Porthaven Care Homes Limited

Wiltshire Heights Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Wiltshire Heights is a care home which provides accommodation and nursing care for up to 63 older people, including people living with dementia. At the time of our inspection 40 people were resident at the home.

This inspection took place on 16 May 2016 and was unannounced. We returned on 17 May 2016 to complete the inspection.

At the last comprehensive inspection in August 2015 we identified that the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely, staff did not always take action to safely manage risks people faced, some nursing staff did not have the necessary skills to provide care that met people's specific needs, the home had not followed the principles of the Mental Capacity Act 2005, people were not always given the help they needed to eat and drink, people's private information was not securely stored, care records were not accurate and the service was not well managed. We served a warning notice to the provider as a result of the concerns we identified and the service was placed into 'special measures'. We completed a focussed inspection in December 2015 and found that the provider had taken the immediate action necessary to improve the service. During this inspection we found that the provider had sustained and built upon these improvements. The home was providing a good service, but some action was needed to ensure the support staff provided to keep people safe was always recorded accurately. As a result of the improvements made, the service has been removed from 'special measures'.

Medicines people had been prescribed were available and were safely managed. People received support to take their medicines but further work was needed to ensure staff recorded when they had supported people with topical creams.

Risks relating to malnutrition were well managed and people were supported to take nutritional supplements and fortify their meals where needed to minimise risks. Further work was needed to ensure staff always recorded the nutritional risk assessments accurately.

People told us they felt safe living at Wiltshire Heights. Comments included, "Of course, I've only got to press my button and they are there for me, no waiting, and they can't do enough for me" and "I'm as safe as houses living here". We observed people interacting with staff in a confident way and people appeared comfortable in the presence of staff.

There were enough staff, with the right skills, available to meet people's needs. Comments included, "There are always enough staff available. They come quickly if you use the call bell" and "There are sufficient staff and they have the right skills". During our observations we saw that staff were available to provide support to people when needed, including support for people to eat, drink and move around the home safely. Call bells were answered promptly and staff responded to verbal requests for assistance from people.

Staff understood their responsibilities under the Mental Capacity Act 2005 and had taken appropriate action where people did not have capacity to consent to their care. Staff were well supported and received training that was relevant to their role.

People who use the service, their relatives and visiting professionals were complimentary about the caring nature of staff. Comments included, "They always treat us well. They ask me what I can / want to do and how much help I need. They always encourage me to be as independent as possible", "I had pneumonia but I have got better, you are so well cared for here you can't help but get better" and "Staff are very kind and provide all the care and help I need".

People had been supported to develop care plans which were personal to them and told us staff provided care in line with their plan. People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. Comments included, "The manager acts very quickly on any complaints. I would be happy to raise a concern or make a complaint knowing that people would listen and something would be done about it" and "If I had a real concern I would go to (the registered manager) and I know she would listen".

People told us the home was well managed and there was good leadership. Comments included, "(The registered manager) comes round every day so we can speak to her if we need to. We are confident she will resolve any problems", "I'm confident (the registered manager) would sort out any problems. She comes round every day and speaks to us" and "The manager listens to concerns and takes action". The registered manager had developed detailed plans to address shortfalls in the service and improve the quality of care being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe, but further work was needed to ensure the support staff provided to keep people safe was always recorded accurately.

People said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the action they needed to take if people did not have capacity to consent to their care.

People were able to see relevant health care professionals when needed.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised people's independence.

Staff provided care in a way that maintained people's dignity and upheld their human rights. People's privacy was protected and

they were treated with respect.

Is the service responsive?

Good

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work. This was supported by what we observed.

People told us they knew how to raise any concerns or complaints and were confident they would be taken seriously.

Is the service well-led?

Good

The service was well-led.

There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care and maximising people's independence. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Wiltshire Heights 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 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 16 May 2016 and was unannounced. We returned on 17 May 2016 to complete the inspection.

The inspection was completed by one inspector, a specialist advisor in the nursing care of older people, a specialist advisor in the care of people with dementia and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

During the visit we spoke with 18 people who use the service, eight relatives and 21 staff, including nurses, care assistants and housekeeping staff. We spoke with the registered manager, who was present throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for 22 people. We also looked at records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

At the last comprehensive inspection in August 2015 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not being managed safely, medicines people were prescribed were not always available and staff did not always take action to safely manage risks people faced. Following that inspection we served a warning notice on the provider. We completed a focused inspection in December 2015 and found that the provider had taken the immediate action necessary to provide safe care, but that further work was needed to ensure this was accurately recorded. During this inspection we found these improvements had been sustained and people continued to receive safe care. However, further work was required to ensure recording of some topical medicines was completed consistently and staff were clear about how to complete risk assessments in relation to the risk of malnutrition.

The registered manager had developed an improvement plan, including actions needed in relation to medicines management. Medicines people had been prescribed were available in the home. All the nursing staff we spoke with had a clear understanding of the systems in place to manage medicines and how to order medicines when needed. Medicines were securely stored and there were clear systems, which were followed in practice, about which staff held keys to medicines cabinets.

Medication administration record (MAR) charts had been completed correctly for medicines people were prescribed. There was a record of medicines brought into the home and those destroyed because they had been spoilt or were no longer required. There were guidelines in place when people were prescribed a variable dose of medicines and when they had been prescribed medicines to be administered 'as required'.

Topical creams with active ingredients, such as ibuprofen gel and steroid preparations were signed for on the MAR charts. Other topical creams that were prescribed for dry skin had not been regularly recorded. These creams were administered by care staff whilst supporting people with their personal care. It was not clear from the records that people were receiving these creams. However, reports from people and staff and observations of people's skin suggested people were receiving this medicine. The issue of recording these topical creams had been identified in the home's medicines audits and the registered manager had developed an action plan to ensure there were accurate records kept of topical creams applied by care staff.

People's risk of malnutrition was assessed using a MUST tool (malnutrition universal screening tool) to identify people at risk and plan the care to manage those risks. The home had recently introduced an updated version of this tool and was in the process of transferring people onto the new system. Three of the seven MUST tools that we inspected contained assessments that had not been completed correctly as the risk score had been incorrectly applied. Despite these errors in the use of the tool, people were being supported to manage the risk of malnutrition. People identified to be at risk of malnutrition had been weighed regularly to monitor any weight loss and action had been taken to supplement people's diets where they were loosing weight. The registered manager said the new tool had been designed to be more user friendly and training had been provided, but acknowledged further work was required to ensure all staff

were using it correctly.

The home's clinical rooms were all clean and tidy. The temperature of the rooms and medicines fridges was recorded daily and action taken to ensure the medicines were stored at the correct temperature. Staff responsible for the administration of medicines had annual competency assessments, to ensure they were aware of the medicines procedures and applied them in practice. During medicines rounds, staff administering medicines wore red aprons to denote they should not be disturbed. Staff understood this and did not disturb the responsible member of staff.

People told us they felt safe living at Wiltshire Heights. Comments included, "Of course, I've only got to press my button and they are there for me, no waiting, and they can't do enough for me" and "I'm as safe as houses living here". We observed people interacting with staff in a confident way and people appeared comfortable in the presence of staff.

People's care files contained individual risk assessments relating to issues specific to them, including falls, tissue viability, choking, malnutrition and dehydration. These risks had been regularly re-assessed and suitable interventions were put in place to manage the risks that had been identified. These included ensuring call bells were in reach of people who may need them, providing pressure relieving equipment to minimise the risk of developing pressure ulcers and moving and handling aids to support people to move safely. Records demonstrated people had been re-positioned regularly to help minimise the risk of pressure damage and people's nutritional intake was recorded.

Where people's behaviour could be challenging as a result of their dementia, there were plans in place for staff to follow. The plans set out the possible reasons for people's behaviour and the way staff should respond to them. Staff had assessed the risks these behaviours posed to the person and others using the service and had planned positive interventions to support people. We observed staff putting these plans into practice.

People told us there were sufficient staff available to meet their needs. Comments included, "There are always enough staff available. They come quickly if you use the call bell" and "There are sufficient staff and they have the right skills". During our observations we saw that staff were available to provide support to people when needed, including support for people to eat, drink and move around the home safely. Call bells were answered promptly and staff responded to verbal requests for assistance from people.

The service used a dependency assessment tool to identify how many staff needed to be working on each shift. The dependency assessments were reviewed each month and staffing levels had been amended as people's needs changed. The home's staff rota and staff attendance records demonstrated staffing levels were provided above what had been assessed as necessary. The registered manager reported she had established core teams to work in specific areas of the home. This was planned to ensure each team had a range of skills and experience and to provide a consistent service to people.

Staff told us there were enough of them available to be able to provide safe care and meet people's needs. Comments included, "Staffing ratios aren't set in stone and the manager is willing to consider any increase in dependency realistically. We can take our time with residents, we try not to rush them" and "There are enough staff on each shift. We are able to provide the care that people need".

All areas of the home were clean and people told us this was how it was usually kept. Comments from people included, "The housekeeping staff do a very good job. I have no concerns about cleanliness" and "The place is kept clean and smells nice". The sluice rooms were clean and well organised, with clean and

dirty items separated to prevent cross contamination. Hand washing and drying facilities were available and sinks were clean. Clinical waste bins were available for staff and had been emptied before they became over full. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home smelt fresh and clean.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions and whether they have been barred from working with vulnerable people. The recruitment checks for nurses also checked whether they had a current registration with the Nursing and Midwifery Council.

Good

Is the service effective?

Our findings

At the last comprehensive inspection in August 2015 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some nursing staff did not have the necessary skills to provide care that met people's specific needs. Following that inspection we served a warning notice on the provider. We completed a focused inspection in December 2015 and found that the provider had taken the action necessary to ensure staff had the training and skills they needed to provide effective care. During this inspection we found these improvements had been sustained and people continued to receive care from staff who had the right skills and experience

During the inspection we spoke with three visiting professionals, a district nurse, a Clinical Lead Occupational Therapist and the Nursing Home Project Sister from the GP practice. All told us standards at the home had significantly improved. Comments included, "Staff know what they are doing. Nurses don't call on the district nurse team now as they are clinically sound and understand their own roles and responsibilities", "It's 100% different, another world altogether. Staff know what they are doing" and "Systems are in place now so that staff are clear about what to do".

The registered manager told us she had taken action to bring new staff into the service, including nurses, who had the right skills, experience and a track record she was aware of. The registered manager said she had worked to ensure the staff team contained the "right people in the right place" and to develop the existing team and enhance the training. The registered manager said the service had a much more positive culture, with staff willing to learn from areas of poor performance and develop their skills and knowledge. Nursing staff were also positive about the changes that had taken place in the service. Comments included, "Communication is so much better…when I come on shift I know what is happening. We now have a lot more support and training. I enjoy coming to work". A newly recruited nurse told us they were still completing their induction into the service. They told us they were receiving good support and were not put under pressure to take on tasks until they were confident, adding, "The registered manager is always available. I can talk to her at any time so I'm not worried when on my own".

At the last comprehensive inspection in August 2015 we identified that the service was not meeting Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the home had not followed the principles of the Mental Capacity Act 2005. At this inspection we found the provider had taken the action needed to meet the requirements of this regulation.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found staff had taken appropriate action when they assessed that people did not have capacity to make a decision. Staff had completed additional training in the MCA and DoLS and those we spoke with demonstrated a good understanding of the principles of the Act. People's care records contained detailed and decision specific mental capacity assessments and the provider had made DoLS applications to the local authority where appropriate. At the time of the inspection none of the DoLS applications had been assessed by the local authority, but the service had acknowledgement that the applications had been made.

The registered manager had a log of decisions that had been made which involved a deprivation to the person following assessments that they did not have capacity to consent to a decision. These were reviewed regularly to ensure the actions that were being taken followed the principle of the least restrictive option to provide the care and support that people needed.

We observed staff gaining people's consent before providing care to them, for example, before moving someone in their wheelchair, before entering a person's bedroom and before providing support to eat.

At the last comprehensive inspection in August 2015 we identified that the service was not meeting Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always given the help they needed to eat and drink. At this inspection we found the provider had taken the action needed to meet the requirements of this regulation.

We observed people being supported to have their lunch in two areas of the home on both days of the inspection. There was a choice of meals, with some people being supported to make decisions about what to eat by being shown plated meals. There were also picture menus available to help people make choices about meals. Some people needed support to eat and staff providing support sat at their level, took their time and explained to people what the food was. Staff waited until people indicated they were ready before offering the next spoonful of food. Staff encouraged people to be independent where possible with their eating, but intervened to provide help when people found it difficult. People who preferred to eat meals in their room were able to and staff provided support where necessary.

Throughout the two days of the inspection people had drinks readily available and those that needed it were provided with encouragement or support to drink them. A relative told us staff always provided help and encouragement for people to eat and drink. Where necessary, people were supported to take nutritional supplements to help manage the risk of malnutrition. The chef and waiter we spoke with had clear information about people's nutritional needs, including those identified to be at risk.

Most people told us they liked the food and said there was a good choice of meals. The home had established a dining forum to obtain feedback from people about food provided and their dining experience. Comments included, "The food is excellent. Very well cooked and lots available" and "The food is very good". One of the people we spoke with raised concerns about the presentation and temperature of food served, which we fed back to the registered manager at the end of the inspection. One person also told us the print on the menus had been changed after they provided feedback about it being difficult to read.

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Training was provided in a variety of formats, including on-line, classroom based and observations and assessments of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the home. The home's training manager had a record of all training staff had completed and when refresher training was

due, which was used to plan the training programme. Care staff were supported to complete formal national qualifications in health and social care.

Staff told us they felt well supported and had regular one to one and group supervision sessions. These sessions were recorded and used to follow up on training they had received and apply this to situations in the service. The registered manager had started the process of providing a formal appraisal for staff. These appraisals were used to assess what had gone well for staff over the previous year and identify any areas for development. There was a schedule in place to complete appraisals for all staff.

People told us they were able to see health professionals where necessary, such as their GP, specialist community nurse or dentist. This was supported by records in people's care files.

Good

Is the service caring?

Our findings

At the last comprehensive inspection in August 2015 we identified that the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because personal confidential information was not securely stored. At this inspection we found the provider had taken the action needed to meet the requirements of this regulation.

Throughout both days of the inspection confidential personal information was stored in locked cupboards, which only authorised people had access to. Each of the three floors had a nurses' station, with lockable filing cabinets. These were locked at all times when not attended and no personal information had been left on the desks. The keys to the cabinets were held by a nominated staff member on each floor.

The home had procedures in place relating to the storage of confidential information and staff demonstrated a good understanding of their need to put these procedures into practice. The storage of confidential information was assessed by the registered manager and other senior staff as part of their audits of the service.

At the last comprehensive inspection in August 2015 we identified that the service was not meeting Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not always respect people's privacy. At this inspection we found the provider had taken the action needed to meet the requirements of this regulation.

People told us staff treated them in ways which protected their privacy and maintained their dignity. We observed staff knocking on doors and waiting for a response before entering, explaining to people what they were doing and asking whether that was ok. We observed good interactions between people and staff, which made people seem happier and provided reassurance to them. Examples included staff responding to a person who had misplaced their watch and was supported to find it and put it back on securely and staff intervening discreetly to support people whose behaviour indicated they needed assistance with their personal care. In all the interactions we observed staff were calm and relaxed and did not rush people.

Comments from people about the way they were treated included, "They always treat us well. They ask me what I can / want to do and how much help I need. They always encourage me to be as independent as possible", "I had pneumonia but I have got better, you are so well cared for here you can't help but get better" and "Staff are very kind and provide all the care and help I need". Relatives were also very positive about the care that people received, with comments including "Staff will bend over backwards to help" and "I'm really happy with the care (my relative) receives. They are settled and happy. Staff are kind and attentive".

The three health professionals we spoke with were also positive about the way staff worked, telling us that staff were "kind and caring".

The provider had held meetings for people who use the service and their relatives to ask for their input on

the service provided and improvements that were needed. The provider had used these meetings to give people information about the actions they were going to take to address the issues. A 'residents forum' had also been established to represent the views and experiences of people using the service. Members of this forum told us they were a self governing group and met without input from the management team. The forum decided on the topics they would gather feedback about and presented feedback to the registered manager. One member of the forum told us the registered manager took their feedback seriously and changes were made on the back of it.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people or their representatives had regular individual meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection in August 2015 we identified that the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records did not accurately reflect the care required or that being provided. At this inspection we found the provider had taken the action needed to meet the requirements of this regulation.

People had been supported to develop care plans which were personal to them. The plans included information on maintaining health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. We saw plans that made reference to people's previous occupations and experiences in life, which put some of their preferences into context and explained why it was so important that staff provided support in the ways described. Examples included people's previous military service and previous hobbies and interests. Plans contained information about preferences regarding whether people wanted to receive support from male or female staff. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people or their representatives and we saw changes had been made following people's feedback.

People and their relatives told us staff provided care in line with their care plans. Staff had kept detailed records of the care they had provided to people and details of the person's well-being. Where people displayed distress behaviours, records demonstrated staff had followed guidance in the care plans about the support to offer and strategies to support the person. Records included details of how the person had spent the day and any social interactions.

The service had a leisure and wellness team that was responsible for activities and social opportunities for people. The programme had been developed with input from people who use the service and was regularly reviewed with people to ensure it was meeting their needs. The leisure and wellness co-ordinator told us they had seen significant improvements in the programme and numbers attending over the previous six months. Staff recorded activities that people took part in and there were regular reviews by the co-ordinators to assess whether the programme included the right activities for people. The service had recently bought a minibus, which enabled them to offer trips out for small groups of people. Activities in the home included time to spend one to one with people who spent most of their time alone in their room. Records of these sessions demonstrated staff had tailored discussions to people's life history and experiences. This helped to ensure people who spent most of their time in their room did not become socially isolated. Group activities in the home included singing, group games, crafts, film afternoons and visiting entertainers and animals.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. Comments included, "The manager acts very quickly on any complaints. I would be happy to raise a concern or make a complaint knowing that people would listen and something would be done about it" and "If I had a real concern I would go to (the registered manager) and I know she would listen". The service had a complaints procedure, which was provided to people when they moved in

and displayed in the home.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been thoroughly investigated and a response provided to the complainant. Where complaints investigations identified learning points for the service, action plans had been developed and there was regular monitoring to ensure the actions were completed.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection in August 2015 the home had not had a registered manager for a year. The provider has a condition on their registration that a registered manager must be in place at the service. Since the last inspection a new manager had been appointed and had registered with the Care Quality Commission. As a result of the actions taken, the provider was meeting the conditions of their registration. 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 last comprehensive inspection in August 2015 we identified that the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the home did not have effective quality assurance systems and there was a lack of clinical leadership in the home. At this inspection we found the provider had taken the action needed to meet the requirements of this regulation.

Following the last comprehensive inspection in August 2015, the registered manager had developed a detailed action plan to address failings in the way the service was operating. This plan had been regularly reviewed, revised and updated to reflect the development of the service and where further improvements were required. The registered manager had shared this plan with people who use the service and their relatives, through group and individual meetings. The registered manager told us she was working to create a service that was kind, caring and compassionate and supported people to maintain and enhance their independence where possible.

The registered manager had developed a number of audits to help assess how the service was operating and plan improvements. These included different aspects of the service being provided, including medicines management, care planning, nursing assessments, health and safety and the environment. The registered manager had used external assessors to look at some aspects of the service provided, for example, the home's supplying pharmacist had assessed medicines management. The actions from these audits were used to create a development plan for the service, which was regularly reviewed by the registered manager and senior managers.

The management team held a heads of department meeting every morning. This was used to review what had happened overnight and plan any work that was required to ensure the service operated effectively.

Quality assessment visits were completed by the provider's operations director each month. The report of the most recent visit contained a detailed assessment of the service, including feedback from people using the service, relatives and observations of practice in the home. The report contained a list of action points and an update of actions from the previous month's visit. In addition, the registered manager completed unannounced night visits to the home to assess how staff were working and whether the correct working practices were being followed.

People told us the home was well managed and there was good leadership. Comments included, "(The registered manager) comes round every day so we can speak to her if we need to. We are confident she will resolve any problems", "I'm confident (the registered manager) would sort out any problems. She comes round every day and speaks to us" and "The manager listens to concerns and takes action".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers gave them good support and direction. Staff told us the registered manager had made significant improvements since they had been in post and said the atmosphere in the home was more positive following the changes. Comments from staff included, "There is much better management than a year ago. We know what the development plan is because (the registered manager) shares information. We are much more organised and the team works well together" and "(The registered manager) is professional and friendly and the best manager I have had. She has a good understanding of what is happening in the home".

The health professionals we spoke with were positive about the registered manager and the changes she had made in the home. One commented, "Systems now in place are robust and sustainable and week on week we see improvements. Communication is good and we have regular meetings with the (registered) manager. She is approachable and trustworthy. I feel the work she has done and the people she has put in place are capable of sustaining and continuing the improvements".