Mr Reshad Nahoor

Fabee Nursing Home

Inspection report

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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

Overall summary

The inspection took place on 06 & 09 March 2015.

Fabee Nursing Home is a care home with nursing located in Hastings, East Sussex. It is registered to support a maximum of 17 people. The service provides personal care and support to people with nursing needs and increasing physical frailty, such as Parkinson's disease, multiple sclerosis and strokes. We were told that some people were also now living with a mild dementia type illness. There were 16 people living at Fabee Nursing Home during our inspection.

At the last inspection in May 2014, we identified concerns in relation to care records and audits, which were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. An action plan was received from the provider and at this inspection we found that the required improvements had been made by the provider.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The registered manager is also the provider of the service.

People spoke positively of the service and commented they felt safe. Our own observations and the records we looked at reflected the comments people had made.

Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and an outcome to be achieved. People's medicines were stored safely and in line with legal regulations. People received their medicines on time and from a registered nurse.

Staff received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the legal requirements of the Act and the implications for their practice.

Care plans contained information on people's likes, dislikes and individual choice. Information was readily available on people's life history and there was evidence that people and families were involved in the development and review of their care plans. Activities were available but were not always participated in by individual choice.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink enough to meet their nutritional and hydration needs. The communal dining experience was usually available, however it was being refurnished and decorated during our inspection. People told us they ate their meals where they wanted to.

Staff felt supported by management, said they were well trained and understood what was expected of them. There was sufficient day to day management cover to supervise care staff and care delivery. The current management structure at the service provided consistent leadership and direction for staff.

The registered manager carried out regular audits and monitored activity to assess the quality of the service and make improvements. For example, in the area of training and supervision of staff.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated they had built a good rapport with people.

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. Areas of concern had been identified and changes made so that quality of care was not compromised.

Feedback was regularly sought from people, relatives and staff. Staff meetings were being held on a regular basis which enabled staff to be involved in decisions relating to the home. Resident meetings were held and people were also encouraged to share their views on a daily basis.

Incidents and accidents were recorded and acted upon which had then prevented a reoccurrence.

People were protected, as far as possible, by a comprehensive recruitment system.

Summary of findings

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

Fabee Nursing Home was safe. Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors felt that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased. Comprehensive staff recruitment procedures were followed.

Medicines were stored and administered safely.

Is the service effective?

Good

Fabee Nursing Home was effective. Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Is the service caring?

Good

Fabee Nursing Home was caring. Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Good

Fabee Nursing Home was responsive. People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

Summary of findings

Staff received supervision regularly. Feedback from staff and the registered manager confirmed that formal systems of staff development, including an annual appraisal was in place.

The opportunity for social activity and recreational outings was available should people wish to participate.

Is the service well-led?

Good

Fabee Nursing Home was well-led. The registered manager was also the provider and therefore took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and identified shortfalls had been addressed.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

Incidents and accidents were documented and analysed. There were systems in place to ensure the risk of reoccurrence was minimised.

Fabee 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.

The inspection took place on the 06 and 09 March 2015. This visit was unannounced and the inspection team consisted of an inspector and an Expert by Experience who had experience of older people's residential care homes. 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 our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with 13 people who lived at the service, ten relatives, the registered manager, five care staff, and one registered nurse. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge/dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at seven care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Fabee Nursing Home. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident the provider did everything possible to protect them from harm. They told us they could speak with the registered manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. Relatives told us they had confidence their loved ones were safe. For example, one relative told us, "I would not have placed my friend anywhere else, I know she is safe and cared for here." One person told us, "Staff ensure the bell is nearby at all times, my balance is not good but staff are always available to help me."

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed to.

People's risks were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, challenging behaviour, nutritional risks including the risk of choking and moving and handling. The files also highlighted health risks such as recurrent urinary tract infections. Where risks were identified there were detailed measures in place to reduce the risks where possible. For example, to prevent urinary tract infections, the care plan reminded staff to offer fluids up to 1500 mls but ensure that they did not drink too much as there was a risk of the person retaining too much fluid resulting in swollen legs. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the risk assessments was transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear, accurate and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. The latest review had recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and foods with extra added nutrients. This was monitored closely by the nurses and care staff.

There were enough staff on duty each day to cover care delivery, cooking, maintenance and management tasks. People told us there was always sufficient staff on duty to meet their needs. One person told us, "I have not ever had to wait for assistance, they come immediately." Another said, "Can't remember ever having to wait, they make sure I am totally safe before leaving me."

The rota showed where alternative cover arrangements had been made for staff absences. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining/lounge area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We saw staff checking people who were in their rooms regularly throughout the day and documenting the interaction. When people used their call bells staff responded immediately.

People told us their medicines were administered safely. Comments included "I don't have to worry about anything, I get my tablets at the right time and that is important to me. Another said, "I can rely on the staff to give me the right tablets and that is so important." We were also told, "They check to make sure I am not in pain, if I need a pain killer I can just ask."

Medicines were supplied by a local pharmacy in weekly blister packs. We observed the lunch time medicines being administered. The nurse administered the medicines and we saw they were checked and double checked at each step of the administration process. The staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort.

We checked that medicines were ordered appropriately and staff confirmed this was done on a 28 day cycle. Medicines which were out of date or no longer needed were disposed of appropriately. We looked at a sample of medicine administration records and found that they were completed correctly, with no gaps identified.

Good

Is the service safe?

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the services mental capacity policy that was recently updated to reflect the changes to the mental health act 1983.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were all included within a schedule of checks.

During our visit we looked around the home and found all areas were safe and well maintained. There was a plan of refurbishment and upgrading being followed. We saw that painting of communal areas was undertaken at night to reduce risk, odour and inconvenience to people living in the home. People told us that their room was kept clean and safe for them. One person said, "Someone comes and cleans and checks my room for any problems." Another said, "It's homely, comfortable and safe, I feel blessed."

Another person told us, "I suffer from vision problems, but staff have placed things in a certain way so I know where things are, they have placed lights in places to help me." There was a lift between the ground and first floor, which enabled people to access all areas of the home. The lift was clean and serviced regularly.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview and before they started work, the provider obtained references and carried out disclosure and barring service (DBS) checks. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with the people they care for. We checked three staff records and saw that these were in place. Each file had a completed application form listing their work history as well as their skills and qualifications. Nurses employed by the provider of Fabee Nursing Home had evidence of registration with the nursing midwifery council (NMC) which was up to date.

Good

Is the service effective?

Our findings

People we spoke with told us, “Excellent here, they worry I’m not eating enough, but I eat when I feel hungry, but it’s good they are keeping an eye on me,” and “We know that they are trained to look after us, I see the doctor when I need to, I have also seen an optician and dentist.” A visitor told us, “My friend has been to the hospital twice in the last few weeks and they ensured that a member of staff accompanied her to support her.”

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people’s changing needs. One visiting relative told us, “My relative has had an infection that was picked up quickly. He’s had a medication assessment and an annual review done too.” Staff recognised that people’s health needs could change rapidly especially for people living with a deteriorating illness, such as Parkinson’s disease. One staff member told us, “We monitor for signs, changes in their mobility and facial expressions which may indicate their health is deteriorating.”

The registered manager organised all staff training and worked with staff regularly to underpin the training sessions. These sessions contributed towards staff supervisions by giving staff and the registered manager an opportunity to share and reflect on their practise. Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and ‘shadowed’ experienced members of staff until they were competent to work unsupervised. They also received additional training specific to peoples’ needs, for example care of catheters, dementia care and end of life care provided by the local hospice. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, “All the staff get training. I have completed an National Vocational Qualification in Care -level 2. We all complete mandatory training.” We saw that staff applied their training whilst delivering care and support. We saw that people were moved safely, that they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were becoming forgetful and demonstrating early signs of dementia. Staff ensured clocks were correct and people were reminded of the day and date in order to re-orientate people and lessen their anxiety of forgetting things.

Staff received supervision regularly. Feedback from staff and the registered manager confirmed that formal systems of staff development, including an annual appraisal was undertaken. The registered manager told us, “It’s important to develop all staff as it keeps them up to date, committed and interested.” Staff told us that they felt supported and enjoyed the training they received. Comments included ‘really interesting and the RN (registered nurse) works with us on the floor to make sure we do things correctly.’

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard the nurse say, “Here are your tablets, can I give you a glass of water?” and “Would you like me to help cut up your food?.”

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). In March 2014, changes were made to DoLS and what may constitute a deprivation of liberty. During the inspection, we saw that the manager had sought appropriate advice in respect of these changes and how they may affect the service. The service currently had no one that required a DoLS referral. The registered manager knew how to make an application for consideration to deprive a person of their liberty. The registered manager confirmed that he had attended a training day provided by the local authority and will be cascading training to other staff.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, “They know what I like and don’t like, always give me my preferred drink.” The cook told us,

Good

Is the service effective?

"People have a nutritional assessment when they arrive. We can cater for vegan, soft or pureed and any other special diets. We don't have any diabetics or gluten free at the moment but we would be able to meet any dietetic requirement."

People's weight was regularly monitored and documented in their care plan. Staff said some people didn't wish to be weighed and this was respected, "We notice how their clothes fit, that indicates weight loss or weight gain sometimes." The registered manager said, "The cook and staff talk daily about people's requirements, and there is regular liaison with Speech and Language Therapists (SALT) and GP." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

We observed the mid-day meal service. People either ate in their room or from a small table in the lounge. The dining room was currently being redecorated. People told us they could choose where they ate, "The staff always ask me where I would like to take my meals, alone or in the lounge." One person who ate in their room said, "I prefer it, it's what I want, I go down occasionally but it's nicer to eat here, I do go down to parties though." Another person said, "I like sitting in my chair to eat, it's what I did at home." Staff told us, "Over time people have stopped eating at the table, and when we try to encourage them, people refuse. We offer people a choice." On the second day of our inspection, there was a birthday tea and everyone who was well enough attended the party in the lounge. One person said, "I am looking forward to it, it's nice to have a little glass of wine and party food." The food was well presented, people were offered condiments and were seen to enjoy their meals. Staff recorded amounts eaten and ensured people ate a healthy diet. Fresh fruit is offered at meal and drink times. We were also told that snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "If I was hungry I would ask anyway."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "The care here is good, nothing fancy but very kind and caring. Nothing is too much trouble." Another person said, "Wonderful, I am only here for a short time, but I don't want to leave, they have been so kind and caring." Other comments, "Everyone is so kind and helpful, I never feel rushed or a nuisance, they are wonderful, "They are very good at care", "Oh yes, I am well looked after," and "I'm very satisfied with the care."

Visitors were complimentary about the kindness of staff, "Really kind and caring, always smiling and friendly," and "I would recommend this home to everyone and I have. It's a good place, kind staff and very good care."

We saw that people's differences were respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. Communal areas had displays on the wall that reflected people's interests, some of which they had created at craft sessions. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "I am happy in my room, I have all my things around me, my photos and books. If I wanted to go down to sit in the lounge, I could but I don't always want to, staff respect that." Another told us, "We get the choice, but it's always our own decision, respect is shown to us in every way."

We saw staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are very sweet and caring." Another said, "Its homely, I am cared for and I love the staff, I have my favourites, but they are all lovely."

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. A relative told us, "They ask us for suggestions and keep us well informed, I feel supported." Another relative said, "We are always consulted and involved, nothing is changed without talking it through." The registered manager told us, "We support people to do what they want, we put the residents first, and they are the centre of our home." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage and support people to walk and eat and drink independently. One person told us that staff were "So supportive and kind, I walk slow but they let me go at my own pace, and I find that so kind."

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and why they used a privacy screen in the double bedrooms. Staff expressed new ideas of how to further ensure the protection of people's privacy and dignity. This showed staff understood how to respect people's privacy and dignity. We saw staff ensured that people's modesty was protected when moving them in an electrical hoist (lifting equipment). Staff explained what they were doing before they started to move them and continued to speak with them throughout the whole procedure. The moving procedure observed in the communal area was done in a professional, respectful and sympathetic way.

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. Staff ensured those who were not able to drink and eat had regular mouth and lip care. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories.

Good

Is the service caring?

The registered manager told us, “People’s likes and dislikes are recorded, we get to know people well because we spend time with them.” All the people we spoke with confirmed that they had been involved with developing their or their relative’s care plans.

Care records were stored securely in the office area. Confidential information was kept secure and there were policies and procedures to protect people’s confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, “There are no restrictions on visitors.” A visitor said, “I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting.”

Good

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "I only have to mention a problem and it's dealt with," and "We can talk to staff at any time, about anything." We were told that activities were always available if they wanted them, and people could choose what they did every day. Staff told us, "We don't do a formal activity plan as everyone has different hobbies and interests, and people shouldn't feel as if they must do something." One person told us they enjoyed the garden when it was nice weather and said "I go out with my friend and staff support me."

The home supported people to maintain their hobbies and interests. One person said, "I like to be left to my own devices and this is respected. I go down to parties and gatherings, I have made friends here, and I don't feel bored at all." We also saw that consideration was given to people's music and television preferences. People were asked what they wanted to watch and as a group came to the most popular choice. The home provided people with a choice of daily newspapers that certain people valued. People were seen to request to return to their room at a time that was decided by them. One person said, "I get weary in the afternoon and like to return to my room." Group activities for people take place in the afternoons supported by care staff. The choice of activities were chosen by people who wanted to take part, for example a quiz, ball games or a board game. Everyone was offered the choice but some chose not to partake. People were very clear about how they spent their time. One person said, "I prefer my own company, I am asked if I want to join in, but unless it's a special event I don't." Another said, "I know they play games and other things, but at my age I prefer to relax and snooze." Other comments included, "They have special events sometimes which are nice and I enjoy the ball games, and "I have my newspaper and I have regular visitors, I enjoy it when we have an entertainer, but don't feel the need to be constantly entertained." Five people we spoke with enjoyed staying in their room, either reading or watching their television or listening to their radio.

The home encouraged people to maintain relationships with their friends and families. A relative told us, "We visit all the time, and that is so important to us." One person said, "I look forward to my family coming to see me. It brightens my day and is important to me." We saw that visitors were welcomed throughout our inspection. Visitors were complimentary about the home, "Very welcoming, always laughter here, and a relaxed atmosphere."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the manager or any of the staff, they are all wonderful". The registered manager said, "People are given information about how to complain. It's important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager, who is so approachable."

A 'service user / relatives' satisfaction survey', had been completed in the Autumn of 2014. Results of people's feedback was used to make changes and improve the service, for example menu and choices of food. Resident meetings were held monthly and people were encouraged to share feedback on a daily basis and visitors and people confirmed this.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver peoples' care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Work was still being undertaken to improve care documentation, and this was on-going as more staff received training in care planning.

Care plans were reviewed monthly or when people's needs had changed. In order to ensure that people's care plans always remained current, the senior staff checked them regularly alongside daily notes and handover records. Daily records provided detailed information for each person, staff could see at a glance, for example how people were feeling and what they had eaten. For people who were on continuous bed rest, staff documented all interactions. This ensured that the care was person and not task based. For

Good

Is the service responsive?

example, entry at 10:30 am stated 'enjoyed their drink whilst we talked about the news, 15 minutes.' People and their families told us they were involved in the care delivery and in any changes made to their medicines or health.

Good

Is the service well-led?

Our findings

There was a registered manager in post. Everyone knew the registered manager and referred to him when describing their experiences of life at Fabee Nursing Home. One person said, "He always pops in to see me, very knowledgeable and honest." A relative said, "He (name) is very friendly but also very professional, runs the home well."

At the last inspection in May 2014, we identified concerns in relation to care records and audits, which were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. An action plan was received from the provider and at this inspection we found that the required improvements had been made by the provider.

The registered manager was also the provider and therefore took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

People, friends and family and staff all described the management of the home to be approachable, open and supportive. People told us; "Always available and very approachable," and "Very understanding and honest." A relative said; "The management have time for you, they will stop and talk and most importantly listen." A staff member commented; "The management are supportive, they work with us, they're not just stuck in their office, but they can be very strict, which is good."

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service, such as friends and families. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and meals. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions. I'm quite happy."

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue. They said; "I felt listened to, although the process could not be changed, and I now I have an understanding behind the reasons we need to do certain things in certain ways."

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were improved following review.

The manager worked with staff to provide a good service. We were told, "He leads by example and works with us." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; "I Like working here, everybody gets on and we work as a team," and "I was made welcome when I first came here to work, it's a small home and we can do our job well because of that."

Staff told us the people were the centre of what they do, they were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff, at all levels, to continually improve. For example they were offered staff training opportunities in areas, such as end of life and catheter courses.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Where recommendations to improve practice had been suggested, they had been actioned. For example, one person had slipped from their chair a number of times in January and February 2015, staff had identified this and taken action by changing the persons chair and close monitoring. There had been no further incidents since this had been actioned.