Serincourt Limited

Carleen Nursing and Residential Care Home

Inspection report

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Date of inspection visit:
19 October 2016
20 October 2016

Date of publication:
14 November 2016

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

We carried out an unannounced inspection of this home on 19 and 20 October 2016. The home is registered to provide accommodation, nursing and personal care for up to 40 older people. Six beds at the home are designated as "reablement beds," which are funded by the local authority and are available to support people in improving their independence before returning to their own home after a period in hospital. Accommodation is arranged over two floors with lift and stair access to the second floor. At the time of our inspection 31 people lived at the home, some of whom lived with dementia or physical health needs.

A registered manager was 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.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff available to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, stored and ordered in a safe and effective way.

Risks associated with people's care were identified. Staff had a very good understanding of these risks and how to ensure the safety and welfare of people. Incidents and accidents were clearly documented and investigated. Actions and learning were identified from these and shared with all staff.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People received nutritious meals in line with their needs and preferences, in an environment which had been adapted to provide a calm and relaxing dining experience for them. Those who required specific dietary requirements for a health need were supported to manage these.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People and their relatives met with staff to discuss the planning of their care, any concerns they may have and developments in the service provided at the home.

Care plans in place reflected people's identified needs and the associated risks. However these lacked organisation and the registered manager was working to address this to ensure records could be accessed more easily.
Staff were caring and compassionate and knew people in the home well. External health and social care

professionals spoke highly of the care and support people received at the home, although some felt staff called them frequently without need. The registered manager was working with health and social care professionals to address this.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The structure of staffing in the home was under review. The registered manager was visible in the service and available to provide support, guidance and stability for people, staff and their relatives.

A robust system of audits was in place at the home to ensure the safety and welfare of people and actions from these were completed.

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.

Safeguarding policies and procedures were in place and staff had a good understanding of how to keep people safe.

Risk assessments in place supported staff to identify and mitigate most of the risks associated with people's care. Staff had a good understanding of these risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and there were sufficient staff available to meet people's needs.

Medicines were administered, stored and managed in a safe and effective manner.

Is the service effective?

Good

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People enjoyed a good dining experience at mealtimes and were provided with nutritious meals in line with their needs and preferences.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were

valued and respected as individuals and were happy and content in the home.

Arrangements were in place to ensure people were involved in planning their care and their views were listened too.

Is the service responsive?

Good

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

A range of activities were in place to provide stimulation for people. People were encouraged to remain independent.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

Is the service well-led?

Good

The service was well led.

The registered manager provided strong and effective leadership whilst encouraging staff to develop in the service. They were working to support a new staffing structure in the home and embed a new system of record keeping.

Robust audits and systems were in place to ensure the safety and welfare of people in the home. These audits had identified areas of improvement within the service which were being addressed.

Carleen Nursing and Residential Care 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.

One inspector and an expert by experience completed this unannounced inspection on 19 and 20 October 2016. 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 reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In July 2016, the registered 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 PIR for this home.

We spoke with nine people and observed care and support being delivered by staff and their interactions with people in all areas of the home including communal lounges and in people's individual rooms. We spoke with two relatives and twelve members of staff including; the nominated individual and director of nursing for the registered provider, the registered manager , the clinical lead and the non-clinical lead , two registered nurses, a cook, a team leader, a senior carer and two members of care staff. We received feedback from three groups of health and social care professionals who supported people who lived at the home and reviewed feedback other health and social care professionals had sent to the home.

We looked at care plans and associated records for six people and sampled a further six. We reviewed 20 medicines administration records and looked a range of records relating to the management of the service

including; records of complaints, accidents and incidents, quality assurance documents, six staff recruitment files and policies and procedures.

We last visited this service in October 2013 and found no concerns in the service.

Good

Is the service safe?

Our findings

People felt safe in the home and said staff knew them well. One person told us, "I like it here and I feel very safe. " Another said, "Yes, I am happy, I feel very safe and the staff are very hard working and so helpful. They are always there when you need them." Relatives felt their loved ones were safe. One told us, "We know that [person] is in safe hands just in case of anything." Health and social care professionals said staff knew people very well and there were sufficient staff to meet people's needs.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. All staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. The registered manager had worked with the local authority to address safeguarding concerns which had been raised in the service. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, an application form and employment history for people. Two references were sought before people commenced work at the home. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

People who work in the United Kingdom as nurses must be registered with the Nursing and Midwifery Council (NMC) and have a personal identification number (PIN) for this. The registered provider had a system in place to ensure all nurses were appropriately registered, although this was not always clearly identified on their personal file.

There was sufficient staff available to meet the needs of people. At least two registered nurses were available in the home at all times and rotas showed this was frequently more. For example, on the second day of our visit five registered nurses were available in the home to meet the needs of people. Staff rotas showed there was consistent numbers of care staff available each day to meet the needs of people. The registered manager told us they did not employ external agency registered nurses. However, they required the use of external agency care staff to support staff absence and holidays. They explained whilst this was not ideal they tried to ensure the same agency staff visited and they were also in the process of recruiting new care staff for the home. The registered manager monitored the dependency level of people monthly at the home to ensure they had adequate staff to meet people's needs. The registered provider would request this information should the home require additional staffing to support people.

People and their relatives told us there were sufficient staff to meet their needs and staff responded to their needs in a prompt and unhurried manner. Some people told us when agency staff were working at the home they often did not have the same understanding of their needs as the permanent staff. One person said, "The staff are all great and there are plenty of them. But sometimes we see staff from outside [agency

staff] who are not always so good, they don't really know us." Another person told us agency care staff often appeared rushed. On the days of our inspection call bells were responded to promptly and all staff went about their work in an unhurried and calm manner.

Medicines were always administered by registered nurses and were stored and administered safely. People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records (MAR). Medicine administration care plans provided clear information for staff on how people liked to take their medicines and important information about the risks or side effects associated with their medicines, such as the need for them to be taken at set times or what to do if a person refused their medicines. For medicines which were prescribed as required (PRN) we saw staff recorded these medicines in line with their protocols. For people who required homely remedies, which are medicines which can be bought over the counter at a chemist, appropriate documentation was in place to ensure these medicines could be given safely.

A system of audit was in place to monitor the administration, storage and disposal of medicines. An audit of medicines had been completed by a nominated registered nurse in August 2016 and actions required from this had been implemented. For example, this audit had identified topical medicines such as creams had not always been signed as given by staff. Actions had been taken to improve this record keeping, including additional training for staff. A recent incident had been reported to the Commission where medicines had been incorrectly prescribed and administered for a person. This had been fully investigated and recorded. The registered manager had liaised with the appropriate health care professionals and had put systems in place to reduce the risk of a similar incident occurring.

The risks associated with people's nursing and care needs had been assessed and informed plans of care to ensure the safety of people. For example, for people who required equipment to support them to transfer or mobilise, care plans and risk assessments in place clearly identified how staff should support people to mitigate the risks associated with their reduced mobility. For people who required the use of bed rails whilst they remained in bed the risks associated with this equipment had been identified, care plans reflected the risks staff should take to mitigate these risks and how to support the person.

For people who had specific health conditions such as Parkinson's disease or diabetes, information about these conditions and the risks associated with them was available for staff although it did not always fully inform care plans. For example, for one person who lived with Parkinson's disease care records gave a clear understanding of how this condition impacted on their abilities to remain independent and the support they required from staff. However, another person had a heart condition for which they required the administration of a blood thinning medicine. Whilst risk assessments identified the risks associated with this medicine, and all appropriate actions were being taken to mitigate these risks, care plans did not always reflect these. This matter was being addressed with the implementation of a new records system in the home.

Staff knew people very well and demonstrated a good understanding of their needs and how to support them. Care records reflected actions staff had taken to support people maintain their independence whilst ensuring their safety and welfare. For example, for one person who had been admitted to the home for reablement, we saw they had been encouraged to mobilise independently and develop strength and stamina in their mobility whilst staff monitored their safety.

A system to record incidents and accidents which occurred within the home was in place and staff were aware of this. The registered manager reviewed, logged and investigated any incidents and then these were forwarded to the registered provider's head office. The director of nursing monitored and reviewed these

incidents for patterns and trends, in both the home and across the provider's other services and they supported the registered manager to investigate these.

Good

Is the service effective?

Our findings

People felt able to make decisions about their care and were supported to remain independent by staff who had a good understanding of their needs. One person said, "We are encouraged to make choices for example what we want to eat and drink." Another told us, "I am very keen to remain independent but I get muddled and the staff are very patient with me when I can't decide what to do when. They help me." Relatives said staff were very patient and allowed people time to make decisions and this reassured them their loved ones needs were being met in line with their wishes. Some health and social care professionals felt staff sometimes called them to review people and their health needs when this was not always necessary although others felt their visits were requested appropriately.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. Whilst people were not always able to verbally agree to their care, staff had a very good understanding of how people expressed their wishes and consented to their care. Staff were aware of the communication skills people used to demonstrate they did not wish to receive the care. For example, for one person who was profoundly deaf staff were aware this person preferred written information to support them in making decisions. Care records showed staff always respected people's choice when receiving care. For example, for one person who was able to make decisions we saw they regularly refused their medicines and the monitoring of their blood sugar levels. Staff had sought support from health care professionals on how to best support this person. They respected the person's right to make a decision and continued to offer the medicines and monitor the person to ensure their safety.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The registered manager and staff had a good understanding of the processes required to ensure decisions were made in the best interests of people. Records gave clear information on who was involved with people to support them in making decisions. Health and social care professionals said staff had a good understanding of the MCA and how to apply this.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards. For a few people who lived at the home an application had been made to the local authority with regard to them remaining at the home to receive all care or leaving the home unescorted. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

The registered manager had implemented a program of staff supervision sessions to provide staff with the opportunity to share their views and experiences of the service, understand their roles and responsibilities in

the home and to discuss the learning and development available to them. Staff told us they found these sessions very supportive as they allowed them to identify learning opportunities and discuss new ways of working in the home. Through the sharing of supervision of staff amongst a senior team of staff, including the clinical lead, non-clinical lead and registered nurses, staff were empowered to enhance their own roles and leadership skills in the home. Staff felt the registered manager had provided stability and fresh leadership in the service following a period of change and instability in the home.

A clear program of induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. The non-clinical lead provided support for care staff to encourage them to develop and train in new skills and empower them to develop to their full potential. They said the registered manager and nominated individual valued their staff and had identified the non-clinical lead role to develop the skill mix of staff in the home and ensure staff were provided every opportunity to develop new skills to meet the needs of people. Staff told us they were able to access any training to expand their skills and knowledge to meet their own needs as well as those of the people who lived in the home.

Training records were held electronically by the registered provider's head office working closely with the registered manager. These showed staff had access to a wide range of training which included: moving and handling, fire training, safeguarding, mental capacity and deprivation of liberty, principles of care and health and safety. All staff had been encouraged to develop their skills through the use of external qualifications such as National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. New staff were supported to complete the Care Certificate. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered provider had systems in place across their group of care homes to support the development of skills for registered nurses. This ensured they were up to date with current practice and able to meet the requirements of their registration with the Nursing and Midwifery Council (NMC).

People told us the food was very good and they enjoyed a variety of foods in line with their preferences. One person said, "The food is very good and we get enough to eat and drink." Another told us, "We are given the choice to select what we want to eat or drink and we get plenty of that, though with my [health] condition I have to be careful what I eat, and they know that and make sure that I have the right diet."

People enjoyed a good dining experience at mealtimes in the home. Staff told us how mealtimes at the home had changed following observations of meals which had been delivered in a 'canteen style', with people standing in a queue for their food and the general environment not being conducive with a social event for people. The dining area of the home had been changed and was a quiet and calm environment well laid out with tablecloths, napkins and flowers on the table. Meals were brought to the room and served from a hostess trolley and people were offered a choice of fresh vegetables with their meal. Drinks were provided including wine and sherry for those who wished to have this. People chose where they wanted to be seated and interacted with others at their table. Most people were able to manage their meals independently, however for those who were not staff were attentive to their needs and supported them in a calm and efficient way. For people who chose to have meals in their room these were well presented and staff provided appropriate support or ensured people had all they required to remain independent with their meal.

Care plans identified specific dietary needs and the cook had records of these. A four week rolling menu of meals was provided and the cook was able to prepare other options for people if they did not want the daily selections. They told us how people had been involved in the implementation of the 'winter menu', including a request for salmon which was now on the menu. They had information about the type of diet people required, any allergies they may have and their likes and dislikes. All food was freshly prepared and staff had guidance about how to ensure the consistency of food and drinks were correct to meet people's needs.

Staff described how they supported people with nutrition and hydration needs including those who had an identified fluid intake target to maintain adequate hydration. Team leaders and registered nurses were responsible for ensuring food and fluid charts were monitored and any concerns identified.
Records showed health and social care professionals visited the service as and when requested by registered nurses. The registered manager was working closely with local health care professionals to implement a system of identifying people's needs and any deteriorating health conditions to report appropriately to GP's and other health care professionals to involve them appropriately in the on-going care of people. This involved a comprehensive assessment of people by registered nurses and clear documentation of needs to be shared with other health care professionals and identify how they could best be supported.

Care records held feedback from GP's, speech and language therapists, social workers, occupational therapists and specialist nurses. We saw actions had been taken to incorporate instructions from health and social care professionals into people's care plans. For example for one person who lived with diabetes we saw a specialist nurse had advised on their care and staff were supporting these actions.

Good

Is the service caring?

Our findings

People were happy in the home and spoke highly of staff who were kind and caring. Staff respected people's wishes and listened to them. One person said, "The staff are so caring, I don't know how they do it, they are so patient." Another said, "The staff are caring and they do respect my opinions and dignity." Relatives spoke of staff who, "Are very caring," and, "Always treat people with dignity and respect". Health and social care professionals said the care provided at the home was generally of a very high standard. They said staff knew people very well, had a caring approach in their interactions with people and it was clear people were well cared for in the home.

The atmosphere in the home was warm, calm and friendly. Staff interacted with people and each other in a calm and professional manner and took their time to ensure they had responded to people in a way which was appropriate to their needs. For example, one person became uncomfortable whilst sitting in the communal area of the home. A member of care staff assisted them to stand from their chair and reposition themselves three times before they settled and were comfortable. The person told us how grateful they were for staff's patience with them as they often needed help to get comfortable. They said, "They [staff] never make a fuss, they just do it and are so kind." Another person who had declined help to manage their meal struggled to cut the food on their plate. A member of staff spoke quietly to them asking if they would like any help and then assisted them for a short time whilst allowing them to maintain their independence and dignity at the mealtime.

People were encouraged to remain independent whilst being supported to remain healthy and safe. For one person who lived with Parkinson's disease, they had a very good understanding and awareness of their condition and told us how it was managed. They had helped to inform their plans of care for this and staff respected this person's knowledge and understanding of the condition, working with them to ensure their safety and welfare whilst promoting their independence. Another person found it difficult at times to interact and respond to different members of care staff as they found this confusing and distressing. The need for this person to have one main carer had been identified to provide support for the person and maintain their privacy, dignity and independence. A keyworker for this person had been identified to provide most of their support and we saw the interactions between this person and their keyworker were calm and effective in meeting their needs.

A communal lounge and dining area of the home was well utilised to allow people to interact with each other and remain as independent as possible. A member of staff was always present in this area and encouraged people to interact through activities and general discussions. A garden area was available for people during suitable weather and people told us how this area allowed them to enjoy fresh air particularly in the summertime. Some people chose to remain in their rooms and were able to call for staff if they required assistance. Staff respected this choice whilst ensuring the person's safety and welfare.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed when people were being supported with personal care or other activities and staff knocked and waited for a response before entering people's

rooms. Staff had a good understanding of how to ensure people's dignity was maintained. People were able to access their rooms when they chose to.

Meetings with people and their relatives took place bi-monthly to discuss any concerns they may have, any new developments in the home and any forthcoming events. Minutes from these meetings showed actions were taken with any points raised. For example, one relative had expressed concern about the lack of parking when building work was being completed at the home. This was immediately rectified. Relatives had raised concerns about people's clothes which had gone missing or been damaged. Actions had been taken to address these concerns.

We saw throughout the day in the main lounge area people spoke with staff and the registered manager about things which were happening in the home and things they would like to do. People felt able to speak with the registered manager or any member of staff at any time and felt their views would be listened to. Relatives told us they were always able to speak with the registered manager or any member of staff about the care their loved one received at the home.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. They were encouraged to be involved in planning for their care and remain active and healthy in the home. One person told us, "My [relative] and the manager handle all my care issues for me and they also speak to me if I am okay." Two other people told us how they were involved in planning their care and a fourth told us, "My care plans kept changing as I got better and could walk more, but the staff always talked to me about new goals and put these in my records." Relatives said they were involved in the planning of care for their loved ones. One said, "We talk about [person's] plan of care regularly with management." Health and social care professionals felt staff new people well and care was planned in line with people's needs.

People's needs were assessed before they came to live at the home and these assessments informed their plans of care. Records showed people and their relatives were encouraged to inform this process although this was not always clearly documented. People's preferences, their personal history and any specific health or care needs they may have were identified and care plans reflected these.

The home worked with the local authority to support up to six people at any one time who had been discharged from hospital but required additional support to make the transition to their own home or another care setting. One registered nurse took the lead in managing the admissions, assessments and care planning for these people. They worked closely with the registered manager and other health and social care professionals to identify people for admission to these beds and ensure achievable goals were set for people to increase their independence. Care staff supported people to achieve individualised goal plans and promote their independence, facilitating people's discharge home or to another suitable place where their needs could be met. We spoke with one person who was to be discharged from the home in the near future and they spoke highly of the support and encouragement staff had given them to improve their independence. "They have made me work hard, but it has been worth it and I can move much better now than when I was in hospital."

Staff had a very good awareness of people's needs and preferences. Care plans gave clear information for staff on how to meet the needs of people in a person centred and individualised way. Each person had a record of how they liked to spend their day. This gave staff a clear account of how people liked to be supported, what they could do independently and what activities they required assistance with. The information on these records reflected information on handover sheets which each member of staff received when they started their duty. This was updated daily to ensure staff were made aware of any changing needs for people such as they had been seen by a GP, had an infection or required any additional assistance with any activity. For example, we saw handover sheets were updated to reflect the need for staff to check one person for the signs and symptoms of a urine infection and another had been assessed by a health care professional to improve the management of their diabetes. Staff knew people very well and demonstrated a good awareness of their needs.

The system in place to document, review and update plans of care for people was under review. Care plans were reviewed by a named nurse monthly, or more regularly if required and the registered manager

completed an audit of random care plans monthly. Staff had identified that whilst care plans held clear information on people's needs and preferences, there was a lack of consistency in the format of records and some duplication of records. The registered manager showed us a new care plan format which had very recently been approved with staff for use in the home and had been applied to a couple of sets of records. This presented information in a clear and ordered way and ensured staff had access to clear and accurate records which were organised and reflected people's needs and preferences.

An activities coordinator supported the coordination and management of activities for people for six or seven days per week, they were on leave at the time of our visit. However, other staff were available to support people in participating in activities of their choice throughout the day. People told us they enjoyed daily activities organised in the home such as cards and other games, exercises and quizzes. We saw people had access to daily newspapers and enjoyed a manicure and nail painting or music in the lounge area of the home. This was played through a record player which prompted lively discussions about the quality of music from years gone by. A church service was held each Wednesday and people told us they enjoyed this and it was well attended. People had access to an external garden area during periods of better weather and people told us this area was very well used in the summer including an area which had been made more accessible for people in wheelchairs. The activities coordinator organised outings around the local area for people.

The registered provider's complaints policy was displayed in the home. We saw any concerns or complaints were investigated and actions from these were implemented. Records showed any concerns or complaints had been addressed in full. The registered provider monitored all complaints and concerns as they were reported and worked closely with the registered manager to ensure all matters had been dealt with and reported appropriately.

People and their relatives felt able to express any concerns they may have and were confident the registered manager and their staff would address these promptly and efficiently. Health and social care professionals felt able to raise any concerns with the registered manager and work with them to address these.

Good

Is the service well-led?

Our findings

People and their relatives felt the service was well led. They spoke highly of the registered manager and all the staff at the home and told us they would recommend the home to others. One person told us, "The management and staff know what they are doing, definitely. This home is well led." Another told us; "The staff are aware of their responsibilities and that to me should come with training." A relative told us, "I think they [staff] are doing a good job in making this place safe and homely. I think this home is well managed compared to others I have seen." Health and social care professionals said the service was well led and when they visited they received a good response from all staff who knew people well.

The registered manager had been in post for approximately one year (although registered with the Commission in April 2016). When they commenced their role at the home there had been a significant period of instability in leadership and management in the home, with several different managers implementing different processes and documentation for a staff group who had not been sufficiently supported or empowered to develop the service and embed practices in the home. The staff group at the home had changed significantly in the previous year. The registered manager had taken time and resources to review the skill mix of their staff, understand the effect the lack of continuous leadership had had on all staff and listened to their concerns and ideas for the service.

The staffing structure at the home was under review. The registered manager had received support from the nominated individual and director of nursing to review, understand and implement changes which were needed in the management of the home. They recognised the need for strong leadership and clarity in their role to ensure staff of all grades understood their roles and responsibilities in the service. They wanted all staff to feel empowered to be involved in the management and development of the service and were committed to provide this.

A clinical lead, who was a registered nurse, supervised all nursing staff and ensured the clinical day to day management of the service was supported. A registered nurse led on all work related to the reablement beds and an administrator was available to support all staff with clerical duties. A non-clinical lead role had been introduced to support the review of staff skills and to support care staff in their working roles. Team leaders and senior carers worked in the home and whilst staff recognised these roles were ones to aspire to there was a lack of clarity in the differences between these roles. The responsibilities of each role were not clear and the registered manager and non-clinical lead were looking to address this. Staff would then have a clearer understanding of their roles and responsibilities in the home.

The registered manager gave us clear information on the changes they had completed and those which they planned to further improve the management of the service and ensure all staff received the support and development opportunities they needed. They were clear their role was to get the best from staff but also to more clearly establish their role as the registered manager in the home, and their legal accountability in this role.

Staff told us of frequent changes in the management of the service and documentation within the service

over the past year. All staff spoke highly of the registered manager who had provided stability and direction in the home over the recent months and allowed staff to voice their opinions and be involved in how the home was run.

Staff felt supported through supervision, team meetings and daily handover sessions to provide appropriate care and support in line with people's needs. They felt empowered to participate in training and development opportunities and recognised the importance of team working to meet the needs of people.

Records of the care people required and received held clear information but often lacked clear organisation and format. This had been recognised in the home. The registered manager had worked closely with the director of nursing and staff at the home to identify a format for care records which would ensure they were clear, concise and held all the necessary information in one place to inform staff on the care people needed and received. These were being introduced at the time of our inspection and the registered manager recognised that this would take some time to implement for every person at the home. Whilst these changes were being implemented, other tools were available to ensure staff had an up to date awareness of people's changing needs including; a handover sheet which held clear information on people's needs and preferences and a 'Ten-at-ten meeting' held every weekday to discuss any changes in the home such as admissions and discharges, people's needs or to raise staff awareness of an issue.

The registered provider had clear systems and processes in place to ensure the safety and welfare of people. The nominated individual had employed the use of a care consultant in January 2016 to review the standards of care at the home and identify actions to be taken to improve the quality of the service. A comprehensive action plan from this review had been identified and completed by May 2016, although further changes to the service from this action plan had been identified by the registered manager and were on-going in the service. For example, the review and change to documentation, the review of staff roles and the skill mix of staff available on each duty.

Audits completed in the home included those for medicines, infection control, environment, equipment checks and fire records. We saw actions from these audits had been completed. The registered manager submitted to the registered provider's head office a 'Manager's Monthly Audit' which included audits on nutrition, care plans, medicines and complaints, concerns and safeguarding incidents. The director of nursing then used this to discuss necessary actions with the registered manager and ensure they were acted upon.

A new programme of audit was being introduced from the registered provider's head office. This allowed the registered manager to have more involvement in the management of these audits in the home, and implement actions in a more timely and effective way.

In March 2016 people and their relatives had been asked for their views of the service and the quality of the care delivered at the home. Feedback from these surveys reflected good effective care was delivered at the home. A survey of health and social care professional's views of the home provided positive feedback for the way in which the home interacted with external health and social care services.