Avon Care Homes Limited

The Wells Nursing Home

Inspection report

Henton
Wells
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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

The Wells Nursing Home is registered to provide care for up to 40 people. The home specialises in the care of older people with nursing and personal care needs. There were 35 people living at the home when we inspected.

A registered manager was responsible for the home. 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 and associated Regulations about how the service is run.

This inspection took place on 16 and 17 May 2016 and was unannounced.

At the last inspection on 29 April and 1 May 2015 we found the provider to be in breach of Regulations 9 and 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care and treatment did not always meet their current or changing needs and people could not be assured that care and treatment would be provided with the consent of the relevant person. We also found improvements were needed in how mealtimes were organised. At this latest inspection we found the necessary improvements had been made.

Staffing levels were good and people also received good support from health and social care professionals. People's medicines were managed safely. Staff had built trusting relationships with people. People were happy with the care they received. One person said "They look after me wonderfully."

Staff understood people's needs and provided the care and support they needed. People said the home was a safe place. One person said "Safe? One hundred percent. No faults whatsoever." There were organised activities and trips out; people were able to choose to socialise or spend time alone.

People interacted well with staff. There was a relaxed, homely atmosphere. There was laughter, chatter and friendly banter. People made choices about their day to day lives. They were part of their community and were encouraged to be as independent as they could be.

People, and those close to them, were involved in planning and reviewing their care and support. There was good communication with people's relatives. One visitor said "I'm always phoned by staff to advise of changes to" their relative's condition. People's friends and relations visited regularly and felt their views were listened to and acted on.

Staff recruitment was safely managed. Staff were well supported and well trained. Staff spoke highly of the care they were able to provide to people. One staff member said "We do absolutely the best we can for people. I think you have to aim for perfect but know there is always room for improvement."

People liked and trusted the registered manager. All staff worked hard to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team.

There were systems in place to share information and seek people's views about their care and the running of the home. There were many positive comments from people about the service overall. These included "I'm very happy here; I could not have chosen a better place."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm. Risks were identified and managed well.

There were sufficient numbers of suitably trained staff to keep people safe. Staff recruitment was safely managed.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Good

The service was effective.

People and those close to them were involved in their care. Care and treatment was provided with the consent of the relevant person. People were cared for in accordance with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training and support to make sure they had the skills and knowledge to provide effective care to people.

People were provided with a choice of nutritious meals. Mealtimes were well organised.

Is the service caring?

Good

The service was caring.

People who lived in the home and their visitors spoke highly of the care provided.

People were supported to keep in touch with and see their friends and relations.

Staff were kind, caring and compassionate. They treated people with dignity and respect.

Staff took the time to get to know people. People were consulted and listened to. Their views were acted upon; they were able to influence changes to their own care and the home.

Where people had specific wishes about the care they would like to receive at the end of their lives these were recorded in the care records. This ensured that all staff knew how the person wanted to be cared for at the end of their life.

Is the service responsive?

Good

The service was responsive.

People made choices about their day to day lives. People took part in social activities, trips out of the home and were supported to maintain their independence.

People were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs.

People shared their views on the care they received and on the home. People's experiences were used to improve the service where possible. Complaints were taken seriously and responded to.

Is the service well-led?

Good

The service was well-led.

There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff. There was an honest and open culture within the staff team.

People and those close to them were asked for their views about the service. People were part of their local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The Wells Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 16 and 17 May 2016; it was unannounced. It was carried out by one inspector, one specialist professional advisor in nursing care for older people and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we looked at the information we held about the home. This included an action plan which had been completed by the provider in response to the shortfalls found at the last inspection. We looked at notifications we had received. A notification is information about important events which the provider is required to send us by law. We reviewed previous inspection reports. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager therefore provided us with a range of documents, such as copies of resident's meeting minutes, internal audits, action plans and surveys, which gave us key information about the service and any planned improvements.

During the inspection we spoke with 10 people who lived at the home and two visitors. We also spoke with the registered manager, the deputy manager, one nurse, three care staff, the activities coordinator, the chef, two housekeeping staff, the maintenance person and one visiting health care professional. We observed staff interacting and communicating with people and providing care and support in communal areas. We looked at eight people's care records. We also attended one staff handover meeting and looked at records relating to how the home was managed, such as staff recruitment records, staff training records and internal audits.

Good

Is the service safe?

Our findings

The service was safe. People told us it was a safe place for them to live; some people were keen to stress they felt more safe here then they had when they lived elsewhere. One person said "I had homecare before. I do feel safer having staff around all the time; very reassuring." Another person told us "Safe? One hundred percent. No faults whatsoever." People were encouraged to discuss any safety concerns with staff. One person said they were concerned they might slip off the seat in the shower. They raised this concern with care staff and told us they had continued with the alternative personal care routine they preferred.

Visitors told us they had no concerns about people's safety. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One visitor said about safety "I come at all different times and friends visit. They all say it's very good."

Each member of staff told us they thought the home was a safe place for people. One staff member said "Yes, I do feel it's safe. We do all we can to ensure people's safety." Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us "I'd report any concerns immediately. You can be sure of that. I'm sure they would do something about any concerns."

People were able to take risks as part of their day to day lives. For example some people who were independently mobile could walk safely in the home and in the grounds. People went out on organised trips or with their friends and relations. There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls. There were specific risk assessments to support people to promote their independence, such as people who were independently mobile. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

There were plans in place for emergency situations; copies were placed on both floors of the home so staff had easy access to them. People had individual evacuation plans to follow in the event of a fire within the home. Regular fire drills were held. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. Training records showed staff received fire safety and first aid training. Staff told us they were instructed to call the emergency services or the GP practice, as appropriate, if they had concerns.

A record was kept of accidents and incidents. Staff completed an accident or incident form for each event which had occurred. Audits were carried out to identify any trends such as the time or area of the home. We saw where issues had been identified, measures were put in place to minimise the risks.

People told us there were enough staff on duty to ensure they were safe. One visitor said there were "Always

enough staff to keep [name] comfortable." Each person's 'dependency' (their care needs and the time needed for their care) was calculated using a nationally recognised tool. This was then used to calculate staffing levels across the home. We saw there were enough staff to ensure people were safe on both days of our inspection.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Each staff member had to attend a face to face interview. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

People had medicines prescribed by their GP to meet their health needs. People told us staff gave them their medicines. Comments included "My meds are always on time" and "Everything is on time here." People could look after their own medicines if they wished to, although no one currently chose to. Nurses and senior carers gave medicines to people. Senior carers had been trained and were assessed by a nurse to enable them to do this although they did not administer some medicines such as those which required injection. Each person had a list of their medicines and their possible side effects within their care plan. Any allergies people had were clearly recorded.

A local pharmacy supplied medicines to the home. These were usually delivered as a monthly supply, although additional medicines were supplied if people needed them, such as antibiotics. Staff told us the pharmacy responded very quickly to requests for additional medicines. Medicine administration records showed that medicines were signed for when received from the pharmacy and when they were administered or refused. Medicines no longer required or refused were returned to the pharmacy. Each was recorded, witnessed and signed for on removal. This gave a clear audit trail and enabled staff to know what medicines were on the premises.

There were adequate storage facilities for medicines including those that required refrigeration or additional security. Medicine fridge temperatures were checked to make sure these medicines were stored at the right temperature so were safe to use. Some medicines needed dating when they were first used. We found these medicines had been dated so staff knew how long they been in use.

We saw medicines being given to people on both days of our inspection; this was carried out appropriately and safely. Staff explained to people what the medicines were and checked each person had taken them. Staff giving medicines explained the medicines administration procedures to us and demonstrated a good knowledge of how to maintain safety when storing and disposing of medicines. Some people were prescribed medicines which required their pulse rate to be checked before medicines were given. We saw this was done.

We looked at 30 people's medicine administration records. Whilst recording was clear there was one area which was not. Most people took some medicines 'as and when required', such as pain killers. A record was made when these were administered to people but there was no record as to why they had been given or if the medicines had been effective. This was discussed with the registered manager who ensured these records would be improved.

Good

Is the service effective?

Our findings

The service was effective. At the last inspection on 29 April and 1 May 2015 we found the provider to be in breach of Regulations 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people could not be assured that care and treatment would be provided with the consent of the relevant person. We also found improvements were needed in how mealtimes were organised.

At this inspection people told us they made decisions about their care. They knew they could refuse care if they wished. Comments included: "Just being here, that's my consent" and "They always say 'can we?' before they do anything; you can always say no." Some people would not be able to make all decisions for themselves, for example when a person was living with dementia. We therefore discussed the Mental Capacity Act 2005 (MCA) with staff. The 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. We checked whether the service was working within the principles of the MCA.

Staff were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. One staff member said "It's about people making choices. You have to be aware of their ability and their rights." We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. For example, bed rails had been used to prevent one person falling from their bed. The person had been unable to consent to their use so other people close to them had made the decision in their best interests. Some people had another person with the legal right to make decisions about their care in their best interests. The home kept copies of the documents which confirmed this. We saw these people had made decisions for people. For example, one person's relative had signed the plan to say their family member was not to be resuscitated.

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 are called the Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about DoLS and how this related to people's care. Applications had been submitted for people where staff considered people may be deprived of their liberty. Some had been approved; others were still being considered. We checked whether any conditions on authorisations to deprive people of their liberty were being met and found they had been.

People were happy with the meals and drinks served in the home. One person explained "We have a weekly menu which you choose from. If you don't want what's on the menu they will do you something else. It's excellent really." Comments about the meals included: "It's good food", "Yes, there's a choice, but I like it all" and "There's a very good selection; too much normally." Special diets, such as a soft or meat free diet, were catered for. One visitor said "[Name] needs assistance with pureed food. It's sufficient in quantity and nutritional value."

The chef met with each new person who came into the home and discussed their likes and dislikes. The chef told us "I have a chat with each person when they come in and their families. I also pop into the dining room twice a week to chat to people about the meals. Residents always talk about the meals at their meetings as well." Records showed people discussed menus at the resident's meetings.

We observed people having lunch on both days of our inspection. Some people chose to eat in their own rooms; others chose to eat in the lounge or dining area. People had a wide choice of hot and cold drinks. Some people ate independently. We saw people who needed assistance were well supported by staff. All staff, including nurses, carers, the activities coordinator and housekeeping staff helped at mealtimes. One staff member said "At lunchtimes I help with meals. It helps me bond with people." Staff explained what the meal consisted of and let people eat at their own pace. They did not rush people. Everyone appeared to enjoy their meals. Staff checked that people had enough to eat and drink.

Records were kept of what people had to eat and drink. We read some people's records which indicated they were not having enough to drink. We saw people having drinks and drinks were available throughout the home; one person said "The carers keep it [the jug] topped up." It was not clear if staff had accurately recorded how much people were drinking. There was therefore a risk if anyone did not drink enough this would not be identified and responded to by staff. This was discussed with the registered manager who told us they would resolve this issue immediately.

People told us their health care was well supported by staff and by other health professionals. One person said "The Sister calls them [the GP]. They come here if the Sister thinks I need them." People saw their GP, dentist and optician when they needed to; at least one nurse was always on duty in the home. People saw other health care professionals to meet their specific needs, such as a podiatrist, dietician and speech and language therapist. One health professional spoken with said people always seemed very well cared for. They felt staff understood people's care needs and responded to any changes in people's health.

People said staff responded promptly when they needed care or assistance. People understood there were particularly busy times, such as when people were getting up in the morning or just after mealtimes. They had a call bell to use if they needed staff support. One person said "If I ring the bell they come pretty quickly. No complaints with that at all." During the inspection we saw that people were responded to promptly by staff.

People felt staff had a good knowledge of their care needs gained from reading their care plans and from spending time with them and getting to know them. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People spoke very highly of the staff who worked in the home. One person said "All of the staff are very good. Nothing is a problem." Visitors told us staff understood people's care needs and provided the support they needed.

Staff had training which helped them understand people's needs and enabled them to provide people with the support they needed. One person told us "There's enough staff, with the right skills. They're all very pleasant." New staff received a thorough introduction to the service. All staff received basic training such as first aid, fire safety, health and safety, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as caring for people living with dementia or those who may become anxious or aggressive. More specialist training was also available for nursing staff, such as training in catheterisation techniques and taking blood samples. One staff member said "You need training because things change. The dementia training was amazing; it made you look at better ways of doing things."

Staff told us they were well supported and that communication in the home was good. Staff had formal supervision. This was a mixture of one to one and small group meetings with their line manager to discuss their work and support them in their professional development. There were also regular staff meetings and a handover of important information when staff started each shift. We observed the staff handover meeting on the second day of our inspection. This was very informative and covered each person, particularly focusing on any changes in people's condition or care. A written record was kept of each day's handover so staff could refer to it if they needed to.

Good

Is the service caring?

Our findings

The service was caring. Each person spoken with said staff were kind, caring and compassionate. People praised the way staff cared for them. Their comments included: "All of the staff are very good, very kind people", "They look after me wonderfully" and "They're kind and compassionate." When asked about the staff one visitor said "I think they're lovely."

Staff told us they were able to form meaningful and positive relationships with people and through this they understood each person's needs. People said they liked, trusted and knew the staff. One person said "The staff are all nationalities but they are all very good. They pop in to check on me. We have a laugh. I'm well looked after." Another person told us "As an individual, staff make a fuss of you. I very often get a hug."

Throughout both days of our inspection staff interacted with people who lived at the home in a caring way. For example, one member of staff told one person they "Looked lovely today." We saw one person was very fond of knitted dolls; they had them with them at all times. Discussions with staff showed two of these had been knitted by a staff member specifically for this person. Staff were very kind when people became confused or distressed. We saw one person became very anxious; a staff member responded to them in a very kind and calm way. The staff member sat and chatted with the person who calmed immediately. There was a good rapport between people; some chatted happily between themselves and with staff. There was laughter and friendly banter.

People told us they liked to do things for themselves if they could. For example, some people still wished to eat unassisted, do some of their own personal care or make their own bed and this was respected. One person said "They know what I can do for myself and let me get on with it, which is really good." Staff encouraged people's independence. They saw their role as supportive and caring but were keen not to disempower people.

Staff were aware of and supported people's diverse needs. Care plans recorded people's background and their interests and hobbies. People's religious or cultural needs were assessed when they first moved to the home. People had regular visits from local church ministers; communion was held in the home each month.

People told us they understood the care choices available to them. They said they, or those close to them, were asked about their preferences and choices prior to moving to the home. Everyone received a brochure and a 'service user guide' when they first moved to the home. These explained how the service operated and the facilities offered. Information about the type of care and support offered was also available on the provider's website. An informative newsletter had been introduced which we saw people had copies of. The most recent edition included staff changes, planned events and improvements made in the home.

People said staff treated them with dignity and respect. People chose what they wanted to do and how and where to spend their time. People's privacy was respected. People said "Staff always knocked" on bedroom, bathroom and toilet doors before they entered the room. We saw bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff had a good understanding

of confidentiality. Staff did not discuss people's personal matters in front of others. All records containing confidential information were kept securely.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished. One person said "I have my own phone. Family and friends ring me every day so I keep in touch with them. It's open visiting; people come in when they want." Another person told us "My wife visits each day."

People's wishes relating to the care they wanted when they were nearing the end of their lives were recorded in their care plan. This included details about people's individual or religious beliefs. Three people were currently receiving this care. Medicines, such as those to alleviate pain or distress, had been proactively prescribed by a GP and were available if and when people needed or requested them. This was in line with nationally recognised good practice.

The home had invested in a new device which dispensed medicines to people nearing the end of their lives. This would prevent pain levels rising, anxiety, nausea and the need for repeated injections. This had not been used since purchase as nursing staff needed to be trained to use it. This was discussed with the registered manager during our inspection. By the end of the inspection process staff training had been organised.

Good

Is the service responsive?

Our findings

The service was responsive. At the last inspection on 29 April and 1 May 2015 we found the provider to be in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care and treatment did not always meet their current or changing needs.

At this latest inspection we found people who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person had moved into the home. People participated in the assessment and planning of their care as much as they were able to. People could not confirm they helped to write a formal care plan as such, but everyone felt that their needs and wishes in relation to their care were being respected. One person said "They like to get to know you first, before discussing how they'll care for you." People knew the home kept records about them but most people had little interest in them. Others close to people, such as their family members, were often involved in helping to plan people's care. One visitor told us "We discussed the care plan when [name] arrived, in the early days, when it was established that a home care package would not be available."

We looked at eight people's care records. There were both paper and electronic versions of each person's care plan. Plans included people's preferred routines, interests, likes and dislikes, nursing and personal care needs which meant staff had details about each person's specific needs and how they liked to be supported. Any risks were carefully considered. Staff had a good knowledge of the people who lived at the home and were able to pick up if people needed any changes in their care.

Whilst the planned care was being delivered, we found staff needed to improve the accuracy of pressure relieving mattress settings. These should be set according to each person's weight and we found several were incorrect. Although people's skin had not been affected there was a risk this may happen if the mattress settings were not corrected. One person who had a pressure ulcer when they moved to the home was not having their dressings changed at the specified intervals; the redressing had been a day or two days later than planned. Whilst this had not affected the healing process it was not in line with the care plan. Both issues were discussed with the registered manager who told us this would be improved immediately.

People and their visitors told us staff understood people's needs and adapted care and support if needs changed over time. We read that staff had acted upon recommendations from health care professionals. For example, a speech and language therapist had given advice to assist a person who had difficulty swallowing. This had been acted on by staff. Others close to people, such as their relatives, were kept informed of any changes. One visitor said "I'm always phoned by staff to advise of changes to [name's] condition."

People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. One person explained "Staff always make time to chat, I tell them [what I like or dislike] when we talk." Another person told us "There's nothing to review: I'm quite content with the way it is." Each person had named staff to oversee their care and make sure their care records were accurate. Nurses reviewed people's care plans and updated them when necessary. Formal care reviews included the person, their relatives, a social worker and staff from the home.

People made choices about their day to day lives. Three people told us they "Can get up and go to bed" when they chose. People spoke about choosing what to wear, how and where they spent their time, choosing meals and whether to join in with the planned activities. One person told us "Yes, you can do exactly as you like".

People said they knew they could complain if they were unhappy about their care or the home more generally. People knew how to make a formal complaint if they needed to but felt issues could usually be resolved informally. One person said "I've got a guide to the home and that has the complaints part in it. I've no complaints at all. If I did I would have a chat to the staff." Another person told us they had made "A small complaint and it was dealt with to my satisfaction." Visitors spoken with knew they could complain if they needed to and knew who to complain to. Records showed there had been six formal complaints made in the last 12 months. Each had been taken seriously and responded to in line with the provider's policy. The complainant had been advised of the outcome on each occasion.

There was a varied programme of planned activities and outings which people said they enjoyed. Each person we spoke with felt these had improved since the new activities coordinator had started working in the home. One person said "Lots going on now. They give you a list of activities each week. You can choose to join in or not. I do join in with some but I also like watching telly and spending time on the internet." One visitor told us "[Name] likes to be in their own room; [name] doesn't want to join in" and this was respected.

The activity plan was displayed in the home and we saw people had their own copy. One activity coordinator worked in the home. They had spent time with people and asked them what activities and trips they wanted. They told us "It's been a learning curve. Most things have been successful. Some things we have tried haven't worked or people didn't enjoy them. We do joint activities and one to one sessions. I listen to what people say they would like. The residents and families have generally given very positive feedback about the activities." Activities took place on both days of our inspection. For example, we saw a musicals reminiscence quiz was enjoyed by a small group of people.

People told us events such as their birthdays were celebrated. One person said "They do things like celebrate birthdays and make a cake. Things like that are good." Records showed that events were held to celebrate Easter, Christmas, the Queen's birthday and Guy Fawkes Night. A potter visited and an entertainer came in once a month. A strawberry tea afternoon had been held to raise money for the 'resident's fund'.

Staff were keen to develop the service in line with people's wishes or interests. A 1950's sweetshop had been set up in part of the home after one person suggested it. People told us they enjoyed shorter trips, such as the recent visit to Wells. Longer trips were less popular due to the frailty of people. The activities coordinator had thought creatively about this. For example as people did not wish to travel to the coast due to the length of the journey staff had organised a 'seaside theme day' for later this week, "To bring the seaside to them." This was taking place in the home's gardens where a sand sculpture competition and punch and Judy show would take place; ice cream and fish and chips would also be served.

Good

Is the service well-led?

Our findings

The service was well led. At the last inspection on 29 April and 1 May 2015 we found the systems in place designed to monitor the quality of the service were not fully effective. They did not always identify improvements needed within the service.

At this latest inspection we found a range of audits were carried out by the manager. Medicines, care plans, health and safety checks, supervision and appraisals were all audited. The regional manager carried out regular visits to the home to conduct their own checks. During these visits they checked internal audits, reviewed staff training, looked at people's records, spoke with people, their visitors and with staff and observed staff practice. They wrote a report after each visit which included an action plan when improvements were required. The action plan was followed up at the next visit.

People said the home was well run; people liked and trusted the registered manager. There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home. They were supported by a deputy manager, qualified nurses and a small team of senior carers. The registered manager, nurses and senior care staff worked in the home throughout the inspection. We observed that all took an active role in the running of the home and had a good knowledge of people and the staff. We saw that people appeared very comfortable and relaxed with the management team. We saw members of the management team chatting with people and visitors. Staff told us, and duty rotas seen confirmed, there were always a nurse and senior carers on each shift. Staff said there was always a more senior person available for advice and support. One staff member said "You are never afraid to ask."

The registered manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. Each staff member we spoke with said how much they liked working at the home. Comments included: "I love my job", "I love working here" and "I love it here. We've got a nice friendly team. We get on ever so well." Staff told us communication in the home was good. There were a variety of meetings for staff, such as supervision meetings, handover meetings, registered nurse's meetings and general staff meetings. This ensured staff were kept up to date and had opportunities to discuss any issues.

The service was part of a small group of five care homes. The registered managers from each home supported each other. They met formally twice each year to share ideas and good practice. The providers were members of the Registered Care Providers Association and staff attended their events where good practice was shared between a variety of care providers.

People told us the culture of the home was open, friendly, professional and approachable. There were many positive comments from people about the service overall. These included: "Everything is done so nicely", "I'm very happy here, I could not have chosen a better place" and "I wouldn't change anything, because I'm very happy."

The provider's stated aim of the home was to provide "Care and attention for those who wish to spend their retirement in a secure, caring and homely atmosphere whilst respecting their privacy and maintaining their respect and dignity." These aims were reinforced at staff supervisions, team meetings, through observation of staff practice and each day at staff handover meetings. Staff understood the aims of the service. We saw staff worked in ways which promoted them. Staff were caring; people's privacy and dignity was respected. One staff member said "We do absolutely the best we can for people. I think you have to aim for perfect but know there is always room for improvement."

People told us they were asked for views their views about the home and they were informed about any changes. Staff spoke with people informally every day. Regular resident's meetings were held; people's friends or relations could also attend if they wished. People told us they could discuss things important to them such as how they were cared for, the meals served in the home or activities provided. One person said "They always ask you if you are happy with everything. It's a good nursing home. I would recommend it highly." Records we looked at showed people were kept informed of developments, such as staff recruitment, the annual survey and the introduction of the newsletter. Where people had made suggestions their views were acted upon, such as trips out of the home and changes to the menu.

The 2016 stakeholder survey was in progress when we inspected. People, their family and friends were surveyed. Nine surveys had already been completed and returned; these showed people were satisfied with the service. Staff had also had their own surveys to complete. Sixteen had been completed so far. The registered manager told us the surveys would be collated by the regional manager. Where people had suggested improvements, these would be acted upon and an action plan developed once the process was completed. In addition the home had a suggestions box and reviewed complaints and compliments to develop the service. Compliments about the care and support provided by staff were kept. This enabled the home to monitor people's satisfaction with the service and ensure any changes made were in line with people's wishes and needs.

People were part of their community. Some people went out for walks or attended local event such as the village fete. People also went out with friends and relatives. One person said "My son and my wife take me out." Trips out were also organised by staff. People were invited into the home to attend social events, such as when afternoon tea was held to celebrate the Queen's ninetieth birthday and the upcoming 'seaside theme day'. The home had one volunteer who came in to take a 'mobile shop' around to people where they could buy items such as toiletries. Staff at the home had helped people build links with community groups; this was an area they were keen to develop. One staff member said "We want to link with other local groups like local schools, the Brownies and the local Women's Institute. Lots of people either can't or don't really want to go out much so we need to bring more people in. We are working hard on it."

The registered manager had notified us of significant events, such as deaths and serious injuries, which have occurred in line with their legal responsibilities.