Mr & Mrs C Grant

# Longmore Nursing Home

## Inspection report

118 Longmore Road
Solihull
West Midlands
B90 3EE

Tel: 01217336595

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

This inspection took place on 12 November 2015 and was unannounced.

Longmore Nursing Home provides care and accommodation for up to 22 older people. There were 21 people living at the home at the time of our inspection. Nursing care is provided and this includes a small number of people living with dementia.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the registered manager had recently left their employment at the home and a new manager was in post.

Staff were available at the times people needed them, however frequent changes in staff did not always ensure continuity of care. There were a number of staff vacancies and plans were in place to address this. The number of staff on duty had increased recently and staff vacancies were covered by agency staff until the time that new staff were recruited. Staff had received training so that, overall people's care and support needs were met. Further staff training was planned.

Staff understood their responsibility to safeguard people from harm. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks.

People were involved in decisions about their care and told us that they received support in the ways they preferred. People were happy with how their personal care needs were being met and told us that staff encouraged them to remain as independent as possible. Group social activities were arranged, however people had limited opportunities to pursue their individual hobbies and interests. Plans were in place to address this. People were supported to maintain relationships with people important to them and visitors were welcomed at the home.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. People were referred to external healthcare professionals to ensure their health and wellbeing was maintained. However, ineffective communication between the staff team had resulted in a delay in some people receiving dental care and treatment. Medicines were managed so that people received their medication as prescribed, however improvements were needed in relation to the recording and disposal of medicines.

Staff understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care. The manager told us that as they were new at the home they would liaise with the Local Authority in order to discuss the MCA further.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of people who lived at the home. This was through regular communication with people and staff and a programme of other checks and audits. Due to the recent management changes at the home quality monitoring had lapsed recently, however plans were in place to address this. The management team ensured  actions were taken following suggestions put forward, for the benefit of people who lived at the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe

Staff were available at the times people needed them, however frequent changes of staff did not ensure people received continuity of care. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing. People received their medicines as prescribed, however some improvements were needed in relation to the recording and disposal of medicines.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective

On occasion, frequent staff changes resulted in ineffective communication between the staff team. Overall, staff had the skills and knowledge to meet people's care and support needs. However, the manager had identified improvements were needed in relation to further staff training and support. Plans were in place to address this. The manager and staff had some understanding of the principles of the Mental Capacity Act 2005 and care workers obtained people's consent before care was provided. People had a choice of food and drink which met their nutritional needs, and, overall, their health care needs were met.

### Is the service caring?

**Good**

The service was caring

People were supported by care workers who people considered were kind and caring. Care workers mostly ensured they respected people's privacy and dignity, and promoted their independence. Visitors were welcomed at the home.

### Is the service responsive?

**Requires Improvement**

The service was not consistently responsive

People received care that met their needs and preferences, however care records did not always reflect the care delivered.

People had some opportunities for social activities, however were not always supported to pursue their own hobbies and interests. People were given opportunities to share their views about the care and support they received and the manager dealt promptly with any concerns or complaints they received.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led

Systems were in place to monitor the quality and safety of service provided, however these needed to be established to drive further improvement at the home. Staff felt supported and able to share their views and opinions about the service. People had opportunities to put forward their suggestions about the service provided and these were acted upon.

# Longmore 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 12 November 2015 and was unannounced.

The inspection was undertaken by an inspection manager and an inspector.

We reviewed information received about the home, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with seven people who lived at the home, four relatives, the manager and five staff members including a nurse, care workers and the chef. We observed the care and support people received. We spoke with commissioners from the Local Authority who funded the care some people received.

We reviewed three people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included checks the management team took to assure themselves that people received a good quality service.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe at the home. One person told us, "I feel safe and well looked after." Another person said, "I feel safe."

Potential risks to people who lived at the home had been identified and steps taken to minimise them. For example, one person had been identified as being at risk of weight loss and additional calories had been added to their diet. Staff had a good understanding of this and the person had gained weight.

Assessments of other risks related to people's care had been undertaken. For example, the risks related to the use of bed rails, skin damage and moving and handling. Where, for example a person had been identified as being at risk of skin damage, equipment was provided such as pressure relieving cushions and mattresses to reduce the risk of skin damage. Staff spoken with had a good understanding of this, however, this information was not always included within the risk assessment as guidance for staff to follow. This would increase the risk of people not receiving the care they needed, especially when agency staff were supporting them. We discussed this with the manager who showed us the actions she had taken to date to address this issue and assured us actions for improvement were on-going.

Accidents and incidents had been recorded and referrals were made to external professionals as required. This was so that specialist advice was sought to reduce the risk of further accidents and incidents from occurring again. For example, the manager told us that she had made referrals to the community 'Falls team'.

Prior to our inspection there had been an incident of a safeguarding nature which had not been reported to the Local Authority team, however following lessons learnt from this, reporting arrangements were now in place. The manager outlined the actions taken to date in order to reduce the risk of an incident of a similar nature from occurring again. Staff understood the importance of safeguarding people and their responsibilities to report this. Staff we spoke with had a good understanding of the provider's safeguarding policy. They told us they had received training about this, knew how to recognise the signs of potential abuse and knew what to do when safeguarding concerns were raised . A staff member told us, "I would report any issues to the nurse, I am confident to do that." Another told us, "I have undertaken training about safeguarding, I know I can always report issues to CQC as well as to the nurses and manager."

Most people told us, and we observed, that staff were available at the times people needed them. However, a person told us, "I press my buzzer and staff come but sometimes not very quickly." Another person said, "Staff are busy, some are patient, others rush." We asked staff whether there were enough of them to meet people's needs. A staff member told us, "I think so." Another staff member told us that overall there were enough staff on duty, however went on to say, "It can be tough when we have to explain things to agency staff about what they need to do." However, they told us they were confident that this situation was improving.

There had been a number of staff leave the provider's employment recently, for a number of individual

reasons. This included nurses and on-going recruitment was in place. We asked the manager how they ensured there were sufficient numbers of staff available to meet people's needs. They told us that they were confident there were enough staff to meet the care and support needs of the people who currently lived at the home. Staffing rotas showed nurse vacancies were being covered by agency staff, especially at night. The manager told us that when they came into post a few weeks ago they increased the number of care workers on duty following a request made by the staff team. They told us they continued to review the staffing numbers based on people's care dependency levels. They told us the recent staff recruitment drive had been successful and a nurse was due to commence employment at the home on a full time basis. They told us that no further admissions would be made until this person started working at the home.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who lived at the home. A recently recruited care worker confirmed they had to wait for their police checks and references to be completed before they could start work.

We looked at how people's medicines were managed. People told us they were happy with how they received this. We asked people if they received their medicines at the correct times, a person told us "Yes, always," and another person told us they always received their pain relief on time.

A number of people were prescribed medicines 'as required' (PRN). These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Individual medicine plans were written in relation to each of these so that staff had guidance to follow about when to administer the medicine and the amount to give. Where variable doses had been prescribed, staff had not always recorded the actual dosage of PRN medicines administered. This meant, for example staff were not always able to monitor whether pain relief prescribed for a person was effective or how much of the medicine had been administered. We discussed this with the manager so that action could be taken to address this.

Overall, medication administration records (MAR) were well maintained. However we noted that one person's MAR chart reflected that one of their medicines had not been administered on one morning recently. We discussed this with the manager who immediately looked into this. She confirmed that the person had received this medicine however staff had not signed for this. The manager told us that she would address this straight away.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage people's medicines safely.

The provider's policy in place for the disposal of medicines required improvement. This was because although staff were adhering to the policy and each medicine for disposal was accounted for, we found a large bottle containing a mixture of a multiple variety of tablets had been left in the medication trolley, rather than being disposed of in a timely way. The manager told us that they had been advised by the former manager this system had been used for a long time and they assured us they would liaise with the pharmacy about changing the arrangements for disposal of people's medicines.

Arrangements were in place to check the premises and equipment, to ensure that people were kept safe. For example, in relation to hot water temperatures and fire safety equipment we saw that all checks were up to date and no issues had been identified.

Requires Improvement

# Is the service effective?

## Our findings

People told us care workers had the skills and knowledge to meet their needs. Care workers told us they completed an induction when they first started to work at the home, that prepared them for their role before they worked unsupervised. A care worker told us, "I had an induction which included how to undertake personal care and moving and handling." The manager told us that going forward new staff would undertake induction training in line with the Care Certificate and that they were finding out more about this. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Staff received some on-going training the provider considered essential to meet people's care and support needs. Since coming into post the manager had reviewed the training staff had received and had identified that refresher training was needed in some areas. This was reflected on the staff training data sent to us. Plans were in place to address this. We saw that staff had put their training into practice. For example, in relation to moving and handling training, were saw that staff supported people to move in a safe and encouraging way, with the use of equipment as required. Although some specialised training had recently been provided, staff told us they would benefit from training about the specific health condition of a person who currently lived at the home. We discussed this with the manager who told us information was available for staff about this and they would also arrange more detailed training.

Staff told us they felt supported by their manager, however we noted that opportunities for them to meet on a one to one basis and as a group had lapsed recently. A care worker told us, "We have not had any staff meetings recently but we were introduced to the new manager." We discussed this with the manager who told us this was due to the recent changes of management at the home. They told us they had identified this as an area for improvement and revised staff supervision and appraisal documentation was due to be implemented. They also told us that a staff meeting was planned for the near future.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. 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.

Care workers had an understanding of the principles of the Act and how this affected their practice. A staff member told us, "I have received training about the Mental Capacity Act and what to do if a person is not able to give their consent." Care workers understood the importance of obtaining people's consent before providing care and support. For example, a staff member told us they would always ask people for their consent prior to undertaking care tasks.

The manager had some understanding of the relevant requirements of the Mental Capacity Act (MCA) 2005

and we saw that some mental capacity assessments had been undertaken as required. However further work was needed to ensure they were decision specific to determine whether people could make informed decisions about various aspects of their lives.

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). No one living at the home had a deprivation of liberty safeguard (DoLS) authorised, however the manager was aware this needed to be further explored. They acknowledged they had only recently come to work at the home and would liaise with the Local Authority about this.

We saw that the GP had given written instructions for staff to administer three people's medicines by crushing it, if needed. We discussed this with the manager and nurse as we could not clarify whether this practice was undertaken to conceal the medicines and if so, whether these decisions had been made in people's best interests. The nurse confirmed they had not administered medicines to these people in that way and the manager told us they would look into this further.

We checked whether people received enough to eat and drink in order to meet their nutrition and hydration needs. People told us , "I get enough to eat and plenty of cups of tea," "Food is nice. Plenty of drinks," and "Food is always hot." During our inspection we saw that staff responded quickly to people's requests for additional drinks and drinks were accessible to people who chose to spend time in their bedrooms. People had a choice of meals and desserts and second serviings were offered. The main meal choice of chicken casserole, mashed potato and vegetables looked appetising. However, for the people who required a pureed diet due to their health, the portions of this was pureed together so people would not be able to experience the taste of each and choose which part of the meal they wanted to eat. This looked unappetising. We discussed this with the manager who told us they would discuss this further with the chef as on some days the portions were served separately. The menu choices of the day were displayed on the notice board for people to see and people were actively involved in menu planning. Staff had a good understanding of people's specific dietary needs and we saw that they supported people who required additional encouragement during meal times, at their own pace.

We spoke with the chef who told us they was provided with information about people's individual dietary needs and preferences. We saw that people were weighed regularly and where people had been assessed as requiring extra calories, fortified food was provided and regular snacks were given. A relative told us they were happy because a person who had previously lost weight had started to put on weight since coming to live at the home. Food diaries were up to date but improvements were needed in relation to the recording of fluids during the late evening and night. We discussed this with the manager who assured us this was a recording issue. People were receiving drinks and this would be addressed with staff.

Systems for effective communication between the staff team required improvement. Although staff 'handover ' meetings (meetings held when one staff shift finishes and another starts) and a communication diary were in place to keep staff updated about the care and support people required, we found a number of examples of where communication was not effective. On occasion this had resulted in a lack of continuity of care for people who lived at the home. For example, on the day of our inspection a community dentist arrived to provide care and treatment to a number of people who lived at the home. However, despite instructions having been given to the staff team to obtain pre examination information from relatives, this had not been done. Therefore the dentist was not able to undertake the examinations and made arrangements to return.

One person told us, "Staff are alright but always changing. I never know who is going to come." Another person said, "Always new faces. Here one day, gone the next." A care worker told us, "We work well as a team but a downfall can be communication, especially when agency and part time staff are working." The manager told us that this was an issue they had identified when coming to work at the home and felt it was due to the use of agency nursing staff and because most of the permanent nursing staff worked on a part time basis. They told us that although they requested agency staff who were familiar with the home, this was not always possible. Other actions were now being taken to address this. This included the recruitment of additional permanent nurses and care workers. She told us that a nurse was due to commence employment at the home shortly, on a full time basis, following the completion of pre employment checks.

Shortly prior to our inspection an incident had occurred whereby a person had not been referred to a wound care health professional in a timely way. This had resulted in deterioration of the person's physical health. The manager told us that following this they had taken action to reduce the risk of an incident of a similar nature from occurring again. Timely referrals had been made to other health professionals, for example when people were unwell or when staff had identified that people were losing weight. From care records we saw that staff followed instructions given to them from health professionals to make sure people received the necessary support to manage their health and well-being. This included advice given by the GP, district nurses and community dieticians.

Good

# Is the service caring?

## Our findings

People and relatives we spoke with were positive about the staff and told us they were caring and kind. People told us, "Workers are nice and friendly," and "I am very happy, staff are golden." They went on to tell us they enjoyed chatting with the staff and other visitors who came into the home. A visitor told us, "This place is wonderful. They told us we could visit any time, it's so nice because we have built up friendships with people who live here."

We observed good one to one communication between people who lived at the home and the staff team. It was clear that permanent staff had built up good relationships with people and had a good understanding of their needs and any preferences they had in relation to the way their care and support was provided. For example, one person had limited verbal communication skills, however we saw staff knew when they required assistance from staff using non-verbal communication and gestures. We observed staff provide encouragement and support to people, based on their individual needs. We overheard friendly banter between people and saw staff spending time talking with people about topics of interest to them.

People we spoke with confirmed they were involved in making decisions about their care. They told us they were supported to maintain their independence and the support they received was flexible to their needs. Discussions with the staff team provided us with many examples where people were encouraged to make decisions and choices about their daily lives. This included how and where they spent their time, where they preferred their meals to be served and the times they chose to get up in the morning and go to bed at night. A care worker told us, "We ask people what they would like for lunch, if they would like to get up in the morning. We offer to help them with a wash and get dressed or if they don't want to at that time we can return later." People told us they could choose how they spent their time. A person told us they preferred spending time in their bedroom reading news papers, they said "They [newspapers] are delivered for me." They went on to say "I choose to have my meals in my room."

People were encouraged to maintain relationships important to them. Visitors told us they were welcomed at the home. A number of people chose to go out with family and friends and staff respected this.

Most people told us their dignity and privacy was respected by staff. A person told us, "Most of the staff are respectful, the regular ones anyway." We saw this was the case, staff greeted people by their preferred names and personal care was provided in private areas of the home. However one person told us that, although overall their privacy was respected, they said, "Some staff knock my door, others just barge in."

Details about advocacy services was on display in the home for people to access if needed. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

Requires Improvement

# Is the service responsive?

## Our findings

People told us they received care and support in the way they preferred and met their needs, however some people told us they had not seen their care plans. The manager and permanent staff team had a good understanding of people's preferences and current care needs. They were able to tell us in detail how people's care was delivered.

People told us that they were happy with how their personal care needs were being met and support was provided with regular baths and showers as they preferred. A hairdresser regularly visited the home and people told us they enjoyed this. One person said, "I enjoy being pampered. I also have my nails filed and polished."

People were encouraged to visit the home to see if they would like to live there. Pre-admission assessments had been undertaken to assess whether people's care and support needs could be met at the home. A pre admission assessment of a person who had recently come to live at the home included information about the person's care and support needs along with their likes and dislikes.

Care plans contained information which was obtained during the person's assessment. However, from the care plans and records we reviewed, we found there were a number of omissions. For example, blank documents, missing staff signatures and records which did not include the person's name to whom it related. We also found shortfalls in recording on other care records, such as charts used to record the support provided to people who needed assistance to change their position whilst in bed. The manager told us they had also identified improvements were needed in relation to care records and this issue had also been raised as a result of a recent safeguarding investigation.

In order to address some of these issues, the manager told us a 'named nurse' system had recently been introduced. This was in order to give individual staff members responsibility for ensuring people's care plans were reflective of their current care needs. We also looked at a person's care plan which had been updated recently by their named nurse. We found this outlined how the person wanted to receive their care and support and specific instructions for staff to follow. A care worker told us they found the information in people's care plans useful. They said, "I look at people's care plans, especially when anyone new comes to live here. I need to know what diet they have and whether they require moving and handling equipment."

People had opportunities to join in with group activities however were not always encouraged to pursue their individual hobbies and interests. For example, one person needed to remain in bed due to their physical health condition. They told us they were not offered any activities in their room and said they "Get bored." However, we noted that staff had offered some opportunities for engagement with this person.

The provider employed an activity worker at the home. They were responsible for arranging group and individual activities for people within and outside of the home. Recent activities included 'pet therapy' and musical entertainment. Photographs of a number of activities were on display in the home. People could choose whether they took part in activities or not. A person told us they were not interested in joining in with

activities and staff respected this. Another person said, "There is not much going on," and others said, "I enjoy going into the garden in the summer," and "Animals come and visit us." The manager told us they had identified improvements were needed in relation to the variety of activities provided and plans were in place to address this. A newsletter for people who lived at the home was being developed to share information and put forward suggestions about events people may like to participate in.

People were supported to follow their faith, either outside of the home or by a visiting church and priest who came into the home. One person told us, "Prayers are very important, the priest visits me."

People told us that they were confident in how to raise any concerns and make complaints if needed. People told us, "I would tell the manager or the owner, I feel confident to do so," and "I would tell the nurse if I was unhappy." A relative told us, "I have not had to make any complaints but I would not hesitate if I had to." The provider's complaints procedure was on display on the notice board in a prominent area of the home. A 'compliments, comments and complaints' book and a locked 'comments box' were available in the home for people and visitors to record their feedback if they wished. No complaints or concerns had been recorded recently and positive comments about the service people received was recorded.

Information in the complaints record showed that no formal complaints had been received this year. We discussed complaints and concerns with the manager. They told us that arrangements were in place to record and resolve concerns before they became formal complaints. They told us issues would be shared with the staff team using the staff communication book, staff meetings and supervisions so that improvements could be made if needed.

Requires Improvement

# Is the service well-led?

## Our findings

People told us that they were happy living at the home and thought it was well-run. A person told us the best thing about living at the home was "Peace and quiet," and there wasn't anything they would change. They said, "The new manager seems nice." Another person said, "The best thing about living here is being looked after. I get what I need." A relative told us, "I would happily live in this home myself, it's just great," and went on to tell us that their relative had been, "More content and had made progress," since coming to live there. The manager had an 'open door' policy so that people were encouraged to speak with her whenever they wished.

The registered manager had recently left the provider's employment and a new manager had been in post for the past eight weeks. They told us that they would be providing day to day management at the home however would not be applying for registration with us currently. A manager from another of the provider's locations had submitted a manager application to us.

Care workers told us they enjoyed working at the home. One told us, "I enjoy working here very much," and another said, "I am really happy with everything here, thank you." The manager gave clear direction to the staff team and they were complimentary about her management style. Staff told us that they felt supported in their job roles and said, "The manager is new and I am getting to know her. I am confident to talk to her." Another care worker told us, "I think that the changes made since the manager started working here have been implemented really well, especially the improvements she has made with the meals people have and the care records." Another care worker told us that any information about changes in relation to the running of the home was cascaded to the rest of the staff team.

Staff told us they had a good understanding of their roles and responsibilities. Staff told us and we observed that they enjoyed their work and valued the service they provided. Staff told us they had opportunities to put forward their suggestions and be involved in the running of the home. For example, a care worker told us they had discussed the need for an additional care worker to be on duty due to the increased care and support needs of people who lived there. They told us, "We said we needed more staff and not long after the new manager started this happened."

Staff had a good understanding of the provider's whistle blowing policy and told us that although they had not needed to use this, they would be confident to should the need arise.

People were encouraged to put forward their suggestions and views about the service they received. Group meetings involving people who lived at the home were held regularly. The minutes of the most recent meeting were on display for people to read and showed that people were encouraged to put their suggestions forward. We saw that people had raised issues in relation to the laundry service and actions had been taken in response to this.

A meeting for relatives of people who lived at the home had also been held recently. Prior to this, quality

questionnaires had been sent out to people and relatives, in order to ensure any suggestions for improvement could be discussed at the meeting. Overall, feedback from the questionnaires was positive about the service provided. Staffing levels was raised as an issue and the manager has taken action to address this.

The  manager played an active role in quality assurance and to ensure the service continuously improved . They had recently introduced a daily 'walkabout', during which time they spoke with people who lived at the home, staff and checked the cleanliness and safety of the premises. A system was in place to check the quality and safety of the service people received. This included monthly audits of people's care plans and a check on the quality and safety of equipment being used.  However the manager had identified  that, due to the recent change in management at the home a number of other audits and checks were not up to date. Plans were in place to address this which included an analysis of accidents and incidents that had occurred.

The provider had arrangements in place to monitor the quality and safety of service people received. This included monthly visits to the home. During these visits the provider spoke with people who lived at the home and spoke with staff, in order to give them opportunities to feedback their views on the service provided. A person who lived at the home told us, "The owners visit me once a month, they ask me how I am." However, we noted that records available indicated the provider had not undertaken a visit of this type since July 2015. The manager confirmed that the provider regularly visited the home, on a weekly basis or more often. They were positive about the support the provider gave to them and said, "The providers are brilliant, they are constantly on the phone if you need them. I am confident the providers act on what I say." The manager gave a recent example of where the provider had acted on a request they had made. They told us they had discussed with the provider the need for more storage at the home. This was acted upon promptly and the manager showed us the new storage cupboard which had been built in response to their request. The manager also told us that a programme of refurbishment and re decoration of the premises was underway.

The provider and manager drove improvement for the benefit of people living at the home. The manager told us that since coming to work at the home they had identified a number of areas where improvements were needed. They told us about the improvements made to date and outlined their plans for this to continue. This included staff recruitment and retention, staff training, care plan documentation, group and individual activities for people and quality assurance. Whilst they had not been in post at the home for long, they told us about the plans they had in place to address the issues they had identified. They acknowledged that the actions already taken needed to be embedded for the benefit of people who lived at the home.

The manager understood their responsibilities and the requirements of their registration. For example they were able to outline which statutory notifications they were required to send to us so that we were able to monitor the service people received. We had, however, not received a notification to inform us that the registered manager was no longer in post at the home.