Dovestone Estates Limited

Wray Common Nursing Home

Inspection report

Wray Common Road
Reigate
Surrey
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Tel: 01737240563

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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

Wray Common Nursing Home is registered to provide accommodation and nursing care for up to fifty five older people some of whom may be living with dementia. The home is located on the outskirts on Reigate town and close to local amenities. The home is owned and operated privately. The home can offer respite care, long term care and palliative care. People had access to several communal lounges and dining areas which overlooked attractive gardens.

The service had a registered manager in post on the day of the inspection visit. '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 and associated Regulations about how the service is run.

People were protected from the risk of abuse. Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. They told us they would report anything they were uneasy with to the nurse in charge.

Risks were well managed and when hazards to people were identified assessments were in place to minimise the risk of harm to people. These were supported by guidance in people's care plans for staff to follow to help keep people safe.

There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who lived at the service. Staff received regular support in the form of annual appraisals and formal supervision.

Staff recruitment procedures were robust to ensure that staff had appropriate checks undertaken before they commenced employment.

Medicines were well managed and people had their medicines when they needed them. All medicines were administered and disposed of in a safe way.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the persons rights were protected.

People were encouraged and supported to be involved in their care. People's bedrooms had been decorated to a good standard and were personalised with their own possessions.

Health care needs were being met. People had access to a range of health care professionals, such as the GP, a community psychiatric nurse, palliative care nurses from the local hospice, a dentist and opticians. Qualified nurses managed the clinical health care needs of people.

People told us the food was very good and there was lots of choice. We saw people had access to drinks

and snacks at any time during the day and people said they were able to have a cup of tea during the night if they asked.

Staff were kind and compassionate. We saw people were treated with respect and their privacy and dignity were respected at all times. For example staff knocked on people's doors before they entered their room and undertook personal care in private.

People had individual care plans which gave clear guidance to staff on what support people needed. They were detailed and updated regularly. Relatives told us they had been consulted regarding people's care plans and were able to attend reviews of care.

The registered manager operated an open door policy and we saw several examples of people, relatives and staff visiting the office to discuss various subjects or just for a chat. The registered manager also ensured she visited people in their rooms if they were unable to access the office.
People were aware of the complaint procedures and told us they would know how to make a complaint. A relative told us they would know how to make a complaint but never had to. Complaints were dealt with in a timely way and in accordance to the procedure in place.
The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. The registered manager and deputy manager had systems in place to record and monitor the quality of the service provided and to make improvements where necessary. Accidents and incidents were recorded and acted upon.
People would be protected in the event of an emergency at the home. Staff were aware of the home's contingency plan, if events occurred that stopped the service running. The premises provided were safe to use for their intended purpose.

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 staff employed to meet people's needs.

Risks were assessed and managed well, and risk assessments provided clear information and guidance to staff.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

People received their medicines as prescribed.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Is the service effective?

Good

The service was effective.

People were cared for by a team of qualified and skilled nursing and care staff to meet their needs.

Staff received regular training to ensure they had up to date skills and knowledge to undertake their roles and responsibilities. They also received supervision.

Mental Capacity Assessments and best interest meetings were in place for people where they lacked capacity. DoLS authorisations had been applied for where people's freedom was restricted.

People had enough to eat and drink and said they enjoyed their food.

People's health care needs were being met and they were supported to remain healthy.

Is the service caring?

Good

The service was caring and sensitive to people's needs.

People were well cared for and their privacy and dignity was maintained.

We observed staff were caring and kind and treated people kindly and with respect.

Staff were friendly, patient and discreet when providing support to people.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Care plans were well maintained and people's needs were fully assessed before moving into the service.

There were a wide range of activities available to people.

Complaints were monitored and acted on in a timely manner.

Is the service well-led?

Good

The service was well led.

The registered manager had system in place to monitor the quality of the service provided.

The registered manager had maintained accurate records relating to the overall management of the service.
Staff said they were supported by the manager.

People were asked for their views on the provision of service and these were used to drive improvement.

Wray Common 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 14 April 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding referrals made to the local authority. Notifications are information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 18 people, seven members of staff, the registered manager, the deputy manager, the provider, seven relatives and one health care professional.

We spent time observing care and support being provided. We read six people's care plans medicine administration records, recruitment files for staff, mental capacity assessments for people who used the service. We also read other records which related to the management of the service such as training records, policies and procedures and quality auditing systems.

The last inspection of this service was 3 December 2013 where we found the regulations were being met and

no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Wray Common and said they were treated well. One person told us "I do not worry any more about falling as I did a lot of that at home. I have no concerns about the service." Relatives told us they were confident their family members were safe. One relative said "We looked at so many places before we chose this home. It was the openness of the staff and the amount of staff that impressed us most." We are very pleased and definitely have no regrets that we chose it." One person said "There is nothing like one's home but that was not possible for me anymore so I am safe and sound here."

People were safe from harm because the provider managed risks to people's safety. When hazards had been identified risk assessments were in place to manage them. These were detailed and contained information for staff to follow around what the risks were to people and the measures needed to be taken to reduce the risk of harm. Risk assessments included moving and handling, and provided staff with guidance on how to move people safely without compromising their independence. This included the number of staff needed to move a person safely and what type of slings to use if a hoist was required. Another risk assessment relating to nutrition ensured people were provided with a balanced diet and sufficient fluids to stay healthy. When people were at risk of developing a pressure ulcer the risk was managed and the appropriate pressure relieving equipment was provided to minimise the risk to that person. Input from other health care professionals was also used to support this. Risk assessments were updated either routinely or when needs changed. Staff had a good understanding of risk. One staff member said "We make sure we report any change in a person's needs at handover and record it in the daily notes so risks can be noted and assessments updated if appropriate." Staff also said "We are told how important it is to record entries in fluid charts so the nurses can see when there is a change or if there was a problem."

People were safe because staff understood their roles with regard to safeguarding people from abuse. Staff had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified. All staff members had undertaken adult safeguarding training within the last year in line with the provider's policy. Staff were able to explain the different types of abuse. One staff said "Abuse could take any form. I have been working here for several years and never have had to report anything." Staff told us they had not seen anything that resembled abuse while working in the service and if they did they would report this immediately. Staff had access to contact details of the local authority should they require this. The provider was aware of their role and responsibility about informing the Care Quality Commission regarding any referrals made to the local authority under safeguarding.

There were sufficient numbers of staff employed in the home to care for people safely. We looked at the staff duty rota for the previous four weeks. The rota revealed staffing levels were consistent across the time examined. There were two to three registered nurses and twelve to thirteen care staff allocated to work during the day and two registered nursed and four care staff to work on night duty. The registered manage calculated the staffing levels according people's dependency levels, the layout of the premises and the number of people living in the home. These could be adjusted to meet people's needs. Additional staff for example a chef, kitchen assistants, housekeepers, a laundry assistant, activity coordinators and a maintenance person were also employed to further support people's needs.

Call bells were answered throughout the day in a timely way and people did not have to wait for help when the needed this. One person said "Staff always respond to my call bell and I never have to wait too long." A Relative said "Sometimes we get the odd hiccup when staff are not always free to answer call bells immediately but those episodes are few and far between, and bells are answered eventually."

Staff told us they felt there were sufficient staff employed to keep people safe and meet their needs. They told us they never felt rushed when giving care and were able to spend time with people.

The staff recruitment procedures in the service were safe. Staff employment files contained information to show the provider had taken the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. There were also copies of other relevant documentation including references, employment histories, photographic identification, job descriptions, and staff contracts in staff files. Appropriate checks were undertaken before staff began work. Systems were also in place to verify qualified nurses PIN numbers which gives them the authorisation to practice professionally.

People received their medicines safely and in a timely was as prescribed by their doctor. There was a medicines administration policy in place and all staff administered medicines according with this policy and in line with the Nursing and Midwifery Council's (NMC) Code of Professional Conduct. Formal competency checks were undertaken to ensure medicines were administered safely and nursing staff had undertaken regular medicine awareness training.

The general storage of medicine was well managed. There were two dedicated rooms for the storage of medicines one on each floor. Each floor had a medicine trolley and wall mounted cupboards for the safe storage of medicines which were kept locked so that only authorised people could access them. Medicines were labelled with directions for use and contained both expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. The temperature of the fridge was monitored daily to ensure the temperature remained within normal limits for medicines that needed to be stored at a cool temperature.

We saw good audit trails of how medicines were checked into the service and how medicines were returned to the pharmacy. The pharmacist undertook quality monitoring visits to identify any areas for improvement and to ensure safe and effective handling of medicines.

The Medicines Administrations Records (MAR) charts for people were fully completed by staff when medicines had been given. People had a photograph at the front of the MAR so staff could be sure they were giving the medicine to the right person. Allergies were included in MAR charts for information.

Where people had 'As required' (PRN) medicine there was guidance for staff on when to administer this. We heard staff ask people if they were in pain and if they required any medicine for this. One person said "They always ask me if I would like anything for pain." Another person said "I don't like taking tablets so the nurse arranged the doctor to visit me and I now take medicine another way." Staff followed the guidelines by signing when PRN medicine had been given and the information was shared at handover to ensure the staff knew medicine had been given.

People could expect staff to support them in a way that would reduce any accidents they may have. The

registered manager kept a log of accidents and incidents. Action taken and measures put in place to prevent reoccurrence had been recorded. For example people had been referred to the falls clinic for further support and an occupational therapist assessment had been requested to minimise the risk of falls following increased falls.

The premises were safe for people who lived at the service. Radiators were covered to protect people from burns; and ramp access was provided as appropriate. Fire equipment and emergency lighting were in place and fire escapes were clear of obstructions. Windows had the appropriate restrictors in place to reduce the risk to people.

There were up to date plans for responding to an emergency and any untoward events that would stop the running of the service, for example utility failure. Staff were aware of the homes evacuation plans, and told us they knew who they were responsible for in the event of an emergency and how to keep people safe.

Good

Is the service effective?

Our findings

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 a particular decision any made on their behalf must be in their best interest and as least restrictive as possible.
We examined the care plans of people who required close supervision and support, which constituted a deprivation of their liberty. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty was being met. In each case the provider had acted appropriately, having requested a Deprivation of Liberty Safeguards (DoLS) assessment and authorisation following a mental capacity assessment. For example if people were unable to consent to care and treatment or able to go out alone. Where people did not have capacity, relatives with Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member.

Staff had a good understanding of the Mental Capacity Act 2005. They were aware of people's rights to make decisions about their lives. They told us they always asked for peoples consent before providing care, explained the reasons for the care and gave them time to think about their decision before taking action. Staff had undertaken training regarding the Mental Capacity Act 2005 and they demonstrated its use. We saw good care practice throughout our visit when staff promoted choice regarding personal care, menu choice and activity participation.

People were supported by a staff team with the skills and knowledge to meet their assessed needs. A member of staff told us they had attended several training sessions and felt they had the skills required to undertake their duties effectively.

The registered manager told us that all new staff completed an induction period in line with the recently introduced Care Certificate in health and social care. The Care Certificate is an identified set of standards that health and social workers adhere to in their daily working lives. Staff told us that when they commenced employment they worked alongside a senior member of staff until they were assessed as competent to undertake duties unsupervised. New staff were supernumerary for their first week to enable them to become familiar with some organisational policies and procedures. Induction training covered twelve weeks and staff worked with a hand book which was signed at each stage. This ensured that people received care support from staff that had been appropriately trained.

All staff undertook training in subjects relevant to the care needs of people they were supporting. For example health and safety, moving and handling, infection control, first aid, food hygiene, fire safety and

safeguarding people from abuse. The provider ensured that staff training was updated frequently. Staff could also undertake further training to gain a diploma in health and social care if they wished.
Qualified nurses were encouraged to undertake training to further develop their career and keep up to date with best practice as required by the Nursing and Midwifery Council's (NMC) Code of Professional Conduct.

We spoke with staff about supervision and how this was undertaken. They told us they received regular supervision every three months. This was in line with the provider's policy. They said this provided them with support and guidance and they were able to discuss their performance. Records showed areas covered included general performance, achievements, objectives, and identified training needs. We also saw that issued raised were followed up from one session to the next. Staff told us they found supervision sessions useful. One staff said "I like supervision because I can discuss things that matter to me. I asked to go on more training and as a result I enrolled to undertake my NVQ 3." Another staff said "My line manager is very fair with me and we get to discuss my strengths as well as areas for improvement." The registered manager told us all staff had an annual appraisal.

People had enough to eat and drink. People told us they enjoyed their food and were consulted about the menus and the food provided. People told us there was always a choice of meals and that they could have an alternative to the menu if they wanted. One person told us "The food is very good. There is plenty of choice and it is home cooked." Another person said "The food is always good and appetising." A third person said "The food is fine, I think it's good and I take some pleasing."

People were able to eat their meals where they chose. Some people chose to eat their meals in the communal dining rooms whilst others preferred to eat their meals in their own rooms. One person said "I choose to have my meals in my room, which is respected."
We observed lunch in the main dining room. The atmosphere was relaxed and people sat at dining tables in friendship groups and there was plenty of chatter. Tables were nicely laid and people were offered a selection of fruit juice and water with their meal.
We heard staff explaining to people what they were being served when they had forgotten and offering to cut people's food if they required this. Staff sat with people and provided support for people who required help to eat their food.

Individual nutritional plans were in place that outlined people's specific dietary needs. These were based on the malnutrition universal screening tool (MUST). This identified individual risks and when someone required a soft or pureed diet, diabetic, low or high calorie, vegetarian or cultural diet. When people were assessed at being at risk of choking specialist input from the speech and language therapist (SALT) was in place to minimise the risk. People's weights were monitored monthly to confirm they were having enough to eat and drink. Any issues regarding people's weight were reviewed and appropriate support sought.

We spoke with the chef who explained they were provided with information regarding people's dietary needs. They showed us how they were kept informed of people's changing nutritional needs and if people required an adjustment to their diet. They told us they gain feedback from people to learn if people were satisfied with their food or where changes were required.

People were supported to keep healthy. Care records showed people's health care needs were monitored and action taken to ensure these were addressed by appropriate health care professionals. People were registered with local GP's who visited the home regularly. People had regular access to dental care, a chiropodist, and an optician. We noted the provider involved a wide range of external health and social care

professionals in the care of people. These included speech and language therapists, local authority DoLS teams, community psychiatric nurses and the palliative care team. We noted that advice and guidance given by these professionals was followed and documented. Appointments with consultants or specialists were made by a referral from the GP if people's health needs changed.

People told us they were very satisfied with the way their health care was managed by the service. Relatives told us the service was very good at keeping them informed about any new treatments or changes in their family member's health needs. Nurses monitored people's clinical needs. For example they monitored blood sugar if people had diabetes and took periodic blood samples. The provider had recently purchased a machine for testing blood anticoagulant levels in order that nurses could monitor people's blood levels in the home and speed up the process of the GP adjusting anticoagulant medicine.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said "The staff are lovely, this place is ideal for me." Another person said "I get good care here they are good to me." A relative told us "They do a brilliant job and my family member is very happy here". Another relative said "They make a real effort, we have been very impressed at how caring the staff are. They do a fantastic job."

Relatives said they could visit whenever they wished and we saw this happened throughout the day. One visitor said "The staff are very welcoming to us as visitors and make me and my family welcome at all times." Another visitor said "It doesn't matter what time we visit we are always welcomed with a cheery hello and a smile." They could visit their relative in the privacy of their room or there were private areas throughout the home that people were able to use. Relatives told us that staff were always available if they wished to discuss any aspect of their family member's care and treatment.

Staff promoted people's dignity and privacy. There was a dignity charter on the wall in the office explaining there was a dignity team in place. There were photographs of six staff who had undertaken advanced training in dignity awareness. The charter also listed the dos and don'ts in terms of promoting dignity and respect. The registered manager was also a dignity champion. People's privacy and dignity was maintained and people received personal care in the privacy of their bedrooms or in bathrooms provided with lockable doors. If people wished to have gender specific staff to undertake personal care this was accommodated in order to promote dignity. Staff knocked on people's doors and waited for a reply before entering. We noted people were addressed by their preferred name which was usually their first name. When people's care and treatment was discussed this was done in the privacy of the nurses office to prevent other people and visitors from overhearing. The registered manager told us privacy and dignity was at the forefront of everything the staff were trained to do. A staff member said "I always ensure people receive care in private."

People were supported to be involved in their care and treatment as much as possible. They were supported in making daily choices for example if people wished to have breakfast in their room or if they wanted to have a lie in, the activities they wished to participate in and their choice of food and drinks. When people had to attend outside appointments the routine was discussed so people knew what was planned. One relative told us they were regularly consulted regarding their family member's care. They said "It is very reassuring to be able to help my family member make a choice as we know what she likes."

Staff communicated effectively with people and spoke with people in a respectful and caring manner. Staff made eye contact with people when they spoke and either sat next to them or got down to chair level when engaging in conversation. There was a caring atmosphere in the home and staff took time to explain to people if they were unable to understand the first time. Staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when undertaking care. We heard a member of staff offered to assist a person back to bed "You do not look very comfortable sitting there would you like to lie on your bed for a little while?" The person responded with a smile and "yes please." The staff member told us it was all about knowing the people you are caring for and their expressions.

People looked well cared for. People were dressed in clean clothes that were colour coordinated and their hair was neat and tidy. Some people wore jewellery and one lady told us "I have my lipstick on today as I am expecting a visitor and want to look my best." We commented on how smart someone was looking and they said "I have always worn a shirt and tie and am able to do that here as the staff know what I like." We saw a person who was nursed in bed had gentle background music playing and a staff member told us this is what they like and it is also company for them.

People lived in a caring and homely environment. Bedrooms were pleasantly decorated and people had the opportunity to bring personal possessions, photographs, ornaments and items of furniture with them into the home to make their room personal to them. One person told us it was a comfort having her pictures on the wall. People had television sets and had set routines of what they liked to watch. People were supported to maintain links with family and friends and some had their own mobile phone of their own landline phone in their rooms. One person told us that staff helped them with their post and would read letters for them. Some people had memory boards on their bedroom walls with key events and important things in their lives. For example there was a picture from an old magazine to remind someone of their previous occupation in service.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences.

People had needs assessments undertaken before they were admitted to the service in order to ensure the service had the resources and expertise to meet their needs. The registered manager told us that she visited people in hospital or in a hospice setting to undertake these assessments and to meet the families prior to admission to the service. People had been consulted and included in these assessments as much as possible. Pre admission needs assessments were comprehensive and included all the information necessary to help make sure the home could meet people's needs. These were reviewed within weeks of a person being admitted to the service to ensure they reflected people's current needs within the service setting.

Care plans were well maintained and were reviewed monthly or more frequently when needs changed. This ensured staff had the most up to date guidance to deliver responsive care. Care plans were written with information gathered from the needs assessments, input from people and their relatives. Each care need was supported with an objective and guidance for staff to follow on how to achieve this. Staff recorded daily entries in the care plans about how care was delivered on each day. This information was communicated to the staff team during the shift handover to ensure continuity of care and that no important information was missed.

People told us there was a range of activities they could take part in if they wished. A person told us "We made a cake last week to celebrate The Queen's Birthday which we will decorate tomorrow." One relative told us "They were very good at providing activities and the activities woman is very bubbly." Another relative said "They motivate and stimulate people and staff are so much involved." Some people liked to attend more activities than others. One person said "I will pick and choose what I want to do and they respect that." People who were confined to bed or who chose to stay in their rooms were offered one to one activities. This included hand massage, nail painting, reading aloud and listening to music. One person told us they always made sure they had enough to read as this had been a lifelong hobby and books meant a lot to them.
The service employed two part time activities coordinators who worked in the service between them five days a week. People spoke very enthusiastically about the activities offered. There was an activity board with a weekly timetable of events displayed for people to read. This also displayed photographs of recent events that had taken place. In addition to this there was the 'Wray Common Newsletter' which not only evidenced activities and events such as pet therapy and World Theatre Day but thanked friends and relatives who completed the latest satisfaction survey. An outside entertainer visited the service each Wednesday. The morning group activity included a sensory/memory session and basic exercises. This was done in a respectful, encouraging and engaging way and everyone was enjoying getting involved.

The service was responsive to people's mobility needs. Assisted bathing and toilet facilities had been provided to promote people's mobility. Grab rails were fitted throughout the service which provided people with the confidence to move about more freely. There were ramps in place enabling people to access the

gardens with ease.

People had opportunities to give their views about all aspects of the service. Residents/relatives meeting were organised on Saturday mornings in order to give as many relative the chance of attending. One relative told us they attended all the meetings as it gave them to opportunity to air their views and keep up to date with any proposed changes. The registered manager told us that notes of the meetings were distributed to all people and their relatives to ensure that people unable to attend would be aware of issues discussed at the meeting. Matters arising from the last meeting on 5 March 2016 included a suggestion box was requested to be placed at reception, additional choice for the supper dishes like scampi and kippers were asked for, and new blinds for Oak Unit were requested and all had been addressed.

People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed. One person said "I am very fussy and I have not had to make a complaint, which speaks volumes." Another person said "If I had something I was not happy with I would walk up to the office but I haven't had to yet." A relative said "I would not be afraid to make a complaint and if I did I know it would be managed well."

People had been provided with a copy of the provider's complaints process when they moved into the home. There was a copy of this displayed in the reception area where people, relatives and staff could access this. There was also a copy of this policy in people's care plans. This included clear guidelines on how and by when issues should be resolved. It also contained contact details of relevant external agencies such as the Local Government Ombudsman and the Care Quality Commission.
There had been two formal complaints made in the past year. The complaints had been resolved in a timely way in accordance to the home's procedure. The registered manager had written to the relevant parties with an action plan, where necessary to prevent further issues.
During the same period the provider had received several complimentary letters and numerous thank you cards in appreciation of the care and kindness provided.

Good

Is the service well-led?

Our findings

Staff told us they felt supported by the management of the service. One person said "I have no problem with the management." Another person said "Matron is very good and so is the deputy." " Relatives told us they felt management were approachable and dealt effectively with issues when they were raised. They said they could talk to the registered manager at any time. They told us they were encouraged to take an active part in the life of the home and were kept informed of family member's care and treatment. They were encouraged to participate in reviews of care and events that took place in the service.

There was an open and positive culture which focused on people, and staff told us providing safe care in a kind way for people was their priority.

The home was well organised and managed to ensure a good standard of care was given. The home was being managed by a registered who had the support of a deputy manager and a team of qualified staff who were on duty each day to further enhance the management arrangements. Staff were motivated and each had an area of work they were responsible for beyond their roles. For example one staff member was responsible for ensuring that medicines were ordered, administered and stores safely, another staff member was responsible for ensuring manual handling procedures were and in place up to date and another for overseeing infection control procedures in the home.

The provider had good systems in place to monitor the quality of the service being provided and to make improvements when these were highlighted. The registered manager showed us a variety of audits undertaken by the provider and external audits. These included areas such as infection control, record keeping, medicine management, food safety nutrition and hydration and clinical improvement.

Health and safety audits were undertaken to ensure the safety and welfare of people who used the service, people who visited the service and to promote a safe working environment. Records relating to health and safety for example maintenance checks, utility certificates, fire safety, and equipment were maintained to a high standard.

Staff meetings enabled staff to discuss any concerns regarding matters in the home or issues they had. The last meeting for qualified nurses took place on 12 April 2016 when revalidation was discussed and the support staff may need with this. Revalidation is the programme nurses now have to follow to remain on the professional register. The last care staff meeting 6 April 2016 when staff discussed dignity and further training days that had been planned.
To enhance and update their knowledge and service delivery the registered manager researched and reviewed various professional publications that specialised in subjects relevant to the service to drive improvement and best practice. For example medication updates, care certificate updates and revalidation.

Since the last inspection in December 2013 the provider had relocated the manager's office where it is accessible to people, visitors and staff. We saw during our visit the registered manager operated an open door policy where everyone was welcomed and encouraged to discuss any issues. When people were

unable to access the office for any reasons the registered manager made a point of visiting people in their rooms.

The provider monitored the quality of the service and generated a business plan to drive improvement. This included a training plan for both qualified and care staff as an ongoing project for development, sign more staff up to the dementia pledge, and continue with their ongoing refurbishment. This was to enhance the facilities in the service and to keep the home clean and safe for people who lived there.

People, their relatives and their representatives were asked for their views about their care and treatment. These were sought via completed satisfaction questionnaires on a yearly basis. We looked at the latest results of the 2015 survey conduct. There were high satisfaction levels amongst people and their families, particularly in the area of quality of life, food, activities, and environment. staffing and care. Comments included "There is nothing I can find fault with, I am picky and have complained somewhere else in the past." "You really couldn't find any better I expected the best and they get it." "The home was recommended to me and I would recommend it to anyone."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed CQC of significant events that happened in the service in a timely way. This meant we could check that appropriate action had been taken.