

Solehawk Limited

Craigielea 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

The inspection took place on 10 and 22 May 2018 and was unannounced. This meant the provider and staff did not know we would be visiting. We last inspected the service in September 2017 and found the provider had breached four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. These related to equipment not being safe for use or used in a safe way, infection control management and unsafe management of medicines. The provider had failed to ensure there were suitably qualified, competent and skilled staff deployed to provide care, support and treatment. We found the provider had not ensured systems and processes were used effectively to assess, monitor and improve the safety of the services provided.

Following the last inspection, we met with the provider to ask them to provide an action plan to show what they would do and by when to improve the key questions of safe, effective, caring, responsive and well led to at least a good rating. At this inspection we found the provider had made improvements and was no longer in breach of regulations.

Craigielea 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.

The care home accommodates 60 people across four separate units, each of which have separate adapted facilities. Two units specialised in providing care to people living with dementia. One, having been recently redesigned to accommodate people living with dementia who required nursing care. No people were residing on this unit at the time of the inspection. Another unit provided general nursing care. At the time of the inspection 41 people were being supported in the home, 18 of which required nursing care.

Since the last inspection the provider had employed a new manager who is now registered with the Care Quality Commission. 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 provider had policies and procedures in place to keep people safe. The provider had effective systems in place to manage medicines. Risks to people and the environment had been assessed and control measures were in place to reduce risk. Staffing levels were appropriate to meet the needs of the people using the service. The provider had system and process in place to report and manage safeguarding issues. Staff understood safeguarding and knew how to report their concerns. Accidents and incidents were recorded and analysed for trends and patterns. The recruitment process used by the provider was robust. Health and safety checks were completed on a regular basis. Fire safety procedures were in place. The environment was clean and tidy. Infection control procedures were in place. Staff had access to personal protective equipment (PPE) when needed.

Care and support was provided using best practice, such as following health and safety guidance. Training plans were in place, along with supervision and appraisal planners. Staff felt supported in their roles. People and relatives felt staff were well trained and knew how to support them well. People were supported with their nutritional needs where necessary. Staff contacted health care professionals when appropriate. Staff understood the Mental Capacity Act and gained consent prior to any care being delivered. 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 and relatives felt the staff were kind and caring. Staff showed respect and promoted dignity when supporting people with care. People were encouraged to be independent. Staff had positive relationships with people and their relatives. Staff spoke with fondness about the people they supported. When changes in support were needed, people and/or their relatives were involved. The service had information available to people and relatives regarding advocacy. People had communication plans in place to ensure staff could positively engage with those they supported.

The environment had been developed to be more dementia friendly with areas of interest for people, such as garden areas. Rooms were personalised with ornaments and pictures. Communal areas were comfortable, with a range of seating for people to meet.

Care plans were in place setting out individual needs, likes, dislikes and preferences. People were involved in care planning where ever possible. Care plans were reviewed and updated when necessary. The provider had a policy in place to manage complaints. Staff were trained to support people with end of life care. Several compliment cards demonstrated how staff had cared for people in a compassionate manner.

People, relatives and staff felt the registered manager was open and approachable. The provider had a quality assurance process in place to monitor the quality of the service and to drive improvement. Regular meetings were held for people and their relatives. Surveys were completed to gain the views and opinions of people, relatives, other stake holders and staff. The provider used the results to improve the service. The registered manager submitted notifications to CQC in line with regulation.

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.

The provider had effective systems in place to manage medicines safely.

Risks to people were assessed and control measures were recorded for staff support and guidance.

Staffing levels were appropriately to the needs of the people using the service.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and an annual appraisal. Training needs were monitored, with courses arranged when necessary to keep staff up to date.

People received a varied healthy diet. Staff monitored people's nutritional needs on a regular basis.

Staff understood the principles of the Mental Capacity Act 2005. People were supported in the least restrictive way possible.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated positive relationships with the people they supported.

People felt the staff supported them with dignity and respect and promoted independence.

The provider had information regarding advocacy which was available to people and their relatives.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place which were personalised, containing people's like dislikes and preferences.

The provider had a policy and procedure in place to manage complaints. People and relatives knew how to complain.

The provider ensured staff had training in end of life care to support people when necessary. Relatives had complemented the service on their end of life care.

Is the service well-led?

The service was well led.

The provider had developed an effective quality assurance system. Plans were in place to drive improvements.

People, relatives, health care professionals and staff felt the registered manager was supportive and approachable.

The registered manager submitted statutory notifications in line with registration requirements.

Good ●

Craigielea 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 first day of this inspection took place on 10 May 2018 and was unannounced. This meant the provider did not know we were coming. We also visited the home on 22 May to finalise our inspection.

The inspection was carried out by one inspection manager and one adult social care inspector on the first day of day of the inspection. The second day of the inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local Healthwatch team and obtained information from the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with five people who lived at Craigielea Nursing Home. We spoke with 11 members of staff, including the nominated individual, operations manager, registered manager, deputy manager, two nurses, one senior care worker, four care workers. We also spoke with six visitors or relatives of people who used the service. We spoke with three visiting health care professionals.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of three people, medicine administration records of eight people, recruitment records of three staff, training records and records in relation to the management of the service.

Is the service safe?

Our findings

When we last inspected Craigielea Nursing Home we found the provider had breached Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had not ensured the equipment used by the service for providing care or treatment was safe for use and used in a safe manner. The risks regarding infection control had not been assessed. The provider had not ensured the safe management of medicines. We identified that a potential safeguarding concern had not been investigated or reported to the local safeguarding authority or to the Care Quality Commission (CQC). The provider had failed to identify several safeguarding incidents highlighted by a local authority monitoring visit. We took action by requiring the provider to submit an action plan to us telling us how improvements would be made.

At this inspection we reviewed the action plan submitted to CQC following the last inspection. We found the provider had made improvements and was no longer in breach regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Medicines were managed safely. We observed medicines were checked against medicine administration records (MAR) before being taken to the person. Staff addressed the person by name and supported them to take their medicines with a drink of their choice. Temperatures of medicine rooms and refrigerators used to store medicine were recorded. MARs we reviewed were completed with no gaps or anomalies. Staff responsible for medicine management had their competencies to administer medicines checked on a regular basis.

Equipment used to support people, such as crash mats and mobile hoists, was found to be clean and in good order. Equipment used to provide percutaneous endoscopic gastrostomy (PEG) feeds was clean. A PEG is a tube which is passed into a person's stomach to provide a means of providing nutrition when oral intake is not adequate or possible. Staff wore appropriate personal protective items of clothing where necessary.

The registered manager had a safeguarding file in place. We found records demonstrated that incidents had been assessed and where appropriate safeguarding alerts had been sent to the local authority and CQC. Investigations had been completed and lessons learnt from safeguarding were disseminated to staff through meetings and supervision sessions. Staff had received refresher training in safeguarding and were able to explain what may constitute abuse and how to report it. For example, a change in someone's behaviour, marks or unexplained bruises. One staff member told us, "I would report any changes to the manager, we have had safeguarding training so we know what to do."

We saw risk assessments were in place for people. These were detailed and included support and guidance for staff in how to reduce the risk using control measures. For example, using a mobile hoist for transferring someone whose mobility was poor, supporting a person to maintain skin integrity as they were at risk of pressure sores. Risk assessments were reviewed regularly and when a change in need was found. This meant staff had up to date information in supporting people safely.

Environmental risks were also documented such as slips, trips and falls along with infection control risks. These were readily available for staff to access.

The recruitment files we looked at contained required information for staff recruitment, including completed application forms, references and Disclosure and Barring Service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. The provider checked nurses' personal identification numbers (PINs) to ensure they were up to date. PINs are the identification numbers given to nurses by the Nursing and Midwifery Council when they are entered on to the nursing register. Without a valid PIN a nurse cannot work in the role of nurse.

The registered manager completed a dependency review of people's needs to ensure the staffing levels in the home were at a safe level. We found staff were visible in the home and buzzers were answered in a timely manner. The provider had increased the number of permanent nurses since the last inspection and now only had one vacancy. The registered manager told us, "We use the same agency nurses so there is consistency until we get fully staffed." We spoke with the agency nurse on duty, who told us, "I know the residents as I work here a lot."

People and relatives told us they felt the staffing levels were safe. Comments included, "There is always someone in the lounge or close by" and "They come when I need them to, lovely staff." One health care professional told us they felt people were safe. They commented, "It is better now."

There had been a lot of redecoration and refurbishment completed in the home. One unit had been totally refurbished and the provider had undertaken some structural work to make more of the communal space. The registered manager explained the unit was for people who are living with a dementia who required nursing care. No one was using the unit at the time of the inspection. Other areas in the home had also been refreshed and were clean and tidy with no odours. Infection control procedures were in place with regular audits. Staff had access to personal protective equipment (PPE).

A business continuity plan was in place to ensure staff had information and guidance in case of an emergency. People had personal emergency evacuation plans in place that were available to staff.

The provider ensured health and safety checks were carried out. For example, gas safety checks and portable appliance checks (PAT). Fire safety checks were completed and records of fire drills were available.

Is the service effective?

Our findings

When we last inspected Craigelea Nursing Home we found the provider had breached Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At that inspection we found some people had specific clinical care needs and not all staff received training in these areas. For example, nurses had not received training in care of a PEG or diabetes. We found that nurses employed at the home had not received clinical supervision. Clinical supervision is important so nursing staff have an opportunity to have their skills observed by a competent practitioner and to discuss the support they may need to fulfil their role. We found that agency nurses who were working in the home had not received an induction when they attended the home for their first shift. We took action by requiring the provider to submit an action plan telling us how they would improve the service.

At this inspection we reviewed the action plan submitted to CQC following the last inspection. We found the provider had made improvements and the provider was no longer breaching regulation 18 of the Health and Social Care Act 2008 (Regulated Activities).

Staff now received regular supervision, which we found to be detailed. Appraisal and development plans were in place. The supervision process had been reviewed and a system was now in place for line manager supervision and the registered manager reviewed the deputy manager and senior staff. The deputy manager completed the nurse's supervisions and discussed clinical issues as part of this. Training for nurses formed part of the providers improvement plan, with areas such as diabetes and the management of PEG in place. The deputy manager told us, "This is an area I want to develop further to incorporate more clinical training. I have completed the 'train the trainer' course. I want to make sure we use best practice in updates." Train the trainer is a course which enables people to disseminate knowledge they have gained in training sessions to the rest of the staff team.

The provider had employed a training manager who was responsible for overseeing all the provider's locations. We found the training matrix set out the percentages of compliance with each subject. We saw that where compliance was between 70% and 80% refresher training had been planned to bring staff up to date. The training manager had developed a compliance training calendar which identified the topics to be covered each month. For example, fire and fire warden training was booked for May.

Agency staff had received an induction into the home so they were aware of the layout of the home and any specific information such as fire procedures. The induction also included the opportunity to read care plans. The agency nurse on duty confirmed they had received an induction into the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care files contained appropriate MCA assessments, and records of any DoLS which had been authorised were also held on people's files. Staff we spoke with had a clear understanding of the MCA and DoLS and how people were supported with decision making in respect of best interest decisions. We found the provider now had a system of monitoring the timeliness of people's applications for renewal of Deprivation of Liberty safeguards (DoLS). During the inspection we found appropriate applications had been made to the local authority.

People's needs were assessed using current legislation and best practice to ensure effective outcomes for people. For example, health and safety regulations in respect of safe moving and handling outcomes and nutritional screening using the malnutrition universal screening tool (MUST) tool to ensure people had an appropriate nutritional intake. MUST is a recognised tool to assess a person's risk of malnutrition thereby allowing staff to refer the person to the dietician if necessary.

Care files contained records to identify when professionals had been requested by the home as part of people's health care. For example, referrals to community nurses, chiropody and GP's. We spoke with two visiting health care professionals who advised the home regularly referred into their services. One told us, "We get a call if staff feel someone needs to be seen before the weekly visit."

Nutritional needs were assessed and where appropriate plans were in place to support people with their dietary needs. For example, diets with specific consistencies such as pureed food and thickened fluids. We saw staff supporting people in a safe manner. Staff gave a choice of meal and where an alternative was requested this was provided. Staff made sure people had access to fluids throughout the meal, asking if they wanted tea, milk or juice and often asking if people wanted a refill. We spent time with people in the dining rooms to observe how staff supported people with their meals. Staff were attentive without being obtrusive and gave people the opportunity to eat independently with prompts and assistance where necessary. Clothes protectors were offered or people used napkins. One member of staff said, "[Name] would you like one of these on..... a clothes protector". People were offered a healthy and varied diet and told us they enjoyed the food. One person told us, "The food is lovely here". One relative who was supporting their family member at lunch commented, "[Name] always enjoys his meals".

Where people required specific diets the kitchen staff were made aware through diet notification sheets. The chef explained how staff completed a diet notification sheet if there were any changes in people's nutritional needs. This meant the kitchen had an accurate record of people's needs.

We reviewed food and fluid charts for people who required their intake monitoring. We found these were completed correctly with clear information. The registered manager was observed reviewing all the documents. They told us, "I do this every day, I need to make sure that records are being completed properly, if someone is not eating or drinking then I can make sure this has been recorded and action taken."

The home was in the process of being refurbished. We found people's rooms were individualised with lots of personal items in place, such as photographs, posters and ornaments. Bathrooms were designed to incorporate the personal care needs of the people living at Craigelea Nursing Home. The corridors and reception area were spacious for people using wheelchairs and mobility equipment.

The registered manager was keen to develop the environment of the home to make it more dementia friendly. We walked around the home and found one unit had been totally adapted to meet the needs of people living with dementia. Corridors were themed to include areas to mimic gardens. Artificial grass had been put on the wall with lifelike flowers and insects for people to touch. Communal areas were spacious and bright. Bedroom doors were painted different colours with people's name and a photograph. Corridors were themed to encourage communication such as pictures of movie stars, street scenes complete with brick wallpaper and a post office frontage.

Is the service caring?

Our findings

At the last inspection we found aspects of the service to be caring. However, we were not able to give a rating of good in this key question as the provider was not supporting the service to deliver caring outcomes for people.

At this inspection we found the service had improved. We found caring outcomes were being delivered by staff who were aware of people's needs and had received appropriate training to deliver safe care and support.

Relatives and people told us they felt the service was caring and that staff were kind and considerate. Comments included, "They are just nice, I mean all of them, not just that one [pointing at a staff member]", "They are great" and "Lovely nurses, lovely carers, never a worry now."

Health care professionals we spoke with commented on how caring the staff were. One visiting nurse told us, "The home feels better, more welcoming, the carers are caring. It has a nice friendly atmosphere". A second health care professional said, "The carers had a lovely rapport with [name]."

During our inspection, we saw many caring and respectful interactions between staff and the people living at the home. Staff had developed positive relationships with people. They did not rush people to make decisions and were led by what the person wanted to do wherever possible. People appeared at ease with the staff, looking comfortable and relaxed in their presence. We saw staff also had a good relationship with relatives and friends who visited the home, staff were open and welcoming offering tea or a coffee.

We observed staff supporting one person in the lounge area demonstrating a caring compassionate approach. One person had an adapted cup to drink from. They had picked up the cup with the wrong hand and could not manage the spout. The staff member acted immediately, changing the position of the lid. They also asked the person if they wanted a tissue to wipe their chin. They returned with one and said, "I've got you a spare one as well." Following on they remained in the lounge keeping an eye on the person to make sure they could manage independently.

We observed staff carrying out moving and assisting support using equipment. Staff made sure people's dignity was respected during the task. We heard one staff member reassuring a person that they would put a blanket over their knees before using the mobile hoist. Another person was gently persuaded to have their clothing changed after lunch.

People's privacy and dignity was respected by staff closing doors when supporting people with personal care and ensuring people were supported to eat and drink when appropriate. Staff offered people protection for their clothes at meal times and support was offered in an unobtrusive manner during meals.

Staff felt the service was inclusive in supporting people's rights. One staff member told us, "There is no segregation here". Another said, "Everyone is different, what is good for one person may not be for another."

We always find out as much as we can about them (people)." We found staff supported people to have visits in private if they wished.

People had communication plans in place to give staff support and guidance. Examples included, 'observe for nonverbal expressions, [Name] will use their hand to point and if unhappy will shake her head'. Plans included the need for people to have sensory aids in place such as glasses and hearing aids.

The provider had information relating to advocacy. Advocates help to ensure that people's views and preferences are heard. The registered manager told us how they spoke with relatives and social workers if any advocacy support was needed.

Is the service responsive?

Our findings

At the last inspection we found people's care plans were not personalised and did not contain accurate risk assessments. Care plans had not been reviewed on a regular basis or when a change in need had been identified. We made the operations manager aware of our findings on the first day of the inspection and we saw that work commenced on the care plans on the second day of our last inspection to ensure staff had up to date guidance on how to meet people's needs.

People and relatives felt involved in their care and that staff were very supportive to individual needs and focused on providing person-centred care. One person with communication needs, smiled and nodded making positive gestures when we asked if they felt the staff were responsive to their needs. Another person told us, "I have all the help I need here." One relative told us, "I would not have [name] anywhere else". Another relative said, "Not a worry at all, they manage [name] really well, they get the doctor or the nurse if need be."

At this inspection we found all care plans had been re-written. Care plans were personalised and reflected people's current needs. For example, one person's nutritional care plan stated they required extra snacks and did not like coffee. Another person's personal care plan said, [name] will wash her hands with prompts, enjoys a bath or a shower and enjoys visiting the hairdressers. A third person's care file contained details of how to support nutritional needs by using a PEG. The care plan was very detailed and gave staff guidance on how to prepare the person, making sure they were sat in the correct position both during and after the process. People who receive their nutrition via a PEG are at risk of aspirating fluid into their lungs so it is vital they are in the correct position to prevent this from happening.

We found reviews of care plans had been carried out on a regular basis and when a change in need had been identified. Risk assessments were completed and reviewed on a regular basis to ensure control measures were relevant to the current risk.

Staff told us they read care plans on a regular basis. One staff member told us, "We have the time now and have the hand over sheets as well." We saw handover sheets were extremely detailed in giving a snap shot of people's needs and any changes which had occurred on the previous shift. These were used to review care plans and update them where necessary.

We found some people had emergency health care plans in place. An emergency care plan allows health care professionals to discuss and record people's preferences in advance. For example, if they become unwell or in an emergency that they could remain in the care home rather than be admitted to hospital. This meant that staff had access to support and guidance in case of an emergency or a sudden deterioration in a person's health.

We spoke with the older person's nurse who visited the home on a regular basis to ask if they felt the service was responsive. They told us, "I come in weekly, a member of staff does the visit with me. They take on board our advice and carry things out." The nurse told us staff do refer in appropriately for support when

necessary. They commented the home feels better and was more welcoming.

Another health care professional told us, "The referrals made to us are appropriate, they take on board advice and act on it." They went on to comment how impressed they were about the oral hygiene in place for one person."

We found the activities in the home had been improved. The activity coordinator was new to post and had already made some changes to the activity programme. They told us of the contacts they had made with the local authority and the Tyne and Wear Alliance to take some people to participate in the 'care choir' who will perform at the Sage in Gateshead. Afternoon teas were held on a monthly basis as part of the resident's meeting. The activity coordinator told us, "We make it a very visual experience with chintzy cups and saucers. We make truffles and I have got an electrical cake maker so we can make cakes on the unit rather than have to leave people and put the cakes in the oven". People also had access to a virtual headset. These are used so people can experience the outdoors without leaving the home. The activity coordinator had worked alongside the registered manager in developing the dementia unit. They told us, "I love this role, I enjoyed creating the environments, they should be a pleasure for people to be in, by creating outside inside makes it stimulating".

The activity coordinator told us, "We help people to keep in touch with relatives about what they have done, that is why we did the photos in reception." The activity coordinator had gained consent from people to put up photographs of activities and events so relatives could see what had been going on in Craigielea Nursing Home.

Although no person was in receipt of end of life care at the time of the inspection we found staff had received training in supporting people at the end of their lives. Compliment cards demonstrated families had been grateful for the care and support provided to their loved ones who had passed away at the home.

The provider had a complaints policy and procedure in place which was accessible to people, relatives and visitors. We found the registered manager kept a record of any complaints, comments or concerns. We saw complaints had been investigated and a response provided to the complainant. People and relatives, we spoke to knew how to make a complaint. One relative told us, "I know how to but have not got any, I would speak up if I was worried about anything."

Is the service well-led?

Our findings

When we last inspected Craigielea Nursing Home we found the provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The quality assurance process had not identified the concerns we found at the inspection. There was a lack of managerial support.

Since the last inspection a new manager had been employed. They are now registered with the CQC.

At this inspection we found the operations manager had implemented a more effective quality assurance system. Monthly provider visits were taking place to review quality and the operations manager provided the registered manager with a detailed report following each visit. The report contained an action plan for the registered manager to either complete or delegate to the most appropriate staff member. We found records to show the action plan was reviewed at the following monthly visit and signed off when completed. This meant there was a consistent approach to quality assurance and the provider was driving improvements in an auditable manner.

We found audits were completed on a regular basis to cover areas such as care plans, infection control and medicine management. The registered manager had full oversight of documentation completed by staff in relation to positional changes and food and fluid intake, checking these daily. A 'resident of the day' system had been introduced. This included a total review of the person's care and support needs, care plans and monitoring documents.

The registered manager submitted a weekly report to the operations manager which included information such as the number of accidents and incidents and any weight loss. The report gave the operations manager an oversight of the service. If any trends or themes were identified, plans were in place to reduce risk.

The registered manager had regular governance meetings with the operations manager. The operations manager also held meetings with other managers from the provider's other locations. This support enabled the sharing of best practice and gave the registered manager the support which had previously been lacking. The registered manager told us, "I have a good relationship with [operations manager], I can ring or email at any time. We have worked together on the plan for Craigielea".

We spoke with the nominated individual who was visiting the home. They told us of their plans for the service in relation to providing nursing care for those living with a dementia. They said, "We have invested in Craigielea and feel now we are in a better position. [Operations manager and registered manager] and staff have worked hard to turn the home around." Staff told us the nominated individual and provider often visited the home.

We found the action plan the provider had developed following the last inspection had been achieved. The registered manager told us, "Although we have met the action plan, things have not stopped we have lots of ideas for the home and will continue to improve."

The registered manager had a clear vision for the home in moving forward. This included supporting people living with a dementia in a setting more tailored to their needs. The transformation of some of the corridors in the home demonstrated their influence in the service. On speaking with staff we found the enthusiasm for improvement went across all departments. Staff told us they felt involved in the home. Comments included, "We are a team, things are so much better now", "Since [registered manager] took over it is better, I can go to her with anything" and "[Registered manager] works on the floor, we have a good team."

A new method of communication between senior staff had been introduced. The registered manager, nurse, senior carer and maintenance person held a handset which enabled them to keep in touch. The registered manager told us, "I can speak to them at any time, it is great to keep improving things and this has really helped. Night staff feel the handsets are good as they can talk to each other across the units."

Regular meetings were held with people and relatives. These were recorded and made available for those who could not attend.

The provider had implemented an 'Employee of the month – Golden ticket' award. People, relative and staff nominated a staff member they felt had gone over and above in their role. Whoever won received a letter from the provider and a gift voucher. This meant the provider valued staff by recognising their work in the home.

Quality surveys were carried out so people, relatives, other stakeholders and staff could give their views and opinions. We saw the provider acknowledged any concerns raised and set an action plan to address the concerns. We found the action plan from the 2017 survey was completed. The operations manager told us, "The new survey has just gone out, when the responses are back we will collate them and see what improvements we can make."

People and relatives told us they felt the registered manager had made a difference. One person told us, "I see her about, she is lovely. Another said, "She is always kind". One relative said, "The new manager is the best thing that has ever happened to this place, I can go to [registered manager] and it is done straightaway." Another told us, "[registered manager] is really approachable, she is always popping in and out."

We found the provider worked in partnership with other agencies, such as the local authority commissioners and clinical commissioning groups.

We contacted the commissioning team from the local authority who had worked closely with the provider to ask for their views and opinions on the service. One commissioning officer told us, "They have worked really well and have met all the actions. It is so much better now. [Registered manager] has made such a difference."

We found the provider was now meeting their requirements in line with CQC (Registration) Regulations 2009. Statutory notifications had been submitted in a timely manner.