Care Quality Commission

Bupa Care Homes (ANS) Limited

Alveston Leys Nursing Home

Inspection report

Kissing Tree Lane
Alveston
Stratford Upon Avon
Warwickshire
CV37 7QN

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 9 and 10 March 2015 and it was unannounced.

Alveston Leys nursing home provides nursing and personal care for up to 60 older people. On the day of our inspection there were 44 people living in the home.

The home has a registered manager. 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.

People told us they felt safe and would feel at ease to raise any concerns with staff if they needed to. Care and

Summary of findings

nursing staff knew how to protect people against the risk of abuse and had completed training in safeguarding people so they knew how to recognise abuse and poor practice.

People told us they received their medicines when they needed them. Sometimes the medicine records had not been fully completed to show people had received their medicine but this was being addressed by the manager. People were able to access health professionals such as a GP and district nurses when needed to support their healthcare needs.

People were supported by sufficient numbers of staff who made time for them and did not rush them. The registered manager assessed staffing levels to make sure there was always enough staff to meet the needs of people who lived at the home.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) so that people who lacked capacity to make decisions could be appropriately supported. Some staff were not clear about their responsibilities in relation to these but staff training had been provided and staff understood they needed to gain people's consent before delivering care.

People were provided with choices of nutritious food that met their needs and there were regular choices of drinks available during the day. Where people needed support to eat this was provided. A range of social activities were provided that were person centred in accordance with people's interests and wishes.

There was clear leadership within the home and an open culture where staff and people's opinions about the care and services provided were encouraged and sought. The provider carried out regular checks on the quality of care and services to identify any areas that required improvement.

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?
The service was safe.

There were sufficient numbers of staff to support people's needs and manage their care. Potential risks to people's health were assessed and care plans were in place to help staff manage any identified risks.

People received their medicines when they needed them although records did not always show this.

Good

Is the service effective?
The service was not consistently effective.

Staff had access to ongoing training to ensure they had the skills and knowledge required to meet people's needs. There were some areas where staff had limited knowledge but further training had been planned.

People were provided with a choice of drinks and meals that were nutritious and home cooked. Support was provided to those people who needed help to eat and nutritional specialists were involved in people's care where this had been found necessary.

Requires Improvement

Is the service caring?
The service was caring.

People were supported by staff who were caring and respected their independence, privacy and dignity. We saw positive relationships had been formed between people and staff and people were positive in their views of staff.

Good

Is the service responsive?
The service was responsive.

People felt they were not always involved in planning their care but we observed people were asked about their care and care plans showed they had some involvement in care decisions. People were encouraged to raise any concerns they had with the manager. Complaints received had been investigated and responded to and improvements had been made where these had been found necessary.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was a registered manager and deputy manager in place and people, visitors and staff told us the home was well managed. Quality monitoring systems helped identify where improvements were needed to raise standards within the home. These included regular visits and audits by the provider's senior management team.

Alveston Leys Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection carried out by two inspectors, an expert by experience and a nurse specialist advisor on 9 and10 March 2015. An expert-by-experience is a person who has experience of using or caring for someone who uses this type of care service. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in providing nursing care.

Before the inspection we reviewed the information we held about the service. We looked at information received from agencies involved in people's care and spoke with the local authority and asked them if they had information or concerns. They told us there had been some concerns relating to numbers of staff available but action had been taken to address these by the manager. We analysed information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home.

We reviewed the information in the provider's information return (PIR). 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. We spoke with ten people who lived at Alveston Leys and two visitors. We also spoke with five care staff, the maintenance person, the chef, a member of the senior management team and the registered manager.

We looked at a range of records including four care plans, two recruitment records, complaints and medicine records. We also looked at the provider's quality monitoring records including quality audits, staff and resident/relative meeting notes, completed satisfaction surveys and incident and accidents at the home.

Good

Is the service safe?

Our findings

All people we spoke with told us they felt safe. People told us, "I feel very safe. Nothing at all makes me feel unsafe. If I didn't, I would speak to [staff member] she's very nice. She's great, she gives people confidence if you are feeling down. I only have to press the bell and they come". "Yes, I do feel quite safe. The girls are very friendly, I'm very happy with them." We observed that people in their rooms had call bells to alert staff if they needed them and drinks were left within their reach.

Staff we spoke with were able to tell us how they kept people safe. They had completed training in safeguarding people and were able to give examples of different sorts of abuse such as neglect and how to recognise this. For example, one staff member told us "There was a lady with a mark on her arm and I reported it to the nurse straight away. We wrote it in the daily life book." This was so the nurse could take action to look into how this may have happened. Another staff member told us they would look for "Marks, agitation, someone getting upset." Staff knew to report any poor practice to their manager such as people not being moved with the correct equipment so that appropriate action could be taken to keep people safe.

There was equipment to enable people to be moved around the home safely. This included mechanical hoists and wheelchairs with footplates attached so people's feet were not at risk of getting trapped. Care staff told us the nurses always informed them about risks associated with people's care at the handover meetings at the beginning of each shift. This was to make sure they took the appropriate action to manage these risks. For example, they were told about repositioning people regularly so they did not suffer skin damage. People at risk of skin damage had risk assessments on their files so that staff knew how to manage this risk. Specialist mattresses were used to reduce the risk of skin damage and staff checked the mattresses were on the correct setting for the person's weight to support them safely. Staff told us there was information in each person's bedroom about equipment they should use to transfer a person safely, such as from their bed to a chair. People had their own appropriately sized sling to make sure they were held securely during hoist transfers. Records showed risks identified were regularly reviewed and changes recorded to make sure risks to people could be minimised and safely managed.

We spoke with the maintenance person who told us staff used a maintenance book to record any work needed to keep the premises safe for people. We noted one person had fallen due to a wheel falling off a commode chair. This had been reported in the maintenance book and the maintenance person told us they had checked it and tightened the wheel. The role of the maintenance person included carrying out health and safety checks to keep the home safe. These included fire safety checks, water temperatures and electrical appliance checks. Records confirmed these had been completed within the required timescales.

Any accidents/incidents or safeguarding concerns within the home were recorded and analysed to identify any patterns or trends so that action could be taken to help prevent them from happening again. Action had been taken to refer people to health professionals where this was found necessary such as when they had fallen or sustained an injury.

People told us there were enough staff to meet their needs although two people felt there were less staff at weekends. They told us, "There doesn't appear to be any shortage, it's not a problem". "Most of the time there are enough staff. There are times when they are thin on the ground, weekends mainly. If the lady who does the meals doesn't turn up the girls have to do it." Throughout our visit there were sufficient nursing and care staff to provide the care people required. Staff felt that most of the time there were enough staff working on each shift to meet people's needs. The registered manager told us staff were allocated to work on the nursing or residential area of the home at the beginning of each shift. Staff told us, "Sometimes we are a bit pushed but we do carry on. Most of the time we are ok but sometimes we are pushed." "Most of the time there is adequate staffing. Sometimes there isn't but that is mainly because of sickness reasons."

The registered manager told us when staff were absent, arrangements were made where possible to source extra staff to cover their shifts. Staff numbers had also been adjusted at certain times of the day to support busy periods. The manager said staff were organised each day taking into consideration their skills and the needs of people. When the number of people needing a high level of support increased, the manager spoke with the senior management team to agree changes in the staff numbers so additional support could be provided.

Good

Is the service safe?

We spoke with staff about how they were recruited to the home. Staff told us they had to wait for police and reference checks to be completed before they were able to start work. We checked recruitment records for two staff. These confirmed all the necessary checks had been undertaken by the registered manager to ensure staff were safe to work with people who lived in the home. We also checked nurses personal identification numbers (PINs) and found these were up-to-date confirming their registration was current so they were able to practice as nurses.

Staff knew what action they should take to keep people safe within the building in the event of a fire until the emergency services arrived. They also knew the outside meeting point if they needed to leave the building but did not know of any contingency plan should they need to evacuate people from the home. The registered manager told us there was a contingency plan which was held in the fire risk assessment folder on reception for staff to refer to if needed. This also contained personal evacuation plans for all people living in the home to assist the emergency services in moving people safely. Staff we spoke with knew about the risk assessment folder but had not recognised the contingency plan information contained within it.

We looked at the management of medicines in the home. People told us they received their medicines when they expected them. One person told us, "I take the pills; the sister gives the medicine, she waits while I take them. I get a tablet four times a day, it always seems on time. I have a couple of painkillers a day, I haven't had to ask for them yet. They come when I need them." Medicines were stored in accordance with manufacturer's instructions so they remained effective. People's medicine administration records (MARs) were clearly organised and where medicines had been prescribed on an "as required" basis, there were clear guidelines for staff to follow in administering these so that people were not given dosages that exceeded safe levels. We noted some medicines such as pain relief tablets were prescribed to be given several times a day but the prescribing instructions had been changed by staff to "as required" which meant people were not being given them as prescribed. We were told this would be followed up with the GP. There were also gaps on the MAR's where staff should have signed to show whether people had been given their medicine. The registered manager told us staff practice was regularly audited to check they were managing medicines appropriately. Gaps on MAR's had been identified as a problem which the registered manager was following up with the provider with a view to introducing a new system to help prevent this practice from happening.

Requires Improvement

Is the service effective?

Our findings

People felt that staff had the necessary skills to support them safely and were happy with the care they received. People told us, "I haven't met one who doesn't do their job professionally." "I think they are very skilled and professional". "The attention has been very good, everything is fine. I'm happy with the staff knowledge; I haven't found anyone that isn't good. If they don't know something they ask another nurse."

Staff had access to training considered essential to help them achieve the skills and competences they needed to care for people safely. Staff told us they felt supported in their roles and the training they received was good. One care staff member told us, "The nurses are always on hand to ask a question. If you are ever stuck they are always there." Care staff were positive about the induction training provided. One staff member told us, "I had one week induction….it was really good. It covered all the mandatory training within that week." They also told us the induction training included shadowing other more experienced staff so they could learn from them and get to know people and how they needed to be supported.

We identified some staff were limited in their knowledge of diabetes as well as other health conditions which meant they may not identify symptoms that would need attention by a health professional. Staff told us training considered essential such as moving and handling people was "very good" but they had limited opportunities to attend training linked to the health care needs of people. They felt it would be beneficial to attend further training in areas such as dementia, catheter management and peg feeds (relating to people receiving nutrition through a feeding tube). The manager told us she had already arranged dates for some of this training to take place such as training in dementia so that staff could benefit from this additional learning. We did not identify any concerns in relation to the management of these conditions during our visit.

The registered manager told us she regularly observed staff working to identify if they were putting into practice the policies and procedures of the provider. Where she identified a training need she completed a period of supervision with the person to remind them what was required. A senior care staff member confirmed this and stated they would not hesitate to report poor practice. They told us, "I would probably arrange training for the person, show them the correct technique and go to my line manager to say they could do with more training." We saw records that confirmed the manager followed up on poor practice. For example, a staff member did not follow the confidentiality policy to protect a person's personal information. The staff member was reminded of their responsibilities in relation to the home's policy so they could learn from their mistake.

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

The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required, to make sure people get the care and treatment they need in the least restrictive way. Where people lacked capacity to make certain decisions, capacity assessments had been completed so that staff would know to support these people in decision making. People told us staff sometimes asked them if they were in agreement to the care they were about to deliver so they could decide if they wanted support. People told us, "Once a week I have a shower, they always ask if it's ok first." "They come in the morning and just get on with it, they don't ask." "If I'm expecting them, they don't ask before doing things but other times they usually ask if it's ok."

Some staff spoken with were unclear about the principles of the MCA and what it meant for them in practice. One staff member said, "Can I ask what that means? We haven't been given any training for that." Care staff were aware they needed to obtain people's consent before giving care although we found from speaking with people this did not always happen. One care staff member told us, "I would never do anything without asking them first." We asked care and nursing staff how they gained consent from someone unable to effectively communicate. One staff member told us, "I look at them. I look at their eyes and their behaviour, [person] can't speak but if you ask do you want the TV on they can say yes or no very slowly but I can understand them. Always ask the question with yes or no." Care staff told us if people refused care they would leave them alone for a while before going back or seeking guidance from a senior member of staff.

Requires Improvement

Is the service effective?

The registered manager told us no referrals had been made in regards to DoLS but there was a person who did not have capacity to make a decision about bedrails being on their bed. A risk assessment had been completed which had involved a family member who had agreed on the person's behalf these could be used. However, we noted the height of the rails had been extended which meant the person's movements were further restricted. There had been no specific best interests meetings held with all interested parties to determine if a DoLS referral was required.

People told us they enjoyed the food provided and had a choice of meals and enough to drink during the day. Comments included, "The food is great here." "It's just like home cooking." "The food couldn't be better." "You get lots of choice. If you don't want what's on the menu you can have what you like." We joined people for lunch in the dining room. There was a relaxed atmosphere with age appropriate music being played in the background. The meals provided were home cooked, nutritious and of a high standard. There were menus on each table and a choice of one starter, two main courses and three desserts. People told us they usually made their food choices the day before but we observed care staff offered people a choice on the day in case they had changed their mind or had forgotten what they ordered. There were two people who chose to have a sherry and whisky with their meal. Two people who were supported to eat their food were not rushed. Where people were at risk of poor nutrition, risk assessments had been completed so that staff were aware of this and could monitor their food and fluid intake. The chef was knowledgeable of people's dietary needs and told us people on pureed diets had the same meal as everyone else. Alternative choices were provided if people did not like what was on the menu. The chef provided cooked breakfasts 'to order' and told us there was a "night bite" menu if people required a snack during the night. There was a full menu on display in the entrance hall of the home to make people aware of this.

People told us they had access to health professionals when they needed them. Some people said they did not always know when they were coming so they could make sure they were prepared. People told us, "They decided I needed to see a doctor, he just turned up. I've seen three different doctors; I didn't know they were coming." "I see my own doctor in Stratford; my daughter arranges it and takes me. He's been to see me here as well." "I see my own doctor, the office arranges it. The chiropodist comes in the morning, she just turns up, once it was a bit tricky, I had only just got up." The registered manager told us a GP visited most days but urgent requests to be seen, could also be made on the same day. The date when the chiropodist was due to visit was always known by staff as this was recorded in the chiropody referral book. The manager told us people were advised about these service arrangements and were able to make requests of staff for individual appointments if they needed them.

We spoke with a visiting health professional. They told us they visited the home several times each week and the advice they gave to staff was always followed. They told us staff alerted them in a timely manner when people became ill so that their health care needs could be promptly addressed. In particular, there was good communication when people needed more support during their end of life. They told us, "I think they provide a brilliant end of life service."

Good

Is the service caring?

Our findings

We asked people if the staff were caring. They told us, "They are lovely, very affectionate and caring." "I'm so used to the staff being good to me. I can't stand for long; the staff help me to have a shower. They sit me down and let me reach the parts I can reach. I can mostly dress myself, they encourage that."

Staff we spoke with were knowledgeable of the people they were caring for and recognised the importance of maintaining people's independence. For example, they provided adapted cups and cutlery to support people to eat independently. They also engaged people in conversations and encouraged and supported them to move around the home at their own pace. We asked staff what they felt was important when caring for people. They told us, "First of all it is to be a good person, polite, smile always, have contact with your eyes, to make them laugh." "To be caring, listen and be polite."

People told us they could make their own decisions and were listened to which helped to promote their independence. People told us, "I go to lunch myself, if I'm not there they come and find me. I can eat in my room if I want to. I wouldn't dare go in my shower on my own. I can manage to wash myself but they are there if I need them. I can come and go as I please, no-one tells me what to do". "Yes, I do have choices. I don't want to eat in the lounge so I don't. They always ask me if I want to do activities, I say no."

There were no restrictions on visiting times so people were able to receive visitors when they wished. A visitor we spoke with was happy with the care their relative was receiving.

Staff were observed to be caring and respectful in their approach towards people. They addressed people by their preferred names and made sure people were supported to dress appropriately and their hair was neat and tidy. People who needed their meals in their rooms, or chose to, had their meals presented on trays with lace doily's containing individual teapots and milk jugs so they could independently pour their drinks. At lunchtime people were asked if they wanted a napkin or something to protect their clothing.

People explained how staff maintained their privacy and dignity. They told us, "Their normal behaviour is very respectful. When I have a shower they cover me." "They are lovely, always so respectful and unobtrusive. I chose to go to bed this afternoon, I don't want to do the activities, I always go back to bed in the afternoon." We heard staff knocking on people's doors and waiting before entering, they were courteous and caring in their manner when speaking with people. We noted that people's care records and staff personal records were stored securely which meant people could be reassured their personal information remained confidential.

We found the majority of the home to be warm and comfortable for people but noted the bathroom on the lower ground floor felt cold and was being used as a storage area. Staff confirmed this bathroom was used by people in the home. We asked the registered manager if temperatures around the home were checked, she advised they were not but this was something they could do. The maintenance person said they would check the bathroom temperatures and make sure there were no problems with the heating.

Good

Is the service responsive?

Our findings

Seven people we spoke with felt they were not involved in their care and had not seen their care records. However, each person we spoke with had a 'personal care plan book' in their room detailing daily staff visits and support. A visitor told us they had been involved in their relative's care planning and had completed a question and answer sheet about their relative when they first came to the home so staff would know about their needs and preferences. One person told us, "They just do my care, they have a set routine. It's up to me to ask them. They will do anything I reasonably ask, like move my stool or draw my curtains. They haven't sat with me or shown me my records. Every time they come in to do something they have to write it in there (personal care plan book). They haven't discussed what they write with me." Another person told us, "No, never involved in my care matters, none whatsoever, never discuss it." Despite people saying they were not involved in planning their care, they told us they were happy with the care they received.

People's care plans reflected how they would like to receive their care. Their needs and preferences had been assessed prior to them arriving at the home to make sure they could be met. Their needs had been reviewed on a regular basis to identify any changes in support and to ensure this was provided as necessary. In some cases relatives and people had signed care plan records to show they had been involved in making a decision about the care planned.

Staff knew about people's specific needs and preferences but rarely mentioned involving people in planning and reviewing their care. Care staff told us when new people came into the home they discussed their needs at the handover meeting at the beginning of their shift so they knew what support they required. One staff member told us they looked at care plans, spoke with the person themselves and with family members so that they understood the person's needs and could deliver person centred care. Another staff member told us, "Basically you tend to know (their needs) as you go along with time and read their care plan and reports." Care staff were able to relay information stated in people's care plans to confirm they knew about people's needs and preferences. They told us about one person who liked coffee with two sugars, liked to have their hair brushed twice a day and had to use two soap alternative products. We saw the soap alternative products were being used. We noted some people remained in bed until late morning. Care staff told us this was their request which also demonstrated staff were working in accordance with people's preferences.

During the morning we attended a handover meeting with staff at the start of their shift. Concerns that had been identified during the night shift were reported to the day staff so these could be addressed. For example, where people had been complaining of pain and ill health, this was reported to the day staff so they could arrange for them to be seen by the GP. During our visit there was a GP in the home to support people's needs as required.

People told us they were encouraged to take part in activities in the home but if they chose not to participate, staff respected their decision. There was a programme of planned social activities that had been given to people so they could choose whether to participate although two people had out of date programmes from the previous month. People told us they were supported to maintain their hobbies and interests. Comments included, "It's mainly painting I enjoy. They got me a table to do my painting. I didn't want to at first but I'm glad I did. They have trips to Jefferson gardens, they asked me to go but I don't know yet. They've offered lots of things but I've said no." "They give me a paper with the activities on. When they help me dress in the morning they tell me what's happening, I go to them sometimes. They don't leave you sat in your room, they always check you're alright." The registered manager told us they had recently had more gentlemen coming into the home and they had introduced new activities more suited to their interests such as making bird boxes.

On both days we visited there were activities taking place in the home that a number of people attended. On one day there was singing and dancing entertainment in the afternoon and on the other day a volunteer was in the home supporting people to play bingo. We noted some people appeared to enjoy the music and dancing as they were tapping their hands to the music, one person however was not and covered their ears as if the music was too loud. In response, staff spoke with the person and swiftly assisted them back to their room.

All the people we spoke with, except one, said they had no cause to complain. The one person who had complained told us they had spoken with the member of staff they were not happy with directly and the staff member had

Good

Is the service responsive?

apologised immediately. People felt comfortable raising concerns with staff if they needed to. People told us, "No, fortunately I haven't complained. It's a jolly good set up here." "Not one reason to complain here." "No, never complained, I would, I'm not afraid of coming forward if necessary."

People told us they knew how to raise concerns with staff members or the manager if they needed to and felt at ease to raise complaints. There was a complaints process to record and respond to any formal complaints as well as general concerns people had. Information about how to make a complaint was in a leaflet given to people, the complaints procedure was also on display. We saw complaints had been documented, investigated and responded to, and where improvements were necessary, these had been undertaken. For example, one person had complained they were cold, it was found the boiler was not working properly and this had been fixed the next day. Complaint letter responses invited people to contact the registered manager if they remained unhappy with the outcome reported. Staff told us they had completed some training on how to respond to people who made complaints and told us they would ask the person what made them unhappy before referring them to their manager for action.

Good

Is the service well-led?

Our findings

People told us they had an opportunity to be involved in the home by attending 'resident' meetings or completing quality questionnaires. Some people were not aware of these but information was on display in the home and notes of a meeting confirmed a 'resident survey' had been given to a cross section of people in the home. People we spoke with told us, "I believe there is going to be a residents meeting upstairs in the library. The details are on the board. I have been to them before, they are quite useful." "They tell you about residents meetings in the newsletter. They also tell me about them. I say I would rather not go." People who had attended a resident meeting told us they had not made specific requests for anything to be improved because they had not needed to. However, resident meeting notes showed people had been involved in decisions about social events to be planned and they had put suggestions forward such as having raised flower beds. We saw raised flower beds had been provided to enable people to get involved in gardening.

The registered manager told us about links they maintained with the local community. These included links with a local school where children had been invited into the home to sing Christmas carols. We also noted the manager had entered the home into a village "window event" and people had been invited to decorate a window for Christmas.

There were good communication systems in place to support the effective management of the home. For example, each day the registered manager held a 'ten minute meeting' with staff from across the home including maintenance, catering, domestic, care and nursing staff. These meetings allowed staff to be updated on what was happening in the home that day and what was planned. We attended one of these meetings. Issues discussed included, people who would be seeing the GP that day, progress in relation to maintenance tasks and information on people coming into the home and those leaving. In addition to this meeting, there were handover meetings at the beginning of each shift. At these meetings, care and nursing staff reported on people's health and welfare so that staff starting their shift knew about any concerns relating to people's care that may need to be monitored.

Alveston Leys advertises on their website that they have an open door policy where people are welcome to "pop into the home at any time." This was confirmed by the manager. During our visit we spoke with a 'hostess' who was available in the home most days to meet people visiting the home. The hostess told us they showed prospective residents around the home and answered any questions they had to help them make a decision on whether they wanted to live at the home.

Staff told us meetings took place regularly where they were able to share information and raise any issues of concern they had. Staff were encouraged to give their opinions and we found actions were taken in response to them and lessons were learned. For example, one member of staff told us they had raised an issue about communication. They told us "Sometimes we don't know what is going on the other side and they don't know what is going on here (referring to the nursing and residential sides of the home). It kind of makes you feel there are two homes. But it was brought up in the team meeting that we need to come together and work as a team which is being put into place." Meeting notes showed staff had also raised concerns about the returns process for medicines and the staff handover process which at the time was a verbal handover. Actions taken showed the handover process at the start of each shift had reverted back to being documented as it had been identified the verbal handover had not worked effectively.

Staff we spoke with were clear on their responsibilities and were positive in their comments of the home. They told us, "A good group of people work here. It is not just a job. It feels stable. The residents are happy." "We work really well. If anything happens we have got someone there. Everybody knows what they are doing and what their role is." Both care and nursing staff confirmed they had attended supervision meetings with their manager where their performance and training needs were discussed. Nurses confirmed their supervision included discussions around clinical support and nursing procedures to make sure they were able to carry out their role safely to meet people's needs. Staff told us they were also observed to identify any concerns regarding their practice, for example, nurses were observed administering medication. Where any concerns were identified the registered manager told us these were followed up by completing a 'mini supervision module'. This acted as a learning exercise where staff were reminded of the policies and procedures of provider. Staff were required to sign the learning module to demonstrate the learning completed.

Good

Is the service well-led?

People were positive in their views of the home but six people we spoke with said they did not know who the manager was. They told us, "I've been here twice before, always found it first class." "I would like to see the manager, I don't know who it is, it would be nice if he came round and asked me how I'm getting on." The registered manager told us she often walked around the home and spoke with people, staff and visitors. Staff told us, "She is really lovely. I can go to her if I have got any troubles." "She actually comes over quite a lot to see how we are doing. We always have her support." The registered manager told us people and staff had recently participated in a quality satisfaction survey. An analysis of the results had been completed in both cases to help identify any areas for improvement. The results showed a high level of satisfaction from people who used the service in relation to the overall quality of the service. The staff survey analysis showed positive results in relation to "my manager listens" suggesting the manager was effective in addressing any staff concerns. Areas that were identified for improvement such as the provision of recreational activities had improved from the year before. This demonstrated the provider listened to people's views and was committed to making the improvements needed to the service.

In addition to the registered manager, there was a deputy manager to support her in the running of the home. They frequently worked as part of the nursing team so they had a good knowledge of people's needs and how staff needed to be supported to provide the level of care people required. The registered manager told numerous audits were completed which she shared with the provider to demonstrate staff were working to the policies and procedures required. We saw audits of the service included checks on health and safety, medicine management and checks in relation to people's care such as the number of people with pressure ulcers to their skin. The manager told us she was supported by a management team consisting of an area manager and quality manager who made visits to the home on a regular basis. This was to check the manager was carrying out her responsibilities as expected and to discuss any problems that may have arisen that she needed support with. There was a member of the management team at the home during our inspection who confirmed they visited the home regularly. This meant the provider played an active role in quality assurance and ensured the service continuously improved.

The registered manager submitted the Provider Information Return as requested prior to our visit. The information in the return informed us about how the service operated and how they provided the required standard of care. What we had been told was reflected in what we found during our visit.