

Dovestone Estates Limited

Wray Common Nursing Home

Inspection report

Wray Common Road
Reigate
Surrey
RH2 0ND

Tel: 01737240563

Date of inspection visit:
06 September 2022
08 September 2022

Date of publication:
07 October 2022

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 ●

Summary of findings

Overall summary

Wray Common Nursing Home is a care home with nursing for a maximum of 55 older people, including people living with dementia. There were 48 people living at the home at the time of our inspection.

People's experience of using this service:

Staff were kind and caring and treated people with respect. There was a friendly, family atmosphere at the home which people enjoyed. Staff respected people's decisions about their care and encouraged people to be as independent as possible.

There were enough staff available to meet people's needs. Staff were recruited safely and understood their role in safeguarding people from abuse. Accidents and incidents were reviewed to identify themes and the actions needed to prevent further incidents. Lessons were learned from adverse events and these were shared with staff.

The home was clean and hygienic. Staff attended training in infection prevention and control (IPC) and had access to appropriate personal protective equipment (PPE). Medicines were managed safely.

People's needs were assessed before they moved to the home to ensure staff could provide their care. People were supported to maintain good health and to access healthcare services when they needed them. Staff monitored people's health effectively and acted promptly if they identified concerns.

Staff had the induction and training they needed to carry out their roles. Staff were supported through regular one-to-one supervision, which gave them opportunities to discuss their training and development needs. Handovers and team meetings kept staff up-to-date about any changes in people's needs or to working practices.

People's care was provided in line with the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care was planned to meet their individual needs. The views of people who lived at the home, their relatives and staff were encouraged and acted upon. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response. The registered manager and staff had established effective working relationships with other professionals involved in people's care.

The registered manager had improved many aspects of the service since taking up their post, including the quality of care people received, the support provided to staff, communication with relatives, and governance systems. The registered manager acted on feedback we provided at the end of the inspection where we identified areas for improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 24 May 2019) and there were two breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up:

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Wray Common Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wray Common Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wray Common Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection, there was a registered manager in place.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

Inspection activity started on 6 September 2022 and ended on 9 September 2022. We visited the home on 6 and 8 September 2022. We contacted relatives for feedback on 8 and 9 September 2022.

Before the inspection

We reviewed information we had received about the service since the last inspection, including feedback forms submitted to us by relatives and information gathered during a monitoring call with the registered manager in July 2022. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We talked to eight people who lived at the home and five relatives about the care their family members received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with members of the management team including the registered manager and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We talked to eight staff including nursing, care, activities and catering staff.

We looked at care records for six people, including their assessments, care plans and risk assessments. We checked five staff recruitment files, training records, the arrangements for managing medicines, records of complaints and accidents and incidents, quality checks and audits, meeting minutes and the home's business contingency plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe at the home and when staff provided their care. One person who needed hoisting when mobilising said of staff, "They do that very well." Relatives confirmed their family members were cared for in a safe environment. One relative told us, "[Family member] has limited mobility and they are mindful of that. I know that they pop in at night too, so I feel very relaxed about her care and I can go back to being her daughter, not her carer." Another relative said, "They can be relied on to keep [family member] safe, I have no reservations about that."
- Relatives praised the efforts of staff in protecting their family members from the risks posed by COVID-19. A feedback form sent to us by a relative stated, '[Family member] arriving in the middle of the pandemic was, obviously, a concern and we have been very impressed with their Covid management. I am vulnerable myself and they have always made us feel confident and me feel safe.' Another relative commented, 'The management of Covid was, and remains, exceptional. Clear communication, cheerful and reassuring telephone access and calm management of our anxiety was superb, especially bearing in mind that the staff, too, were working through a frightening and ever-changing situation.'
- Individual risk assessments had been carried out to identify and mitigate any risks involved in people's care, such as falls or pressure damage. Staff were aware of risk reduction measures and implemented these effectively.
- Risk assessments had been carried out to identify the support each person would need to evacuate in the event of a fire. Following an assessment of fire safety at the home, Surrey Fire and Rescue Service made a number of recommendations, all but one of which had been implemented by the provider at the time of our inspection. Following our inspection, the registered manager sent us evidence that work to implement the one outstanding recommendation had been scheduled for 27 September 2022. The home had a business continuity plan to ensure people would continue to receive their care in the event of an emergency.
- If accidents or incidents occurred, these were recorded and reviewed by the registered manager to identify any emerging themes and actions that could be taken to minimise the risk of recurrence. Relatives said they were informed about any events affecting their family members and that staff took action to reduce the risk of similar incidents happening again. A relative's feedback form stated, 'They are very good at contacting me if [family member] has a fall and checking her over, then trying to prevent it happening again, e.g. using a pressure sensor mat.'
- There was evidence that learning took place when incidents or errors occurred. For example, following an incident in which a person missed a dose of medicines, a reflective practice session was held in which the factors contributing to the error were considered and measures put in place to address them.

Staffing and recruitment

- There were enough staff available to keep people safe and meet their care needs. People told us they did

not have to wait for care when they needed it and our observations confirmed this. During a monitoring call with the registered manager in July 2022, we identified there was a high use of agency staff within the home. At the inspection, we found the use of agency staff had reduced significantly, which helped ensure people received consistent care from staff who understood their needs.

- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training and understood their responsibilities in protecting people from abuse. Safeguarding and whistle-blowing were discussed at team meetings and staff reminded of their responsibilities in these areas.
- Staff were able to describe the signs of potential abuse and the action they would take if they observed these. Staff were confident any issues they raised would be acted on within the home but knew how to escalate concerns with other agencies if necessary.
- The registered manager had referred incidents to the local authority when necessary, for example when people had been able to leave the home and enter the garden unnoticed, and understood the requirement to notify CQC about any safeguarding matters.

Using medicines safely

- Medicines were managed safely. Staff who administered medicines received relevant training and their practice was assessed regularly. Staff who administered medicines during our inspection demonstrated good practice. There was guidance in place for medicines administered 'as required' (PRN) and evidence that appropriate procedures had been followed where people's medicines were administered covertly (without their knowledge).
- There were safe and effective systems for the storage, administration and disposal of medicines. The sample of administration records we checked were up-to-date and accurate. Medicines management was audited regularly and the audits we checked confirmed staff managed medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we recommended the provider ensure staff completed training in all areas relevant to people's needs and our monitoring call in July 2022 identified some refresher training was out of date. At this inspection, we found the provider had made improvements.

- The home's training record demonstrated staff had attended refresher training since our monitoring call to bring their knowledge up to date in areas including safeguarding, moving and handling and health and safety. Staff also had access to training in areas relevant to people's needs, such as dementia care.
- New staff had an induction when they started work, which included shadowing and completing all elements of mandatory training. Staff said the registered manager supported their professional development, including achieving further, relevant qualifications. One member of staff told us they had spoken with the registered manager about taking on a new role, saying, "I mentioned it to [registered manager] and she said it was good that I wanted to take on new challenges and she sent me for the training. I have said I would like to do my NVQ4 and 5 and [registered manager] has said she will get the funding for that."
- Staff met regularly with their managers for supervision. Staff told us these sessions enabled them to discuss their performance, training needs and professional development. One member of staff said, "I find supervision useful. It gives us a chance to talk about any problems we have and any training we need." A member of staff who provided supervision to staff told us, "When I do the one-to-ones, I ask them about their workload, the rota, any concerns they have. They do a self-appraisal and tell me what training they need."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection, we recommended the provider implement additional monitoring of systems to ensure the principles of the MCA were being followed. At this inspection, we found the provider had made improvements.

- Staff had received training in the MCA and understood how its principles applied in their work. One member of staff told us, "We always have to get consent. We should assume everyone has capacity unless they have had an assessment which says they don't." Another member of staff said, "We must assume they have capacity, that they can understand the consequences of their choices. It is giving them time to think about what you have said as well, to give them a chance to take in the information."
- Assessments had been carried out to determine whether people had capacity to make decisions about their care and treatment. If people lacked capacity to make informed decisions, appropriate procedures had been followed to ensure decisions were made in their best interests. If people were subject to restrictions to maintain their safety, such as being unable to leave the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority.

Adapting service, design, decoration to meet people's needs

At our last inspection, we recommended the provider consider how the home could be adapted to better meet the needs of people living with dementia. At this inspection, we found the provider had made improvements.

- Patterned carpets in the communal areas had been replaced with plain carpeting. Contrasting colours had been used to help people living with dementia orientate themselves and to recognise bedrooms and bathrooms.
- Adaptations and equipment were in place to support people's safety and mobility. All floors of the home were accessible by lift.
- The home had comfortable and homely communal areas, and people had access to an attractive and well-maintained garden. Relatives' feedback confirmed their family members were able to personalise their rooms to their tastes. A relative's feedback form stated, 'They have found [family member] a lovely room and have gone out of their way to help make it familiar for her, even allowing us to create and plant a small garden for her outside the French windows.'

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been carried out before people moved into the home to ensure their needs could be met. Relatives told us the registered manager had involved them and their family members in their assessments and had been keen to learn about people's life histories, interests and likes and dislikes as well as their care needs. One relative said, "They wanted to know about [family member's] life and her likes and dislikes. They wrote it all down." A relative's feedback form stated, 'As well as [family member's] medical needs and the varied symptoms she was experiencing, [registered manager] asked me a lot about [family member] herself and her life and memories.'
- Staff carried out a range of assessments to monitor people's health and wellbeing and kept these under review. For example, assessments were carried out and regularly reviewed to identify needs in relation to moving and handling, skin integrity and nutrition.
- People's care was provided in line with relevant national guidance. The registered manager kept staff up-to-date with developments in guidance and best practice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff supported them to maintain good health and to access healthcare services when they needed them. Relatives said staff monitored their family members' health closely and acted promptly if they identified concerns. One relative told us, "[Family member] has had a couple of chest infections, and they got the doctor in very quickly." Another relative said, "They are very alert to any changes."
- When necessary, staff made referrals to other healthcare professionals, such as GPs, speech and language therapists, and occupational therapists. Healthcare professionals told us staff worked effectively with them to ensure people healthcare needs were met. One healthcare professional told us, "They refer people to us appropriately. The nurses are knowledgeable about their residents."
- Relatives told us the home worked collaboratively with them, their family members and professionals to ensure people received the care and treatment they needed. One relative said, "[Family member] has a lot of pain and if it is bad, we have a discussion involving [family member], me and the doctor as well as a nurse to sort it out."
- Staff supported people to maintain good oral health. Care plans contained guidance for staff about the support people needed with oral healthcare, including tooth and denture care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at the home and could have alternatives to the menu if they wished. One person said, "The food is usually very good." Another person told us, "They will find you something else if you don't like what's on the menu that day." A relative's feedback form stated, '[Family member] always enjoys the food.'
- People's needs in relation to nutrition and hydration were discussed during their initial assessments and recorded in their care plans. Referrals had been made to speech and language therapists where necessary and professionals told us staff implemented any guidelines they put in place relating to people's food and fluids. One healthcare professional said, "They follow our guidance on texture modifications of diet and fluids."
- People were encouraged to join others at lunchtime, but their choice was respected if they preferred to eat in their rooms. People who needed support to eat were assisted by staff in a dignified and unhurried way. The registered manager had arranged 'Dining with Dignity' training to improve the mealtime experience of people living with dementia.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff who supported them were kind and caring. One person told us, "The staff are friendly, very helpful. They seem to employ the right sort of people." Another person said, "We are well looked-after. The staff all seem to give of their best."
- Relatives said staff treated their family members with kindness. One relative told us, "What makes me happy that [family member] is there is that the staff are so very caring." Another relative said, "They do their best to make sure [family member's] life is as pleasant and enjoyable as it can be."
- Relatives said their family members had established positive, caring relationships with staff. One relative told us, "The staff are very good, they are very helpful. I can tell they like [family member] very much and she seems to like them." Another relative said of staff, "They are so kind and thoughtful; they are more like family than anything."
- Relatives highlighted the friendly atmosphere as one of the home's strengths. One relative's feedback form stated, 'The home is so friendly, and warm. The residents have fabulous celebrations for birthdays. There is a sense that all that can be done will be done to make everyone feel at home. I can't praise them enough.' Another relative's feedback form said, 'It is always a happy place and they are caring for my [family member] who has dementia. When I visit she always seems content and she is always clean with her hair beautifully done and her face made up just as she likes it.'
- Relatives told us their family members had been made to feel welcome when they moved into the home and had been given good support to settle in. A relative's feedback form stated, 'The entire team, particularly the nursing staff, have been wonderful at welcoming and settling my [family member]. They have been unfailingly understanding, patient and kind.'
- Relatives told us staff supported them as well as their family members. A relative's feedback form stated, 'One of the most helpful things for me has been the time the nursing staff have given me, as well as [family member], to help me understand what is happening and how we can best approach and help with her condition. The staff have given me a lot of advice, information and reassurance, explaining the condition and helping us in every way. There are many ways in which they are caring for us too.'

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us staff respected their right to privacy. Relatives said staff treated their family members with respect and maintained their dignity. One relative told us, "When [family member] first went in, I used to stand outside the door and listen and I never heard anything I shouldn't have. They always ask you to leave when they are giving personal care."

- Relatives said staff respected their family members' decisions about their care. One relative told us, "They offer [family member] choices and respect them." Another relative said, "They treat [family member] like an adult with opinions worth hearing."
- People's religious and cultural needs were met. Religious leaders of different faiths visited people at the home, including to provide Holy Communion.
- People told us staff encouraged them to manage their own care where they were able to do so. Relatives said staff supported their family members to be as independent as possible, including maintaining their mobility. A relative's feedback form stated, 'The Wray Common team helped us find an excellent physio team, and strenuous efforts were made by all to get [family member] back on her feet.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection, the provider had failed to ensure care records were consistent, that staff were knowledgeable about people's life histories and that people always had access to meaningful activities. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans were individualised and person-centred. They contained information about people's needs and preferences about their care, their life histories and interests. People who lived at the home and their relatives confirmed they were encouraged to contribute to the development of their care plans and that their views were listened to.
- People we spoke with in the communal areas of the home told us they had access to activities they enjoyed. The home employed an activities co-ordinator who organised activities including baking, quizzes, French language lessons and trying foods from countries around the world. Outside entertainers visited the home several times a month, usually providing music-based activities.
- A second activities co-ordinator was employed three afternoons a week to provide one-to-one activities for people who spent the majority of their time in their bedrooms. However, people who spent most of their time in their rooms told us they did not have enough opportunities for one-to-one activities. We shared this feedback with the registered manager, who deployed an additional member of staff to the activities team to improve the range of activities available to people in their rooms.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and recorded in their care plans, including any needs in relation to eyesight and hearing. The registered manager told us information was provided in large print for one person who had a visual impairment and a picture board was used to support another person to communicate with staff.

- Relatives told us staff knew their family members' communication needs well and had been proactive in responding to these. A relative's feedback form stated, '[Family member's] communication skills have been badly affected and the staff take the trouble to reach her in ways that stimulate her and make her happy.'

End of life care and support

- People's wishes about the care they received towards the end of their lives had been recorded. People's care plans contained information about where they wished to be cared for, whether they wished to be admitted to hospital should their condition deteriorate and any needs in relation to their religion or culture.
- Staff had received training in end of life care and the registered manager said the home had access to support from St Catherine's Hospice to ensure people received the care they needed towards the end of their lives. The registered manager told us, "They advise the GP on medication management. They support the residents and the relatives. They support the staff, too."
- A healthcare professional who visited the home regularly told us staff provided caring and compassionate support for people towards the end of their lives and worked collaboratively with them in developing people's end of life care plans.

Improving care quality in response to complaints or concerns

- The provider had a written procedure which set out how complaints would be managed. The complaints log demonstrated that any complaints received had been investigated and responded to in line with this procedure.
- People told us they knew how to complain and were confident any concerns they raised would be addressed. Relatives who had raised concerns in the past told us their complaints had been listened to and action taken to address them. One relative said, "There were some incidents in the past with [family member] not being washed and dressed when we visited; we did complain and it is much better now." Another relative told us that when they had raised a concern, "The manager sorted it out very speedily."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

At our last inspection the provider had failed to ensure effective and consistent management oversight of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new manager had joined the home since the last inspection who had been registered with CQC in November 2021. The registered manager had improved many aspects of the home, including the quality of care people received, the support provided to staff, and monitoring and governance systems.
- We received positive feedback from relatives about the changes implemented by the registered manager since they had taken up their post, including better communication and visible leadership. One relative told us, "They are very good at keeping me informed. They let me know of any changes, and there is a particular nurse I usually speak to who is wonderful and knows all the answers." Another relative said, "[Registered manager] is very approachable. I once told her I was sad about [family member's] condition and the response was very sympathetic and she said I could speak to her any time."
- Staff told us the registered manager was available for support and provided guidance to the team, including how some working practices could be improved to benefit people's experience of care. One member of staff said, "[Registered manager] has a good relationship with all the staff. If I had a problem, I know I could go to her and she would sort it out." Another member of staff told us, "[Registered manager] has made lots of good changes focusing on residents' needs. She has shared a lot of knowledge and good practice with us. We have learned a lot from her."
- Key aspects of the service, such as medicines, IPC, health and safety and care plans, were audited regularly. Champions had been nominated in areas including nutrition, equality and diversity, pressure area care, and wound care which increased accountability for these aspects of the service. The registered manager had developed an improvement plan for the home, which was monitored on a regular basis.
- The registered manager understood their responsibilities under the duty of candour and relatives told us the registered manager worked in an open and transparent way.
- At the time of our inspection, some care records were in paper form and others recorded using a digital

system. We found that some records in paper form, such as fluid charts, did not correspond with the digital equivalent. We shared this feedback with the registered manager, who advised that, in future, all care would be documented using the digital system to ensure consistency of recording.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to give feedback about how the home was run and relatives told us their views were listened to. We received positive feedback from relatives we spoke with during the inspection and via our website about the care provided by staff and the attitude and approach of the registered manager. One relative's feedback form stated, 'Wray Common Nursing home found a place for my [family member] at 24 hours' notice which enabled us to bring her out of hospital. The manager impressed me with the speed of her response and the depth of her experience.' Another relative's feedback form said, '[Registered manager] made me feel confident and very secure straight away that this was the home for my [family member]. She was enthusiastic, helpful and encouraged us to pop in to have a look at the home and see the room.'
- Staff told us the registered manager encouraged their input into the running of the home and acted on their feedback. One member of staff said, "[Registered manager] is fantastic. She listens to us and she will respond to what we say. She has given us a voice." Another member of staff told us, "I think [registered manager] has empowered people. She is the sort of manager where you can say what you want to say."
- Staff told us they worked well as a team and that morale was good. They said the registered manager valued them for the work they did. One member of staff told us, "We have good teamwork here. We always help each other if we need it." Another member of staff said, "[Registered manager] gives us a lot of praise. She is always letting us know we work hard."

Continuous learning and improving care; Working in partnership with others

- Staff meetings were held regularly and used to discuss areas including training, any changes to people's needs, and to share any lessons learned from incidents. Staff told us the registered manager encouraged them to suggest any ideas they had for improvements. One member of staff said, "Last Wednesday we had a whole home two-hour staff meeting. We are encouraged to speak up if we have ideas about a new way to do things or anything that could be done better." Another member of staff told us, "If I thought of something for improvement, I would go to [registered manager] about it. She is very responsive."
- The registered manager and staff had developed effective working relationships with other professionals involved in people's care, such as GPs, speech and language therapists and occupational therapists. This helped ensure people received well-coordinated care and treatment when they needed it.