Mr & Mrs L E Ansell

The Manse Nursing Home

Inspection report

Kirkgate
Kirkham
Preston
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PR4 2UJ

Tel: 01772686684

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection visit took place on 18 October 2016 and was unannounced.

At the last inspection on 30 May 2013 the service was meeting the requirements of the regulations that were inspected at that time.

The Manse Nursing Home can accommodate up to 43 people who require nursing or personal care. Bedrooms are located on the first and ground floors and all have ensuite facilities of a toilet and washbasin. Lounges and dining rooms are on the ground floor. The home is close to the centre of Kirkham with easy access to shops and local amenities. There are small gardens to the front and sides of the home, with patios and seating areas, accessible via ramps. At the time of our inspection visit there were 43 people who lived at the home.

There was a registered manager in place. 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.

We found the services medicines practices were unsafe. This was because we saw medicines were left unattended and out of sight of nursing staff and were accessible to anyone walking along the corridor. We also observed Medication Administration Records completed by nursing staff before they had given people their medicines. Records should only be signed for after medicines have been administered to confirm the person had received their medicines and to keep accurate records.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home and their visitors told us staff who supported them were kind, caring, polite and professional in their approach to their work. Comments received included, "The staff are brilliant here. I only came in for a short stay and decided I didn't want to go home." And, "I am very happy with my care. The staff are very kind and pleasant. I have never seen a sulky face."

One person who had recently moved into the home told us they had chosen the home because it had been known to them by reputation. The person said, "I have to say the home has met all my expectations. I have been amazed how easy it has been for me to settle in. I am being cared for by friendly and helpful staff."

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. People who lived at the home told us they felt safe because staff responded when they required their help. One person said, "As you can see I have my buzzer next to me if I need to call for help. They never keep you waiting."

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked at the recruitment of three recently appointed staff members including one registered general nurse (RGN). We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

The service had checked when recruiting nurses that they were registered with the nursing and midwifery council (NMC). These checks had been repeated regularly to ensure nursing staff were still registered with the NMC and therefore able to practice as a registered nurse.

Staff spoken with and records seen confirmed a structured induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about the support needs of people in their care.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. No offensive odours were observed by the inspectors. We spoke with 12 people who lived at the home and three people visiting their relatives. They told us they were happy with the standard of hygiene at the home. One person visiting the home said, "The place is always clean when I visit. I have never smelt any unpleasant odours which I have come across when visiting other homes."

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments received included, "I enjoy all my meals, the cook is brilliant." And, "The meals are very good. I have never been given anything I couldn't eat."

People told us they enjoyed the activities organised by the service. These were arranged both individually and in groups. One person visiting the home said, "They try very hard with activities to keep [relative] entertained. [Relative] was a keen gardener before moving into the home. We spent yesterday afternoon

potting plants around the grounds."

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

We found people had access to healthcare professionals and their healthcare needs were met. A visiting healthcare professional told us communication between them and staff was good and they were impressed with staff knowledge about people's care needs.

We observed staff supporting people with their care during the inspection visit. We saw they were kind, caring, patient and attentive.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

You can see what action we have asked the provider to take at the back of the main body of the report.

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 always safe

People were not protected against the risks associated with unsafe use and management of medicines. This was because medicines were not managed safely.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

Is the service effective?

Good

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Requires Improvement

The service was not always well led

Systems were not in place to identify poor medicines practice. This was because we observed concerns with the services medication practices.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Quality assurance procedures were in place to gather the views of people about the service.

The Manse 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 checked 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 visit took place on 18 October 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 18 October 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included 12 people who lived at the home, three relatives, one visiting healthcare professional, the registered manager and ten staff members. Prior to our inspection visit we spoke with the commissioning department at the local authority, the Clinical Commissioning Group (CCG) and contacted Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, the services training matrix, supervision records of five staff, arrangements for meal provision, records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Requires Improvement

Is the service safe?

Our findings

We observed medicines being given to people at lunch time. We saw there were two separate medicine cabinets in use. There was one nurse administering medicines from each separate medicine cabinet. We saw one nurse left medicines on top of the medicines trolley unattended and out of their sight for several minutes on three occasions. This meant the medicines were accessible to anyone walking along the corridor. We also observed Medication Administration Records (MAR) completed by the nurse before they had given people their medicines. Records should only be signed for after medicines have been administered to confirm the person had received their medicines and to keep accurate records.

We observed another nurse leaving the door open to the medicines room for several minutes. We saw medicines were on a worktop in the room and out of sight of the nurse. This again meant the medicines were accessible to anyone walking along the corridor. We also witnessed the nurse secondary dispensing people's medicines. Secondary dispensing is when medicines are removed from the original dispensed containers and put into pots or compliance aids in advance of the time of administration. This is not considered good practice as this process has removed a vital safety-net to check the medicine, strength and dose with the MAR chart and label on the medicine at the same time you check the identity of the person. Medicines should be administered from containers dispensed and labelled by the services pharmacy. Staff should administer medicines from these original containers and be able to identify and record each individual medicine they administer.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with twelve people supported by the service who all said they had confidence in the staff who supported them and felt safe when they received their care. Comments received included, "I feel safe knowing the staff are around as I used to fall when I lived on my own at home." And, "I sleep well at night knowing [relative] is well looked after and is safe in the hands of these wonderful staff."

Staff spoken with had received moving and handling and health and safety training. They told us they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We observed two staff members transferring one person from their chair to a wheelchair. The staff were patient and took care to ensure the person supported was assisted safely. They spoke to the person constantly explaining what they were doing and provided the person with reassurance they were safe. We saw staff ensured the person's feet were placed on the wheelchairs foot guards to prevent the risk of injury before moving them.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff

and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed.

There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home since our last inspection. Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we would receive information about the service when we should do.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager had fulfilled their regulatory responsibilities and submitted a notification to the Care Quality Commission (CQC) about a serious injury suffered by a person who lived at the home.

We looked around the home and found it was clean, tidy and maintained. No offensive odours were observed by the inspectors. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. Staff spoken with and records seen confirmed they had received infection control training. We saw cleaning schedules were completed and audited by the registered manager to ensure hygiene standards at the home were maintained.

We spoke with people who lived at the home and their visitors who all said they were happy with the standard of hygiene at the home. One person visiting the home said, "The place is always clean when I visit. I have never smelt any unpleasant odours which I have come across when visiting other homes."

We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. People who had chosen to remain in their rooms had their call bell close to hand so they could summon help when they needed to. One person said, "As you can see I have my buzzer next to me if I need to call for help. They never keep you waiting."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Legionella checks had been carried out.

We looked at the recruitment of three recently appointed staff members including one registered general nurse (RGN). We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people

providing personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We saw the service had checked when recruiting nurses they were registered with the nursing and midwifery council (NMC). These checks had been repeated regularly to ensure nursing staff were still registered with the NMC and therefore able to practice as a registered nurse.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. We observed staff had time to sit with people and engage them in conversation. The atmosphere in the home was calm and relaxed. Comments received from people who lived at the home and their visitors included, "There is always plenty of staff around and they are quick to respond if you need them." And, "The girls are all very pleasant and friendly and are always popping in to see me." And, "There is always plenty of staff on duty when I visit. You can always find someone to talk to."

Good

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. We saw people going out for the day with their visitors and people choosing to spend the day in their room. Comments received from people who lived at the home included, "I like to stay in my room during the day but go down to the dining room for my meals and join in the activities. I like to be sociable." And, "I have just had my hair done and the girls have been teasing me. I enjoy having a laugh with them."

We spoke with staff members and looked at the services training matrix. This confirmed staff training covered safeguarding, moving and handling, fire safety, first aid and health and safety. Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. Most staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals and drinks were on offer along with a cooked breakfast if requested. Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. We saw people who were nursed in bed or had chosen to remain in their rooms had had jugs of juice or water within their reach.

The service operated a four week menu. Choices provided on the day of our inspection visit included roast chicken, roast and mashed potatoes, carrots and swede and green beans. A variety of alternative meals were available and people with special dietary needs had these met. These included eight people who had their diabetes controlled through their diet and two vegetarians. 14 people required a soft diet as they experienced swallowing difficulties. We spoke with one person on a vegetarian diet. They told us the service was very accommodating at meeting their dietary needs. The person said, "The cook comes and sees me every morning to discuss my meals for the day. I can be a fussy eater but I always enjoy my meals here. They are very good."

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social

experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

The people we spoke with after lunch told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. Comments received included, "I enjoy all my meals, the cook is brilliant." And, "The meals are very good. I have never been given anything I couldn't eat."

The Manse had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

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.

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).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. A visiting healthcare professional told us staff were always receptive to advice given and worked closely with them.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate. They contain clear direction as to how to support a person.

Good

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "The staff are caring and attentive towards me. I am very happy here." And, "I have to say the home has met all my expectations. I have been amazed how easy it has been for me to settle in. I am being cared for by friendly and helpful staff."

We saw people cared for in bed had been provided with mattresses suitable for the relief of pressure and prevention of pressure sores. They looked comfortable and well cared for. Records completed by staff members described the daily support they had provided. We spoke with one person cared for in bed. They said, "I am very comfortable and well looked after. The girls are always popping in to check I am alright and don't need anything. I never feel neglected."

During our inspection visit we carried out our Short Observational Framework for Inspection (SOFI) observations. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. We saw people enjoyed the attention they received from staff who constantly asked if people were alright and if they needed anything. People we spoke with during our observations told us they received the best possible care.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas. We observed the registered manager and staff members enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance. For example we saw people given drinks on request and assisted to the toilet where needed.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "I am very relaxed and comfortable here. I feel I am getting the best care possible." One person visiting their relative told us they were very happy with the care provided. The person said, "The home is perfect for us. [Relative] loves it here. The staff are so kind and attentive. It's such a relief to see [relative] so happy."

We looked at care records of two people. We saw evidence they or a family member had been involved with developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and

enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

The staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they cared for and had the knowledge and understanding of support they required.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our visit we received information from external agencies about the service. They included the commissioning department at the local authority and Clinical Commissioning Group (CCG). Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

Good

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed staff members undertaking their duties in a timely manner and engaging people they supported in conversation. We saw they could spend time with people making sure their care needs were met.

We spoke with three people visiting their relatives at the home. They told us they had chosen the home because of its reputation within the local community. One person said they had visited people who had lived in the home and had seen how well cared for they were. The person said, "For us it was the Manse or nothing. [Relative] was really poorly when they moved into the home 18 months ago. Look how well they have responded to the care given. We couldn't have chosen a better home."

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought.

The service employed a part time activities co-ordinator who organised a range of activities to keep people entertained. The activities were structured and varied. People we spoke with told us how much they enjoyed the activities they attended. One person said, "I always attend the activities it keeps me occupied." One person visiting the home said, "They try very hard with activities to keep [relative] entertained. [Relative] was a keen gardener before moving into the home. We spent yesterday afternoon potting plants around the grounds."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

People we spoke with told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. All twelve people said they were happy

with their care and had no complaints. A visiting healthcare professional told us they had no concerns about people's care.

Requires Improvement

Is the service well-led?

Our findings

During our inspection visit we identified concerns with the services medicines practices. This was because we observed nursing staff leaving people's medicines unattended and out of their sight for several minutes. We saw the medicines were accessible to anyone walking along the corridor. We also observed Medication Administration Records (MAR) completed before people had received their medicines and witnessed secondary dispensing people's medicines. This meant medicines were not administered following good practice guidelines. Medicines had not been audited to identify any errors made by staff administering medicines. Staff administering medicines had not been observed to assess their competency to administer medicines safely.

We recommend the registered provider ensures staff involved in the administration of people's medicines receive refresher training and regular observations to ensure they are competent to administer medicines.

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "There has been a lot of changes since the manager took up her post. I can see things haven't been changed just for change sake." Another staff member said, "The manager is approachable and supportive and I enjoy working for her." A visiting relative told us they felt the home was well run and the staff team were organised and disciplined. The relative said, "I find the manager is really friendly and approachable. She listens and acts if you bring anything to her attention."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. People visiting the home told us the atmosphere was relaxed and calm. They said they were made welcome by friendly and polite staff when they visited. One person visiting said, "Lovely relaxed atmosphere. It's a well run home in my opinion."

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included reviewing care plan records and monitoring the environment. We saw following a recent audit the registered manager had identified eight bed bumpers required replacing. These had been ordered and were due for delivery after our inspection visit.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought the views of people about their care and the service provided by a variety of methods. These included resident surveys completed in September 2016. We saw people said staff were approachable and knew the complaints procedure.

We saw a sample of messages left by relatives of people who had lived at the home commenting on the service provided. Comments included, 'Thank you for the kindness shown to [relative] and myself.' And, 'You are all truly inspirational, we never forget the care, love and compassion you showed. We are forever grateful.'

Prior to our inspection visit CQC received positive feedback from the relative of a person who had lived at the home. They described the care as excellent and said it was provided by compassionate and caring staff. They said they had never heard a negative comment about the home only praise.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to safely manage them.