be assured that at the end of their life they would receive care that was compassionate and ensured their comfort. The staff had been working in partnership with other professionals to make sure people had their end of life care wishes recorded and met. Staff told us that when a person was approaching the end of their life they arranged for a GP to see the person so pain and symptom relieving medications called 'just in case' medicines could be ordered. One healthcare professional who had been involved in providing additional end of life care training and support to the home said there had been a real appetite to attend training and to learn.

We saw written comments from relatives of people who had died at the home and they were very complimentary about the care people had received. One person had written, "The kindness, empathy and sensitivity of nurses and carers really impressed me. I am so glad they spent their final months with you." Another thank you card said, "Such a pleasant place to leave a loved one. Care received towards the end of their life was excellent showing empathy, respect, care and even love."

People were being supported by staff who knew them well and were able to provide care which was individualised to them. Staff were able to tell us about different people and how they liked their care to be provided. We heard how some people liked to get up early and others preferred to stay in bed a little longer so staff ensured the routines in the home took account of these individual preferences. One person told us, "I do just what I want."

Staff said they used the care plans, handover meetings and discussions with people and their relatives to make sure they knew how people wanted to be supported and were kept up to date with any changes to people's needs. Throughout the inspection we saw staff responded to different people in different ways which demonstrated that care provided was about the individual not the task. For example, staff told us about how one person always ate better and enjoyed their meal more if they were supported in a quiet environment. At lunchtime we saw staff assisted this person away from the dining room. They ate well and appeared very relaxed and comfortable.

Since the last inspection there had been improvements in the activities and social stimulation provided to people. Two activity workers were employed but care staff also supported people with social interaction. There was a set activity plan each week, which was displayed on notice boards around the home in picture format, but we were told activities were adapted according to people's wishes and abilities. Records were kept which showed that everyone was offered some form of activity every day. This ranged from taking part in a group activity to sitting with a member of staff for a cup of tea and a chat.

During the inspection we observed some people baking a cake with an activity worker in the area of the home which cared for people living with dementia. The activity worker was supportive towards the needs of the people ensuring everyone was involved in the activity. A lot of laughter was overheard from the group of people. In the area of the home which cared for people with general nursing needs we attended a community singing group. This session was very well-received, everyone was singing along, people who lived in the home and relatives, everyone was laughing and really appeared to enjoy themselves.

To further enhance people's social stimulation the provider had a programme in place called 'Together for ten.' This was a ten minute session each day when all staff, including ancillary staff, spent time with people for a minimum of ten minutes. One member of the non-care team told us how much they enjoyed this time saying, "It's really nice to get to know people."

People's religious and spiritual wishes were respected by staff who had good links with local clergy and welcomed all visitors to the home. There were regular visits by religious representatives where people wished for this. The registered manager told us in the past they had made contact with representatives of various denominations to make sure people could continue to practice their faith. The staff had worked in partnership with a local church to develop a dementia friendly café called 'The safe harbour café." This enabled people from the home and the local community to go out for a coffee and a chat in safe and friendly environment. Staff told us this had been very beneficial to people living with dementia and their relatives who had been able to experience time away from the home together.

People felt listened to and thought any complaints made would be effectively responded to. One person said, "There's always someone to speak to." One visitor said they had raised a concern with the registered manager and "It got sorted straight away." Another visitor said there were always staff around for them to talk with or they could send an email to the registered manager.

Where complaints had been made they had been fully investigated and responded to. Where complaints had identified shortfalls in the service changes had been made to practice. For example, one visitor had complained they had been unable to find a member of staff to assist them when they were visiting. In response to this a sign had been placed in the reception area asking visitors to ring the bell in the person's room if they needed assistance during their visits.

Good

Is the service well-led?

Our findings

At the last inspection we found the home was not always well led and the providers' quality monitoring systems had not always been effective in identifying and responding to shortfalls in the service. At this inspection we found improvements had been made and the home was being well led and managed by the on site management team and the provider.

Following the last inspection the registered manager had completed a 'Manager's story' which was a reflective practice on the inspection process and how improvements could be made. 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.

The registered manager had been managing the home for over a year and had a real commitment to delivering person centred care. One member of staff said about the registered manager, "[Registered manager's name] is always preaching that the residents come first and we are guests in their home." Another member of staff told us, "We are told to treat everyone as an individual."

The registered manager was very visible in the home and had an excellent knowledge of people who lived there. When we asked people if they knew who the manager was one person responded, "A lady. She comes around, talks to everyone, quite pleasant. They are not bad at all, most of them." Another person said, "Yes. I can't say she comes in regularly every day, but every two or three days as she goes by she will pop in. If there's anything I feel she ought to know I let her know. There have been various things. The majority of the times things have been sorted. My relative goes to the regular relatives' meetings, I think there is one tomorrow. My relative speaks up and makes sure things happen."

Since the last inspection the registered manager had achieved a change in culture where staff were passionate their jobs and providing care that was centred on the people who lived at the home. They had been able to reduce the amount of agency staff which staff told us had improved team working. This had resulted in a much more relaxed and happy environment for people to live in. One visiting healthcare professional said they had been involved with the home for six years and told us, "It is much improved over the last six months." A visitor told us, "The manager has a good staff system in place to support us."

People could now be confident that the provider's quality assurance systems were effective in identifying shortfalls and taking action. This made sure there were on-going improvements to people's care and support. The provider's quality team carried out audits and supported the registered manager to make changes where necessary. From quality audits service improvement plans, with dates for action, were created to enable effective monitoring. The registered manager carried out in house audits and took action where appropriate. For example In response to audits of falls in the home, additional training had been provided to staff which had raised awareness and reduced the number of falls people were experiencing.

The provider had a range of methods to monitor quality in addition to looking at documents and systems. These included daily walk arounds and 'sit and see' observations by the management team. These aimed to address any shortfalls at the time, continually seek people's views and praise good practice where it was observed. They had also introduced monthly conversations with randomly selected staff to seek their feedback and assess their skills and knowledge. The last staff feedback interviews showed a high level of staff skills and satisfaction.

The provider sought people's feedback and responded to suggestions made. There were regular meetings for relatives of people at the home. Although we were told these were not well attended minutes showed that suggestions made had been put into practice where practicable. For example, some relatives had said they would like the charts used to show people had been regularly checked and provided with care to be simplified. This had been done and were easier for relatives to understand which enabled them to discuss any issues with staff

The provider learnt from things that had not gone well and adapted practice to ensure improvements. In response to concerns raised about the meal time experience for people, changes had been made. Staff breaks had been altered to make sure maximum numbers of staff were available throughout the meal to support and encourage people with their meals. Registered nurses in each part of the home now took an active role in the serving of meals and in supporting people to eat. This enabled them to monitor the experience of people and their nutritional intake more effectively. Following each meal registered nurses were expected to complete a meal time observation sheet to make sure standards were monitored and areas for improvement were highlighted and put into practice at the next meal. At this inspection we noted great improvements in the way meals were served to people.

The registered manager and staff team had made links with the local community which enabled people and relatives to have more access to activities and support. The activity workers had made links with local schools and people were sharing activities with children. They were planning for some people to help the school children with a project about old fashioned toys. The Bridgwater Carers Group were using the home for their monthly meetings and the staff had worked with a local church to create a dementia friendly café which people and their friends and family could enjoy.