Mr & Mrs B J Wise

St Andrew's Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

St Andrew's Care Home is registered to provide accommodation for 23 people who require personal care; some people are living with dementia. The inspection took place on 1 and 2 November 2016 and was unannounced. There were 20 people living at the home at the time of the inspection; one person was on a respite stay.

We last visited St Andrew's Care Home on 21 and 24 September 2015 when we judged their overall rating was 'Requires Improvement' as there were areas that needed to be improved. We received an action plan following the inspection, which demonstrated the steps taken to address concerns.

There was a registered manager at the service who had registered with CQC. 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.

Staff practice respected people's choices and valued people as individuals so staff knew when to change their approach based on their knowledge of the person. There were positive relationships between staff and people living at the home. People told us they felt safe. There were systems in place to protect people from harm and abuse. Medicine practice had improved and was well managed.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. Care plans helped promote a person centred approach to help staff respect people's histories, wishes and social needs. People were encouraged to suggest ideas for activities and staff recognised people's differing needs and personalities in the way activities were provided.

Improvements were taking place to make the garden more accessible and some areas of the home had been refurbished and updated. The carpets in two people's rooms needed replacing. The registered manager said they had encouraged the people using the rooms to allow this to happen but records were not kept of these discussions. Following the inspection, the registered manager put in a new system to record discussions around the environment.

Some aspects of recruitment practice needed to be improved to ensure only staff suitable to work with vulnerable people were recruited. There were sufficient numbers of suitable staff available to meet people's individual needs. Staff knew their responsibilities to safeguard vulnerable people and to report abuse. Staff received support to develop their skills and ensure they were competent in their work.

People were kept informed about changes within the home and plans to improve the service through meetings and newsletters. The registered manager was known to people living at the home. Improvements

had been made to the complaints system. This meant there was clearer information and a commitment to respond in a timely manner.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and demonstrated through their practice an understanding of how this impacted in the way they worked. People were offered a choice of meals. Staff were responsive if people were unhappy with their choice and quickly provided an alternative. People were supported with their health needs and had access to health and social care professionals, when necessary.

The registered manager had worked hard to build up staff morale as she recognised a happier staff team created a positive atmosphere for people living at the home. She had established a service where staff were clear about the values and ethos of the home. There were systems to monitor the quality of the service, including responding to suggestions for improvements. You can see what action we told the provider to take at the back of the full version 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

Most aspects of the service were safe.

Some areas of recruitment needed to be improved.

Staffing levels were adequate to meet people's individual needs.

Medicines was administered safely.

Staff knew their responsibilities to safeguard vulnerable people and to report
abuse.

Is the service effective?

Good

The service was effective.

People were supported to make decisions about their care and support and
staff obtained their consent before support was delivered.

Staff received support to develop their skills and ensure they were competent in their work.

People were supported to access healthcare services to meet their needs.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind, caring, considerate and understood their needs.

Interactions between staff and people who used the service were enabling, comforting and supportive.

Is the service responsive?

Good

The service was responsive to people's needs.

Care plans helped promote a person centred approach to help staff respect people's histories, wishes and social needs.

People were encouraged to suggest ideas for activities and staff recognised people's differing needs and personalities in the way activities were provided.

There were opportunities for people and the people that mattered to them to raise issues, concerns and compliments.

Is the service well-led?

Good

The service was well-led.

Quality monitoring systems were in place to monitor the standard of care.

Staff were supported by an approachable manager.

St Andrew's Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was 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.

The unannounced inspection took place on 1 and 2 November 2016 and was completed by one adult social care inspector.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider
completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We met with many of the people living at the home. We spent time in communal areas of the home to see how people interacted with each other and staff. This helped us make a judgment about the atmosphere and values of the service. We spoke with eight people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with two visitors to hear their views about the service.

We spoke with six staff who held different roles within the home including care staff, and the registered manager. We also looked at the home's environment, including the outside space.

We reviewed three people's care files, three staff recruitment files, a range of staff duty rosters, three medicine records, policies and staff training records. We also looked at records relating to the management of the service. We contacted a range of health and social care professionals for their views on the service;

three responded.

Requires Improvement

Is the service safe?

Our findings

When we inspected this service in 21 and 24 September 2016, we judged this key question to be requires improvement. We found improvements were needed in medicine practice and the safety of the environment. Following the inspection, we received an action plan to address these concerns and on this inspection we judged these improvements had been sustained.

However on this inspection, improvement was needed to some aspects of the recruitment process. The registered manager had introduced a new application form but this did not trigger a request for dates of previous employment. This was missing from three recruitment files. Lack of full employment history could mean staff who had previously left care work because they were unsuitable for this role, could be employed without this information being known.

There was only one reference on file for one staff member; the registered manager addressed this during the inspection and showed us the positive feedback within a second reference. They told us they had pursued the second reference when they had not received response but had kept poor records of these actions and had not requested a third reference. The regulations have a clear schedule of exactly what needs to be obtained to ensure new staff are fit and appropriate to work with vulnerable people. This includes obtaining two references. For a second person, they had obtained two references, which were positive, but had not recorded a risk assessment regarding the person's suitability following feedback from an external agency. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicine practice had improved. People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Since the last inspection, night staff had been trained to administer pain relief. A night staff member had shown their understanding of their responsibility in this role when they had checked with the registered manager regarding the advice of an external health professional, which could have potentially harmed a person.

Medicines administered were documented correctly in people's Medicine Administration Records (MAR). Apart from several handwritten entries that had not been double-signed to prevent errors, this was not safe practice. Medicines were checked and MAR sheets audited regularly by the registered manager. Actions were taken by the registered manager to follow up any discrepancies or gaps in documentation.

Steps had been taken to improve the safety of the environment. Environmental risk assessments were completed and showed measures had been taken to reduce risks. For example, we visited seven rooms and saw radiator covers were fitted and windows were restricted to help keep people safe. The registered manager told us improvements had been made to control the temperature of hot water by fitting

thermostatically controlled valves to all areas of the home. This helped to prevent the risk of people scalding themselves from hot water taps. Records showed the temperature was monitored. On the first day of the inspection, three rooms in one corridor were cold. This was rectified immediately by staff who said the heating had not come on for that part of the building. The registered manager confirmed the heating was set for constant. She explained when a laundry basket had been put away by staff, the switch for the boiler had been knocked. We saw people could adjust their radiators to suit their preference for the temperature in their room. The home was warm for the rest of the inspection; a visitor confirmed the home was usually warm.

Most areas of the home looked clean and there were no unpleasant odours but two bedroom carpets were stained. The registered manager said the people living in these rooms were reluctant to leave them and both were protective of their environment, which was our impression when we met one of the people. The registered manager acknowledged improvement was needed in how they recorded that they had offered to fit new carpets and replace one armchair that had ripped material on the arm. Since the inspection, the registered manager has updated us on a new system they have put in place to capture these discussions. A visitor commented in a survey that it was 'a safe and clean environment.'

Staff received fire, health and safety, and infection control training. Accidents and incidents were reported and reviewed to identify ways to further reduce risks. Audits showed the registered manager monitored any patterns related to accidents/ incidents, falls, complaints and medicine errors. Gas and electrical appliances and equipment was regularly serviced and tested.

Each person had a personal emergency evacuation plan showing what support they needed to evacuate the building in the event of a fire. The registered manager advised there were regular checks of the fire alarm system, fire extinguishers, smoke alarms, and fire exits were undertaken. Staff confirmed fire training took place.

Staff received safeguarding adults training, which helped them to understand how to protect people from potential abuse and avoidable harm. Staff knew how to report various types of abuse and where to find contact details for external agencies. The registered manager had raised a safeguarding alert regarding the advice of a health professional which could have potentially caused harm. The provider had safeguarding and whistle blowing policies, which guided staff what to do with any concerns they may have.

There were sufficient numbers of staff within the service to keep people safe and meet their needs. During the day, there was a senior and three care staff on duty with two waking night staff members from 7pm. They were supported by a cook, a cleaner and the registered manager. People confirmed staff were available and met their care needs at a time convenient for them. A health professional said when they visited; they had never seen anyone whose care needs were not being met by staff. They described the attitude of staff as positive. The atmosphere in the home was organised; staff worked in an unhurried way. They responded promptly to people's call bells. Staff undertook 'comfort rounds' during the day and at night to check on the well-being of people at increased risk.

The provider did not use agency staff, any gaps in staffing were met by existing staff working extra shifts. This meant people benefitted from continuity of care by staff who knew them well. Staff said there was flexibility in the hours they worked and that the registered manager listened to their requests. The registered manager said they also worked shifts in an emergency; this had included night shifts. They told us this helped give them insight into whether the workload was manageable.

People's risk assessments contained information about how to reduce risks. For example, risks of falling or

developing pressure sores from reduced mobility and skin breakdown. Records showed people at risk of pressure sores were turned regularly in line with their care plan and risk assessment. Health professionals had been consulted regarding the risks of falls for one person, occurring in their room. The registered manager had requested help to increase the person's mobility. A health professional told us they had advised staff the chair the person used was not suitable and increased the person's risk of falls. The person had become fixed in their way of moving around the room using their own furniture, which was unsafe. There were other examples when the staff and the registered manager had referred people to health professionals in a timely manner.

Good

Is the service effective?

Our findings

When we inspected this service in 21 and 24 September 2016, we judged this key question to be requires improvement. We found improvements were needed in protecting people's legal rights, to update the environment and to people's mealtime experience. Following the inspection, we received an action plan to address these concerns and on this inspection we judged these improvements had been sustained.

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. For example, one person used to manage one of their medicines; they told us they missed this role. The registered manager had worked with health professionals to reassess the person's ability to do this safely when medicine audits showed there was a concern. The person's medical condition required them to receive their medicines at set times, staff made sure this happened. This meant the person was able to gain the maximum benefit from their medicine. Records showed the person received their medicine at the time they preferred to manage their health condition.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. Applications had been made to the local authority DoLS team for other people living at the home, who were awaiting assessment. This ensured that people were not unlawfully restricted.

Improvements have been made to people's experience at mealtimes, including updating the dining room and ensuring visitors did not use the outside door in the dining room, which previously had been intrusive. Staff were aware of the importance of making mealtimes a positive experience for people, and gave them a choice of where they wished to eat and what they wished to eat. Staff showed patience and did not rush people. One person was unhappy with their choice of meal and changed their choice three times during the meal. Staff were attentive and offered alternatives they knew the person had liked before. Some people chose to eat in their room while other people preferred to go to the dining room with staff nearby to support them. A health professional commented positively on the staff team's commitment to improving the mealtime experience for people.

People were positive about food choices, variety, portion sizes and said their dietary preferences were met. People described the food as "good" and "brilliant." Information about people's food likes/dislikes, allergies or food restrictions were kept in the kitchen and a staff member working in catering was clear about their responsibilities to ensure the food they prepared was in line with recommendations for health professionals. People were offered drinks and snacks regularly throughout the day; a snack and drink table had been introduced in the lounge to encourage people to eat and drink more which staff said was working well.

People commented positively on the drinks and the snacks. Weight charts showed people's weight was well managed and monitored. Where people were at increased risk of malnutrition or dehydration, or had a poor appetite, food and fluids were monitored. Records were kept to monitor people's fluid intake; we checked one person's records. There were regular entries and their intake met national guidelines.

Since the last inspection improvements had been made to the environment, some bedrooms had been updated including new furniture and carpets. Other areas of the home had been repainted. The registered manager had invested in new ornaments to make the home more homely and fit in with themed days. There was a new sign and garden furniture had been painted. Work had taken place to make the garden more accessible; gates had been added to make the garden secure. Some people had their bedroom in a small cottage across a courtyard, a step had been extended and a hand rail added to help with access. The registered manager said the provider was supportive of their plans to re-surface the drive, which they discussed during the inspection, to reduce the risks of tripping on the surface, which was uneven in places. They were going to request quotes for this work.

People felt well supported by staff who were appropriately trained and knew how to care for them. For example, a person told us they felt safe when staff moved them using equipment. During our inspection, staff took time to ensure people felt safe when they assisted them to move and explained each step at the person's pace. Staff confirmed they were trained in this area of care and described these sessions and what they had learnt.

The registered manager demonstrated a commitment to supporting staff to develop their skills. For example, arranging training for seniors to progress their management skills. Staff in this role were positive about the training opportunities at the home. A health professional commented senior staff skills in the last year had developed, leading them to be "more empowered" and clear about their role and responsibilities. Staff were encouraged to complete nationally recognised care qualifications. A health professional commented staff were positive when they attended training sessions run by an external agency. Staff undertook regular update training such as safeguarding adults, health and safety, and infection control. They also completed other training relevant to people's needs. For example, pressure damage awareness. A system of supervisions and appraisals supported staff in their roles and helped identify further development opportunities.

New care staff completed the Care Certificate. This is a nationally recognised set of standards that health and social care workers are expected to adhere to in their work experience. Staff were positive about their induction experience and confirmed they had shadowed more experienced staff to help them learn more about the people living at the home and how they liked to be supported.

Care plan records showed staff recognised changes in people's health and well-being, which was confirmed by a health professional who had regular contact with the home. They said the staff monitored people's skin care and reported concerns promptly. One person's skin was being monitored by staff because of a risk of pressure damage and records showed they were being turned as instructed by health professionals. The health professional confirmed there was no one living at the home with a pressure sore and said the registered manager responded quickly to equipment recommendations. For example, the registered manager said following feedback from a health professional a higher bed had been bought to help one individual with their mobility. This showed they were responsive to advice, which was confirmed by a health professional.

A health professional said they were in regular contact with the people living at the home and staff were quick to alert them to concerns. They told us staff were "on the ball" and in their opinion were good at

reporting changes to people's health. Another health professional commented that they had seen a positive change in the well-being of some people who were now participating more in the communal life of the home.

Good

Is the service caring?

Our findings

When we inspected this service in 21 and 24 September 2016, we judged this key question to be requires improvement. We found improvements were needed in protecting people's dignity.
Following feedback from our last inspection, the registered manager has added additional information to the home's service user guide to highlight their commitment to maintaining people's dignity and respecting confidentiality. We could see an improvement in staff practice in the way they spoke with people. The registered manager said this had also been helped by changes in the staff team. A health professional commented that staff had gained the "trust" of people living at the home. A visitor commented that their relative was a very private person and was reluctant to have help with personal care. They said since building a rapport with one staff member they now accepted help with a bath, which records confirmed. Another visitor completed a survey and said "all staff are very caring and cheerful. My relative's health and happiness has improved since being here, there is more understanding of their needs, and St Andrew's is a really happy environment."

People's consent for day to day care and treatment was sought. For example, a person told us they had lived at another home but had been very unhappy. They were pleased with their current choice saying the care was "very good." They said they had been asked if they had a preference regarding the gender of care staff to help with personal care, as there was male and female care staff. They said their preference had been listened to.

Staff gained people's consent before they assisted people to move and they explained what they were doing and involved the person. One person asked a new staff member if they felt confident to help them to the toilet. The staff member reassured them; we judged it was a good sign of the person's well-being that they felt able to check this with the staff member. New staff members were not allowed to move people until their competence was assessed. Staff listened to people's opinions and acted upon them. For example, where they wanted to spend their time.

Each person was encouraged to personalise their room with things that were meaningful for them. For example, with photographs, and items of furniture. A health professional had recommended one person removed some items to give them more space. The registered manager said the person was still grieving and that some items held a sentimental value. This was confirmed when we met with the person who shared their emotions with us. However, the registered manager did arrange for a new bed following the health professional's advice to make the person safer.

Staff talked with us about individuals in the home in a compassionate and caring way. They said they spent time getting to know the person and demonstrated a good knowledge of people's needs likes and dislikes. Care plans contained information about people's individual choices and preferences and contained brief personal histories. This enabled staff to have a good knowledge of people's past and people and events special to them. For example, one person responded well to references to their past role. The person had a good sense of humour and was quick with their retorts to the staff. However, staff also recognised when to become gentle and reassuring when the person's diagnosis of dementia led them to become anxious or

bewildered. Staff tuned into their mood and emotions.

Staff were considerate and caring in their manner with people and knew people's needs well. They were friendly and supportive when assisting people. They treated them with dignity and respect when helping with daily living tasks. Staff maintained people's privacy and dignity when assisting with intimate care. For example, they knocked on bedroom doors before entering, and told us how they tried to maintain people's dignity with personal care and gained consent before providing care. In the dining room, staff were attentive and changed their approach to suit the different needs of people.

Good

Is the service responsive?

Our findings

When we inspected this service in 21 and 24 September 2016, we judged this key question to be requires improvement. We found improvements were needed providing information on the complaints system. Following the inspection, we received an action plan to address these concerns and on this inspection we judged these improvements had been sustained.

There had been improvements in the information on how to make a complaint, which was displayed in the entrance hall. People and relatives said they had no complaints about the home. The provider had a written complaints policy and procedure; information about how to complain was given to people and was on display in the home.

The complaints log showed formal complaints were addressed by the registered manager using the new policy and where necessary lessons were learnt. Complaints were used as an opportunity to resolve issues and make wider improvements. For example, training night staff to give pain relief in response to feedback.

Since the inspection, a person has raised concerns to an external agency following their relative's admission to hospital and this is currently being investigated. The registered manager had updated us on the actions they took to request medical support when the person became unwell. They said they had reviewed the person's care records and were confident staff acted quickly and appropriately. They have made a complaint to an out of hours GP service about the delay in a GP visiting the person.

The registered manager recognised that they had not maintained detailed records for an on-going concern from one person. The person said they had on-going issues with the temperature of their room which they said was too cold. The registered manager had placed a thermometer in the person's room to help show the person that the heating was on. However, no records had been kept to make this a meaningful step to monitor the person's concern. Since the inspection, the registered manager has ordered a clearer style of thermometer for the person to read. They told us they have met with the person again and agreed to record the temperature when staff check on their well-being. The registered manager told us the person was now moving around more and had commented the room seemed warmer. A health professional had visited and advised on exercises to help the person keep active.

A staff member explained their role in promoting people's well-being who lived at the home. They understood people's individual interests and how people needed different approaches. They worked four afternoons a week and provided a range of activities including quizzes, bingo, word quizzes and singing. They said they accompanied some people on a walk but they acknowledged this could not be spontaneous if an additional staff member was needed, as this needed to be arranged on the rota. They said there were additional events in the home, included tai chi, a religious service and visits from the hairdresser. On some occasions, staff also brought their dogs into the home as people responded well to them. Some people had requested a pet for the home, which the registered manager said was being considered.

Themed days had been introduced based on seasonal events and different countries. Staff were committed

to the theme days; photographs showed they dressed up in costumes and they encouraged people to try overseas food and activities based on other cultures. A health professional commended them for their enthusiasm. People living at the home showed their enjoyment by commenting on the staff group's costumes and the food on offer.

Staff recognised the risk of people becoming isolated but understood some people could only participate in communal life on their terms. For example, one person had set routines and could become anxious if these were not followed. They had begun to choose to come to the dining room for meals, which the registered manager judged as a positive achievement.

During a craft session, the atmosphere was relaxed and happy. Care staff also popped into the lounge to comment on people's art work and assist people if needed. Where people chose to remain in their rooms, or were unwell, staff monitored their mood. An activity co-ordinator spent dedicated one to one time with people in their rooms. For example, they said one person liked to reminisce about their past life and another person benefited from a hand massage. Records reflected this information. People's art work was on display around the home.

People had individualised care plans that reflected how each person wanted to receive their care, treatment and support. The registered manager recognised the importance of encouraging people to share their personal history. We saw one person responded well to staff referring to their previous career and what they had achieved. Care plans had daily routines specific to each person. For example, one of the care plans contained a detailed care plan to support a person with their anxiety. We saw staff following this plan and working with the person at their chosen pace.

Good communication ensured staff were aware of people's changing needs. A handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. People told us they received support with a shower or a bath when they wanted them, which records confirmed. This was an improvement since the last inspection. People's needs had been reviewed regularly and as required. Where necessary health and social care professionals were involved. For example, during our inspection staff called the GP about a person's health. The senior care worker ensured other staff were aware the person needed additional support and updated them on the steps they were taking including increased monitoring of their food and fluid intake. This showed they were proactive and responsive to people's changing needs

Good

Is the service well-led?

Our findings

When we inspected this service in 21 and 24 September 2016, we judged this key question to be requires improvement. We found improvements were needed to improve the quality assurance processes. Following the inspection, we received an action plan to address these concerns and on this inspection we judged these improvements had been sustained.

There were improvements in the audits to monitor most aspects of the service, including medicine practice, care planning and falls. These were regularly completed by the registered manager. There were accident and incident reporting systems in place at the service. Accidents were recorded by staff. The registered manager saw all of the accident records to review the actions and outcomes. The registered manager said every month they looked at trends and patterns of incidents and was aware on a day to day basis of concerns. Improvements had been made to the information provided to people moving to the home and complaints information.

However, the audit of the standard of people's rooms was not recorded in detail, for example the appearance of furniture. A visitor commented they had not been impressed by the bed in their relative's room, which had been replaced by the registered manager following their feedback. Another person said their bed had been broken when they arrived, which the staff had tried to fix; they said it had been quickly replaced. The registered manager has updated us on how they plan to address the improvements needed to the environment with individuals living at the home.

People's views were sought and their suggestions implemented in a variety of ways. The registered manager held regular meetings with people living at the home where they were encouraged to raise suggestions regarding what was provided at the home. For example, there was a request for a fish tank. This had been bought and placed in the dining room. Staff reported how one person in particular appeared to find watching the fish relaxing. People had been asked if they would like their rooms decorated and their views were recorded and a plan was in place to carry out the work.

There were monthly newsletters about events in the home to keep people living there and visitors up dated. These regularly included information about the importance of labelling clothing, particularly new items. This was in response to concerns from some people about clothes being mislaid. One item was found in the laundry room during our inspection, which was unnamed, but another top remained missing. Staff said they would continue to look for it. The registered manager said they had a collection of items that were unlabelled which people or visitors had not claimed.

The registered manager had devised a range of surveys in line with the CQC inspection methodology. This meant at different times of the year people were asked for feedback about their care, which included was the service safe, responsive, caring, effective or well-led. The registered manager then collated the responses and displayed the outcome and actions. For example, staff being more aware of doors slamming and supporting younger staff to build on their knowledge.

Since the last inspection, the registered manager said they had worked to build up staff morale as she recognised a happier staff team created a positive atmosphere for people living at the home. A staff member said "I wouldn't work anywhere else" and commented on the improved team work. Other staff said they felt well supported by their colleagues with one saying there was a "friendly" atmosphere. Staff were clear about the importance of ensuring new staff worked with experienced staff members to build their confidence.

The registered manager had established a service where staff were clear about the values and ethos of the home. She said "We're here to give the best possible care." Minutes from staff meetings showed the registered manager explained to staff why certain tasks had to be fulfilled. For example, they highlighted the importance of pressure care and the completion of charts to show the good practice within the home. Their leadership had led to improvements in people's care and in staff confidence.

Two health professionals commented on the positive changes, one described it as there being "a good vibe" in the home and another said the service "have really turned around" following a time when improvement had been needed. Improvements had also been made to ensure people living at the home had a clearer idea of what to expect. This included an updated website, which displayed the previous Care Quality Commission (CQC) inspection rating. Reports from external assessors linked to medicine practice and the quality of the care provided were positive and only highlighted minor areas for improvement which the registered manager showed us they were addressing.

Staff understood the role of the registered manager was to monitor their practice and feedback to them if they needed to improve. One said the registered manager was much stricter on ensuring staff followed guidance, such as monitoring communal areas, which they said was good. The registered manager said they had worked on their approach following feedback at the last inspection. Feedback from two health professionals showed there were clearer boundaries between the registered manager and staff. One commented that senior staff had been empowered to have more input into the care of people and owned their responsibilities in their role. This was clear from our discussions with staff who were positive and committed to providing a caring and safe service. Staff were consulted and involved in decisions made about the service through regular staff meetings and supervisions. Staff told us they felt supported by the registered manager and were confident they would listen to them and act on concerns or suggestions. One person commented that disciplinary issues were managed more professionally.

The registered manager was in day to day control of the service and was training two staff members to develop as acting managers. They were supported by senior care workers who worked alongside staff. The registered manager said they liked to phone over the weekend to speak with staff to provide back up. For example, following a person's admission to hospital at the weekend they liaised with hospital staff to ensure they had all the relevant information. The registered manager said they were well supported by the provider, who regularly visited the home and spoke with staff and people living at the home. They said "you can't fault him." Staff confirmed the provider listened to the requests to help improve the experience of people living at the home, such as activities resources.

The registered manager worked with other health and social care professionals in line with people's specific care needs. They commented that communication between them and the other agencies was good and enabled people's needs to be met. Where there had been delays in providing care for people from external health professionals, the registered manager had made a complaint. Care files showed evidence of professionals working together. For example, GPs and district nurses.

The registered manager was meeting their legal obligations such as submitting statutory notifications when certain events, such as when a death or injury to a person occurred. They notified the CQC as required and

provided additional information promptly when requested and working in line with their registration.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Some aspects of the recruitment procedures did not operate effectively. This meant potentially people could be cared for by people unsuitable to work with vulnerable people.