Care Quality Commission

Shaw Healthcare (Group) Limited

St Johns Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was undertaken on 3 and 4 September 2018. The first day of our inspection visit was unannounced.

St Johns Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Johns Nursing Home accommodates up to 46 people across two separate units, the Pines and the Limes, within one adapted building, and specialises in care for people living with dementia and rehabilitation for people with enduring mental health needs. In addition, there are three flats to promote more independent living. At the time of our inspection visit, there were 40 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in October 2016 when we rated it as Good. In August 2018 we re-registered the service to reflect a change in the ownership structure of the registered provider. This change had no impact on the day-to-day operation of the service. Although, therefore, this was our first inspection of the re-registered service.

People were supported to stay as safe as possible by staff who understood what actions to take to reduce risks to their well-being. This included reducing risks to people's physical health and mental well-being. The registered manager had recruited additional staff so they could reduce the need to use agency staff and to further promote consistency of care which met people's wishes and choices. People could rely on trained and competent staff supporting them to have the medicines they needed to remain well and free from pain.

People benefited from living in a home where there were systems in place to reduce the risk of infections and staff knew what action to take to care for people if they experienced any infections. Checks on the environment were undertaken and systems for identifying if there was any learning after safety incidents were in place.

Staff considered people's care needs and involved people who knew them well before people came to live at the home, so they could be sure they could meet people's needs. Staff received the ongoing training they required so people would be supported by staff with the skills needed to help them. 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 were supported to choose what they wanted to eat and the registered manager was looking at ways to ensure the meals people were offered were to their liking and varied. Staff supported people to obtain care from other health and social care professionals so they would remain well.

People had developed caring relationships with the staff who supported them. Staff communicated with people in the ways they preferred and encouraged them to make their own day to day decisions about their care. People received care from staff who acted to promote their dignity and independence. Systems were in place to respond to any concerns or complaints and to act to resolve these.

People's care had been planned by taking their individual wishes, histories and needs into account. People's care plans incorporated advice provided by other healthcare professionals, so they would receive the care they needed. Procedures and processes were implemented to show people's skin was regularly assessed and wounds were monitored regularly.

Staff had received compliments about the way care was provided. The registered manager and provider checked people received the care they wanted, so they would be assured people enjoyed a good quality of life and risks to their safety were reduced.

The registered manager listened to the views of people who lived at the home, their relatives and staff when developing people's care and the home further. This helped to ensure people had the equipment they needed and opportunities to continue to do things they enjoyed as their needs changed. The registered manager planned further work to continually drive through improvements so people would benefit from living at a home where there was a cohesive staff team who were supported to further develop their caring skills and experience.

Further information is in the detailed findings below.

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.

People were supported by staff who had the insight into recognising and reporting abuse to keep them as safe as possible.

Risks to people had been identified so the right equipment and aids were sought to meet people's needs in the safest way.

People's needs were met and responded to by sufficient suitably recruited staff.

Is the service effective?

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

People were supported to make their own decisions wherever possible and staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

Food and drinks were provided and the registered manager was looking at how meals could be further enhanced to ensure people's choices and preferences continued to be met.

Is the service caring?

The service was caring.

Staff were kind and caring towards people, and respected their dignity and privacy.

People were consulted about their care and enabled to express their views.

Staff understood the importance of people's relationships and visitors were made welcome.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their changing needs and preferences.

People's social and recreational interests had been considered and the registered manager had identified further work was required to ensure all people's needs were met.

Complaint procedures were in place in formats to empower people in raising any concerns they had so these were responded to and addressed.

Is the service well-led?

Good

The service was well led.

People who lived at the home and their relatives were encouraged to voice their opinions and make suggestions for service improvement.

Staff could voice their views about the care provided and make suggestions about the running of the home.

The provider and the registered manager's quality checking systems were used to drive through ongoing improvements to ensure people were receiving a good standard of care.

Care Quality Commission

St Johns 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.'

The inspection took place on 3 and 4 September 2018. The first day of the inspection visit was unannounced.

The inspection team consisted of two inspectors and a specialist advisor who is a registered nurse with extensive knowledge and experience in many fields including older person's care and dementia. The specialist advisor attended on the first day of our inspection.

We looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We sought information about the service from the local authority and the clinical commissioning group (CCG). The local authority and the CCG have responsibility for funding people who used the service and monitoring its quality. In addition, we requested information from Healthwatch who is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During the inspection visit we spoke with four people who lived at the home and three relatives. Some people were not able to tell us about their experiences of living at the home due to their complex health conditions. We spent different periods of time in the communal areas and we saw how people were supported to eat and drink at lunchtime. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

We spoke with a range of staff which included, one team leader, four care staff, three nurses, one laundry staff member and the cook about their roles and the care they provided. We also talked with the registered manager, the operations manager and the deputy manager.

We looked at the records relating to five people who lived at the home, associated monitoring records and 21 medicine administration records. We spent time with a staff member during their medicine round and looked at how medicines were administered, stored and disposed of. We also looked at how incident and accidents were managed, six staff recruitment records, complaints and compliments and a range of quality audits the provider and management team made to assure themselves people received a safe, effective quality service.

Following this inspection, the registered manager sent us documentation to show staffing arrangements and actions plans they had developed to support continual improvements.

Good

Is the service safe?

Our findings

People told us they were provided with care and support that made them feel safe living at the home. One person we spoke with told us, "I do feel safe living here because there is always someone to help me. The staff and nurses call the ambulance if anyone falls." A relative told us they were confident their family member was, "Safe……because they [staff] know what [person's name] needs are."

The provider protected people from avoidable harm, abuse and discrimination. Staff had received training in, and understood, how to recognise, respond to and report abuse. They told us they would immediately report any abuse concerns to the management team. Staff were also aware of whistle-blowing procedures and felt confident raising any concerns. The registered manager was knowledgeable about their role and responsibilities in reporting potential abuse so actions could be taken and people's safety was maintained.

Risks to people were managed in a way that protected them and kept them safe from avoidable harm. We saw risk assessments were in place for staff to follow when supporting people. Risks identified included moving and handling, falls, malnutrition and skin breakdown. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff gave us examples of the types of risks some people experienced and knew what actions to take so people's safety needs would be met. For example, one staff member told us how they thickened a person's drinks because they were at risk of choking. Staff had been given information on the best way to care for the person, such as the recommended amount of thickener to meet the person's needs. People's care and risk plans were regularly reviewed and updated when people's needs changed so people consistently received safe and effective care.

Some people could demonstrate anxiety or agitation because of their diagnosis. Staff told us they felt confident to deal with such situations to keep people safe. One staff member explained, "I would try different approaches or ask others [nurse and care staff] what the best approach is so the person does not feel uncomfortable." We saw through staff members care people were supported in a way which met their needs. For example, one staff member used their communication skills to enhance a person's day and support their mental health needs.

Most people told us there was were enough staff on duty to respond to their individual needs and requests so their safety was maintained. However, on the Limes one person told us, they would like more staff support with accessing the local community. We discussed this with the registered manager and they told us they had increased the staffing levels on the unit since they came into post to help facilitate these requests. They also told us, they were in the process of recruiting an activities champion to support people with their recreational pursuits.

The registered manager told us there had been changes in the staff team and they had taken this into account when assessing staffing levels and the deployment of staff. This was to ensure people's individual needs continued to be met. They described to us how staffing levels were decided using the provider's dependency tool which considered individual people's support needs.

Staff told us there was a mixture of nurses and care staff to meet people's safety and their individual needs. Staff said if there was an increase in the amount of support a person needed staffing arrangements would be adjusted to meet people's needs. This was also confirmed by the registered manager and we saw one person receiving one to one support from staff as directed by their assessed needs and to maintain their safety. In addition, agency staff were obtained to ensure assessed staffing levels were maintained. The management team told us due to the recent recruitment drive for new staff there were reducing the need for agency staff.

Staff were recruited safely because the providers procedures were followed to check potential candidates were of good character before they started working at the home. The management team ensured references had been obtained from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

We saw people's medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example, people's medicines were stored in a locked medicine cupboards and trollies. We saw written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. We also saw the decision to covertly, [by disguising medicines in food or drink] administer one person's medicines had been made in their best interests through, discussion with the pharmacist and GP. Daily medicine counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines so action could take place promptly if necessary to reduce risks to people's health and welfare. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures.

The registered manager showed they were committed to driving through improvements in the recording of medicines to show people had their medicines as prescribed. For example, on the day of our inspection the registered manager held a meeting with staff to remind them about the importance of recording the care they provided when assisting people with their prescribed creams so gaps in documentation was further reduced.

The provider, management and staff team worked together to ensure the risks to people of infections was reduced. For example, staff had been trained in infection control and knew what actions to take to reduce the risk of possible infection. This included when they needed to wear disposable gloves and aprons. We saw staff put their knowledge into practice as they wore blue disposable aprons whilst serving people their lunch. The management team conducted checks to make sure staff were taking appropriate action to reduce the risk of the spread of infection.

In the event people were involved in any accidents or incidents, staff recorded and reported these to management. The management team reviewed these reports on an on-going basis, and carried out monthly analysis to ensure appropriate action was taken, and lessons learned, to stop things from happening again. For example, when a person had an unwitnessed fall the risk assessment was reviewed and the person was supported to move to another area of the home for closer observation to keep the person safe.

The provider had procedures to manage risks in the event of an emergency. People's care plans included personal emergency evacuation plans (PEEPS), which described the support they would need to evacuate the building in the event of an emergency. These were kept in a file on reception so they were accessible to the emergency services. Staff understood what to do in the event of a fire because they had received fire safety training.

Good

Is the service effective?

Our findings

People expressed confidence in the knowledge and skills of the staff team. People said staff knew how to look after them. One person said, "They [staff] know their job is to help me which they do very well." Relatives we spoke with told us staff understood how to care for their family members so they could enjoy the best well-being possible. We saw staff were effective in supporting people. For example, staff knew how to assist people with their meals and supported people to be as independent as possible by ensuring they had the right cutlery and crockery to be able to comfortably eat their meals.

The management team conducted an initial assessment of needs before people moved into the home, to ensure they could be supported effectively. People's care plans included an assessment of their needs and abilities and described the risks to the person's health and well-being, which were minimised by the care plan. The risk assessments used recognised risk management tools in line with the National Institute for Health and Care Excellence [NICE] guidance. NICE provides national guidance and advice to improve health and social care. For example, the 'waterlow' to check risks to people's skin integrity, and where people had diabetes they were having their blood sugar monitored with a rescue plan in place for hypo/hyper. The care plans described the number of staff and the equipment needed to support people effectively. For instance, one person had a specialist chair to meet their physical needs and another person had a pressure relieving mattress as one method to reduce pressure ulcers.

Staff told us they had the training they needed to be confident in their practice. They described the training opportunities as being good and any training needs identified were discussed at individual meetings with their line manager. One staff member described how the training in dementia had benefitted their practice as it helped them to better understand people's needs so their support was as effective as it could be. Another staff member told us, during their one to one meetings with their line manager they had expressed a particular interest in end of life and had been supported to undertake a training course.

New staff that had received the providers induction which incorporated the requirements of the care certificate. The care certificate training covers the fundamental standards of care that all health and social care staff are expected to achieve. One staff member described their induction as, "Helpful in getting to know the residents [people who lived at the home] needs" which together with their training gave them confidence in what was expected of them in their role. The registered manager told us ten new staff received their induction. The registered manager thought this would be beneficial in many ways, such as helping to build a strong cohesive team at the home.

When we asked people about the food that was served at the home we received varied responses. One person told us, "Sometimes food is nice…sometimes food not so good." Some staff felt the amount of food served and variety needed to be increased. One staff member said, the evening meal menu needed more variety. They gave us the example of people being served spaghetti on toast three times in one week. We discussed our findings at the feedback with the registered manager and operations manager. The registered manager was already aware of the comments made about meals on the Lime unit and was considering these. This was to ensure people continued to have the choices and standard of meals which met their

expectations.

At meal times we saw staff were available to assist people with their meals in an unrushed way using their skills to ensure people's nutritional needs were met. For example, a staff member supported one person by gently stroking their hand to keep their attention and gave them plenty of time to finish each mouthful.

People's nutritional risks were assessed and their care plans explained the support people needed to maintain a balanced diet and sufficient nutrition. Staff were aware of people with risks associated with their nutrition, for example, swallowing problems, and the cook told us they prepared special diets for those who required these. These included pureed diets and vegetarian choices. Staff said if anybody was not eating or drinking well, they had discussions with nurses and referrals were made to the relevant professionals, such as the doctor and dieticians.

People were supported to maintain their health. We saw from records people had access to health professionals, such as GP, podiatry and opticians as required to support their healthcare requirements. One person was supported by staff to attend their dentist and one relative told us, "They always contact GP if [person's name] is unwell. I have no worries about [person's name] supported with health matters."

Staff and management recognised the need to work together with external professionals to ensure people received coordinated care and support. For example, when people were admitted to hospital, staff provided hospital staff with key information about people's current care needs and prescribed medicines.

The premises had been adapted and decorated to support people needs effectively and safely. For example, the overall design of the building enabled people to move easily from their own personal rooms and around the communal areas of the home environment. There were several communal rooms where people could sit and read, rest or watch what was going on around them. We saw people who could walk independently moved freely between the communal areas and their own personal rooms, with items displayed on walls on the Pines unit to engage people's interest and stimulate memories. The was a lift which enabled people to move independently between each floor. The external doors for the Pines were number coded, to make sure people who needed support from staff to go outside, could not go out unobserved. People were encouraged to lives as independently as possible in the three flats and on the Limes unit such as amongst other things, facilities for people to make their own drinks and food.

People were provided where required with specialist beds which were adaptable to their changing needs. Every room had an en-suite toilet and basin, which supported people's privacy. People could bring items of furniture to make their personal rooms more homely. One person told us, "[I] can bring my own stuff in my bedroom…. I brought in my own bed and decorated to my own liking." There was a garden area which people could use independently or with support from staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The management and staff team

understood their responsibilities under the MCA. Do-not-attempt cardiopulmonary-resuscitation (DNACPR) decisions had been appropriately recorded in people's care records. People's capacity to make specific decisions about their care and support had been assessed. Records showed where people were assessed as lacking the capacity to make specific decisions; the decisions were made by a team of people in their best interests. The 'best interest' team included various people, such as healthcare professionals, the person's representative and people who were important to them. Staff understood the requirement to adopt the least restrictive practice, if a person was at risk of having their liberty restricted in their best interests.

Staff had training in the MCA and understood the importance of supporting people to make their own decisions. A staff member told us, "We try hard to help people to make their own decisions in whatever way we can." Staff showed in their practices and when talking with us how they understood how to specifically present choices to people so they could make an informed decision. For example, a person sometimes used gestures to communicate and staff knew how to interpret these. In addition, we consistently heard staff ask people for their permission before they supported people, such as, "Would you like me to help you?" and "Where would you like to sit?"

Good

Is the service caring?

Our findings

People who lived at the home and their relatives told us how staff treated them with kindness and respected people's involvement in their care planning. People told us they made their own day to day decisions about their care. One person told us, "I can go out when I want to, as long as I tell staff where I am going." Where one person told us, they liked to spend most of their time, privately, in their own room, and said staff understood and respected this.

Staff spoke warmly about the people they cared for and knew them well. Staff told us they found out about people's needs through conversations with people, talking with relatives, checking care plans and speaking with staff who knew them well. Staff understood when people may be becoming anxious and took time to provide people with reassurance and practical help when they wanted this. For example, we saw one person was supported by a staff member to do something they liked doing which reduced their anxieties.

In addition, staff understood the importance of encouraging people to be independent. Staff explained how they would encourage people to do as much as they could for themselves, doing as much personal care as possible or accessing the local community. We saw examples of how people visited the local town and shops with staff to do their personal shopping.

Staff were seen checking whether people were comfortable, warm enough, or had the aids they required to meet their needs. We found staff knew people well and understood how to communicate with people to respond to their diverse needs in a caring and compassionate way. For example, the deputy manager was mindful of not disturbing one person so their comfort was respected.

The provider had procedures in place to respond to people's needs around equality and diversity. This covered areas such as age, sexuality, ethnic origin, and religion. If areas of need were identified, this information was transferred into people's care plans to ensure that individual and diverse needs were met to enable equal access to the services provided. The registered manager gave us an example to evidence how this policy was put into practice as they supported people with different aspects of their individuality, such as sexuality.

People's religious and spiritual needs were also respected. People's different cultures were recognised and celebrated. For example, people were supported to attend the church of their choice.

People were treated with respect and staff promoted their dignity. One relative told us, "I have always found that they [staff] treat [person's name] with respect…. they make sure [person's name] is clean and never looks uncared for." Staff spoke respectfully to each other and to our inspection team about people they cared for. We saw staff cared for people in ways which supported people's individual needs and helped to maintain their dignity. For example, we saw staff knew to knock on the doors to private areas before entering and we saw they were discreet when supporting people with their personal care needs.

Relatives told us they always felt welcome and could visit their family member as often as they liked. We saw

this happened during our inspection.

The registered manager was aware of advocacy services as this was discussed with them as to the benefits of using an advocate for a person who lived at the home. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

We saw the provider respected people's right to privacy and confidentiality. People's care plans were stored away in a locked cupboard and any personal information stored on the computer was password protected.

Good

Is the service responsive?

Our findings

People felt that staff knew their care and support needs well. One person told us, "They [staff] are always helpful when I struggle with anything." Another person said, "They [staff] always check if you are okay. Any problems you can press your alarm and someone will come. Always a nurse available." Relatives told us they were involved with and contributed to the planning of their relative's care as required. One relative told us, "Staff help [family member] with their care, food and drinks" which responds to their needs.

People's care needs were suitably assessed and recorded which helped to ensure that people received continuity of care. People's care plans covered areas related to moving and handling, life style, communication, mental well-being and skin care. Records showed people's complex health needs were identified and support plans were put in place in response to their needs. For example, where a person had diabetes there were instructions for staff to monitor their blood sugars to ensure they stayed within a safe range. The operations manager told us, the provider was in the process of reviewing care plan documentation and was considering an electronic version so that it would be easier for staff to access information.

Staff we spoke with were knowledgeable about people's individual needs and provided us with examples of how through the care and support provided by staff people's needs were effectively responded to. One example shared with us was how the responsiveness of staff's practices had resulted in people's skin healing. We saw one person's wound care was clearly planned as to how and when staff applied dressings to support the monitoring and healing of the persons skin.

Staff we spoke with were knowledgeable about people's individual needs and provided us with examples of how through the care and support provided by staff people's needs were effectively responded to. One example shared with us was how a person's specific needs had been responded to by staff assisting the person to drink thickened fluids so their needs were effectively met. In another example, staff were proud of the care they provided to support people to maintain healthy skin and people did not have pressure sores. However, the registered manager was aware staff needed to ensure their care was recorded, such as when assisting people to reposition to reduce potential risks to people's welfare and to further enhance the monitoring of people's needs.

Staff attended handover meetings at the change of shift. Staff shared information about changes in people's appetites, mood and health, to make sure all staff were aware of changes in people's needs and abilities and were alert to the signs of ill health. We noted the information on the handover sheet was comprehensive and staff felt this supported them 'at a glance' to respond to people's needs effectively.

The registered manager was committed to improve people's opportunities to follow their pastimes and to support people to rebuild their confidence in accessing places of interest in the community. The registered manager had recruited a new person who would be in the dedicated role of activity champion to support people to follow their interests. They spoke passionately about the knowledge and skills the person would bring to their role so people's social needs were creatively responded to.

On the Pines unit one staff member told us the social activities were good and gave examples of people joining in a sing along to music from a certain era. The staff member described how people knew the songs and there was lots of laughter and good fun. Another staff member said people went for walks to the local park which they enjoyed. On the Limes people told us they had varied pastimes, such as going for walks, going into town, going to the library and more home-based leisure pursuits were reading, doing puzzles and watching television. People also told us they liked how their birthdays were celebrated and a cake was made.

Relatives we spoke with were positive about the recreational activities provided at the home. One relative said, "They [staff] try really hard to bring in lots of different things to do." During the inspection we saw staff supported people to share things that happened in everyday life. For example, one person was supported to feed the birds. Another person happily chatted to a staff member whilst washing up and another person was supported by a staff member to do what they wanted to which enhanced the persons emotional wellbeing.

People and relatives who we spoke with told us that they would raise any concerns or complaints' that they had with the staff and management, if they needed to. They told us they would feel comfortable in doing this. We looked at the complaints procedure which showed how people would make a complaint and what would be done to resolve it. Some people who lived at the home would need support in order to raise their concerns and staff told us they would observe people's body language or behaviour to know whether they were unhappy or happy. We looked at the complaints and found these had been investigated in line with the procedures and action taken where required to resolve the issues raised.

We found people had advanced end of life plans to show how a person wished to be supported at this stage in their lives. One staff member told us, "We [staff] want people to feel as comfortable as possible and pain free."

Good

Is the service well-led?

Our findings

People were positive about the management and felt the home had a welcoming atmosphere. One person told us, "[Registered manager] is good…she is quite nice." Another person said they felt the registered manager was "Good….and very friendly." Relatives also held positive views with one relative commenting, "I know the who the manager is and they are approachable, atmosphere very friendly."

In addition, the management and staff team had received compliments from people. These included one relative commenting on how their family member's wellbeing had improved because of the care provided and this had made a, 'Positive difference on [family member's] quality of life.' Another relative complimented the staff on being, 'Helpful, bright and cheery, [and] friendly.'

At the time of our inspection there was a new registered manager in post. 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.

The registered manager was supported by a deputy manager. The registered manager was also supported by the provider's management teams who undertook quality checks. This was so the provider's management teams could assist the registered manager in ensuring people were receiving the best care possible. We met the operational manager during our inspection. The registered manager told us they felt, "So supported by [operational manager] …. they are absolutely brilliant." We saw the operational manager supported the management team during this inspection and feedback at the end of the visit.

Staff told us they enjoyed their work in supporting people who lived at the home, because it was rewarding and staff worked as a team. One staff member told us, "I love my job…we are a good team." Another said, "I feel supported by the nurses and the manager. If we need something, they help us." We saw nurses were responsive to care staff when they any questions or they required the nurse to see a person to provide advice. The running of the shift was well organised as staff showed they knew what was expected of them in their caring roles.

Staff said if they had any concerns for people's well-being they could discuss these immediately with senior staff or the registered manager. There were different ways of keeping staff informed and involved in the running of the home, such as staff meetings. One staff member told us staff meetings had taken place and commented, "Anything can be brought up at a meeting, a concern or an opinion, we can just say…. can also make suggestions." Another staff member talked about the meeting which was held with nurses and the provider's director of nursing. The staff member felt this meeting had gone well and their concerns about staffing had been listened to with assurances staff recruitment would be an on-going priority. One of the improvements the registered manager had made since coming into post was the successful recruitment of staff.

We saw the registered manager and provider regularly checked key areas of the care provided to people, so

they could be assured people were provided with safe, care based on their need and wishes. As part of this, the management team checked people's medicines were managed safely, and the home environment met people's needs. The registered manager undertook these checks so they could consider if the way care was given needed to be changed. The registered manager showed us where other organisations had made suggestions for developing the home further the registered manager had developed action plans, and acted so people would benefit from improved care. The registered manager told us they felt supported by the providers operational manager who came out to check on the quality of care at the home regularly, so they could be assured people were receiving good quality care. We also saw information on the quality of the care provided and any incidents were regularly communicated with provider. The registered manager told us they had been supported by the provider to drive through continual improvements, such as the recruitment of additional staff so people would continue to benefit from living at a home where staff knew their needs well.

People who lived at the home and their relatives felt able to make suggestions to improve the home, and told us they would raise concerns if necessary. The provider and management team regularly sought people's views about the home and responded to people's comments. For example, people had been asked about what activities they would like. Some people had asked for more staff support to assist them in building their confidence to go out in the community to places of interest. The registered manager had recruited to the role of activity champion to assist people with their individual needs and to support people with new experiences. In addition, some people felt the food on offer could be more varied. The registered manager was taking action to ensure there was a variety of food to meet people's preferences. This showed that people's suggestions were listened to and action taken.

The registered manager demonstrated a good understanding of the duties and responsibilities associated with their registration with CQC, including the need to submit statutory notifications regarding important events involving people who lived at the home. They spoke passionately about the care and support people received and the improvements they wanted to make to people's and staff's wellbeing in the next twelve months. One relative described to us how since the registered manager had come into post they had seen improvements. One example was how staff communications had improved.

The registered manager spoke about their vision for the home which included building a strong cohesive staff team and to focus on the Limes unit to ensure people were empowered to be as independent as possible.