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Westbury House Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 9 and 10 February 2015.

The service provides accommodation and nursing care for up to 60 people over the age of 18 years who have physical disabilities and neurological related diseases and disorders. The home is a large converted property laid out over four floors with passenger lift access to each floor and external wheelchair access to the grounds. At the time of our inspection 30 people lived 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.

This service was inspected in May 2014 and we found the provider was non-compliant with six Regulations of the

Summary of findings

Health and Social Care Act (Regulated Activities) Regulations 2010. The registered provider sent us a six month action plan in July 2014 stating they would be compliant with all regulations by January 2015. In October 2014 we reviewed the progress of the registered provider and found some improvements had been made; however they remained non-compliant with five Regulations. The provider continued to work to their action plan to be compliant with all Regulations by January 2015.

At this inspection we found the provider had made improvements and was now meeting the minimum standards with respect to these Regulations. However we found they were not meeting the minimum standards with respect to management of medicines.

Medicines were stored securely. However medicines were not always administered and monitored in a safe and effective way.

Some areas of the home were in need of refurbishment and maintenance to ensure they continued to remain safe for people to access. Accessibility at the home required improvement and we have made a recommendation to the provider with regard to this.

People felt safe at the home. Staff knew them well and they felt confident any concerns they might have would be addressed. The registered provider and staff had a good awareness of how to safeguard people from abuse. Policies and procedures were in place to support staff in the management of safeguarding issues. Staff were confident to raise any issues with the management team and that these would be addressed promptly and efficiently. Safe recruitment practices in place meant staff were suitable to work with people in a care setting.

Improvements had been made to risk assessment for people and these were robust and gave clear guidance and information for staff to follow and ensure they met people's needs safely.

Individual personal evacuation plans for use in the event of an emergency were under review and being updated for people.

Staff at the home had been guided by the principles of the Mental Capacity Act 2005 (MCA) when working with people who lacked capacity to make decisions. The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These had been implemented appropriately to ensure the safety and welfare of people. Care records reflected support people received in decision making and who should be involved with this

Staff knew people very well and interacted with them in a calm, encouraging and positive manner at all times. They ensured people were offered choice at every opportunity and demonstrated excellent communication skills. Staff received training to support them in their role.

Nutritious and well-presented homemade food was provided for people. Dietary requirements were recognised and recorded.

People had access to external health and social care professionals for support and treatment as was required.

People felt valued, happy and content in their home. They enjoyed living there and found staff very caring and compassionate. Their privacy and dignity was respected at all times and they felt able to express their views and have them respected and acted upon.

Care plans had been updated in a new format to support a robust approach to people's needs. Assessments completed on and since admission to the home had been used to fully inform people's care plans. These were discussed and agreed with people and their relatives or representatives. People had been fully involved in the planning of their care.

Care given reflected peoples' choices and care plans. Monthly reviews of care needs were completed and people and their relatives were encouraged to be involved with these.

Relatives and health and social care professionals found staff and the registered manager responsive to and effective in meeting the needs of people.

People had access to activities they requested and enjoyed. An activities coordinator planned activities in accordance with people's preferences and needs and could accommodate these in the activities area of the home or within people's rooms. Additional support had been sought for people to receive one to one support with activities and general support during the day.

People and their relatives spoke highly of the registered provider and their staff. Recent changes to staff structures

Summary of findings

and communications from and to staff had created an environment where they felt involved in their care and part of the team. They said the manager and senior staff were easy to talk to, open to suggestions for improvements or new ways of supporting people, and always responded to them positively and with encouragement.

The registered provider had a system of quality assurance in place to ensure the safety and welfare of people. This included audits in; infection control, care plans, health and safety, building maintenance and equipment. They were quick to respond to any concerns or issues raised with them. Incidents and accidents were monitored and actions taken to reduce the risk of these recurring. However, whilst the audits had picked up the majority of issues, they had not addressed issues around medicines practices, individualised use of some bathroom equipment and the safe accessibility proactively.. The home had received no complaints in the time since our last inspection.

We found a breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 not always safe.

Medicines were stored securely, however the recording and administration of medicines was not always completed effectively.

Some areas of the home were in need of refurbishment and maintenance

Staff had a good understanding of how to safeguard people and had received appropriate training. There were sufficient staff to meet the needs of people and recruitment processes in place ensured people were cared for by staff who were suitable to work with people in a care setting.

Risks for people had been assessed and were managed to support people and keep them safe.

Requires Improvement

Is the service effective?
The service was not always effective.

People were supported to make decisions in line with the principles of the Mental Capacity Act (2005).

People were supported by staff who had the necessary skills and training to meet their needs.

Accessibility to some areas of the home required improvement. We have made a recommendation in our report.

People enjoyed the food at the home and there was always a choice at mealtimes. Where people had specific dietary needs these were met.

Health needs were reviewed regularly and people had access to health and social care professionals as they were needed.

Requires Improvement

Is the service caring?
The service is caring.

Staff were caring and supportive of people. They knew them very well and respected their privacy and dignity. They cared for people in a kind, calm and compassionate way providing time and support to meet their needs in a relaxed and friendly manner.

People were able to express their views and actively be involved in their care planning

People were supported to access advocacy services where appropriate

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

Robust care plans and risk assessments were in place to ensure people received personalised care which was responsive to their needs.

Staff understood people's needs well. They encouraged people to remain independent and offered choice and support to meet their needs.

People felt able to raise any concerns they might have about the home and felt sure these would be dealt with promptly and effectively. The home's complaints policy was visible for people to see.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager was available in the home and people found them approachable. A management structure newly implemented in the home promoted staffs' understanding of their roles and responsibilities.

Service audits identified most but not all issues for improvement.

People were regularly asked for their opinion of the service and feedback from relatives, staff and other professionals was good.

A quality assurance programme of audits was in place at the home to monitor, evaluate and implement any changes to ensure the quality of service provision.

Westbury House 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 of the home took place on 9 and 10 February 2015. The provider was aware of the likely date of the inspection due to an administrative error. The inspection team consisted of three inspectors, a pharmacy inspector, two experts-by-experience and an occupational therapist specialist advisor in the care of people with neurological conditions. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with 13 people who lived at the home and a visiting relative to gain their views of the home. We observed care and support being delivered by staff in communal areas of the home and in the Cedar Wing; this was a unit for people with additional care and support needs. We spoke with five members of staff, including registered nurses, care staff, kitchen staff and cleaning staff. We interviewed a registered nurse, the registered manager, head of care and care staff.

We looked at the care plans and associated records for 13 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, two new staff recruitment files and policies and procedures.

Following our visit we spoke with a further six relatives to obtain their views of the home. We requested information from five health and social care professionals who supported some of the people who lived at the home, two of whom responded.

Requires Improvement

Is the service safe?

Our findings

People felt safe in the home. One person said, "Of course, I know everyone and we all look out for each other here, staff too." They knew the environment well and felt safe in it. Relatives all spoke of the good support and help their loved ones received to ensure they were safe and able to be as independent as possible. Health and social care professionals told us staff ensured people were safe as they knew them well. However, we found that safe care was not consistently provided.

At our inspection in October 2014 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as risks for people had been identified but not managed appropriately.

At this inspection, improvements had been made and risks were managed safely for people. Care records identified risks and gave staff guidance about the management of these. For example, two people were at risk of choking. They had been assessed by an external health professional and the care records reflected the guidance provided. This was being followed by staff. Four people had been assessed as being at a high risk of falls. The care records provided guidance about how to reduce the risk of falls for each person. Records of falls were maintained and risk assessments were reviewed monthly.

Where people displayed behaviours that might present a risk to the person and others, the behaviours and triggers to these were identified. Planned approaches to reduce and manage them if they occurred were in place. Staff demonstrated a good knowledge of the behaviours some people displayed. They demonstrated a need to understand the triggers to these behaviours to prevent them from occurring and the use of distraction or redirection to manage them. Staff knew people well and were aware of any risks associated with their care.

At our inspection in October 2014 we found the provider was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as there were not always sufficient staff with the appropriate skills on duty to meet the needs of people.

At this inspection, we noted that the provider had introduced a nationally recognised dependency tool to measure the needs of people and ensure adequate numbers of staffing were available to meet these. This included the number of nursing, care, domestic and kitchen staff. Staffing numbers were above those identified as required to meet the needs of people at the home. The registered manager identified how this tool would be used to increase the number of staff available when more people were admitted to the home. Staffing rotas reflected the numbers of staff required to meet the needs of people. Staff had time to support people with their needs in a calm and dignified way. They did not rush people and there was a calm and relaxed atmosphere in the home. Staff were always present in the Cedar Wing of the home where people required additional support.

Medicines were stored securely and within their recommended temperature ranges. However the administration of medicines was not always completed in line with the prescribed plan. Topical (skin) creams had been prescribed for several people on their medicines administration record (MAR) sheets and had been 'ticked' by staff, not signed, as given. Staff were able to demonstrate how they supported people with topical creams, however they were not clear as to the number of times this was to be applied or at what times in accordance with the MAR sheet. There was no review of the effectiveness of these treatments.

We were not assured medicines were administered in the way they had been prescribed. Two residents who lived with diabetes required insulin to be given at varying strengths according to their blood sugar readings. Whilst these readings had been recorded, MAR sheets did not reflect accurately the amount of insulin administered. We could not be assured the correct dose of insulin had been given to ensure people's safety. Another person required an increasing dose of a medicine which had been prescribed following discharge from hospital. Whilst staff told us this had been given, the MAR sheet did not reflect the actual doses which had been given.

Medicines which were prescribed 'as required' (PRN) were not always documented in a way which recorded how staff had monitored the effectiveness of the medicine. The registered provider had a policy in place for the management of PRN medicines. This was not being followed . For example, one person had medicines prescribed for agitation, and staff told us of an incident when this had been required. They were aware of the effects this had had on the person, however this had not

Requires Improvement

Is the service safe?

been recorded in accordance with the registered provider's policy. The registered manager and head of care had identified a lack of support and audit from their current pharmacy provider and had employed the services of a new pharmacy company to assist with this.

The lack of processes in place to monitor the recording, administration and effectiveness of medicines for people was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment records for staff contained all of the required information including two references, an application form, photographic ID and Criminal Record Bureau (CRB) or Disclosure and Baring Service (DBS) checks. These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services.

Policies and procedures were in place to support the management of safeguarding people and staff knew how to access these. Staff had received training on the safeguarding of people and had a very good understanding of this. They said they would report concerns to the management team and were confident the appropriate action would be taken to address any concerns. They were also confident to report to external agencies if required.

Handovers and staff meetings discussed any changes needed for people or the service and information was shared to ensure the safety of people. For example, one person was particularly vulnerable in one aspect of their care. The management team had worked with the local authority to address this vulnerability and plans of care and support were in place for this person. These were discussed at the daily handover. Learning identified from safeguarding incidents, accidents and concerns raised with the management team were discussed with people and staff at appropriate meetings.

Whilst personal emergency evacuation plans were available in some people's rooms and at the home entrance, these were not up to date. The registered manager had identified this and was working to address it. People had moved around the home whilst rooms were being refurbished and this had led to the need to review and update all of these records.

Some areas of the home were in need of refurbishment and maintenance. The registered provider had a rolling plan of maintenance to improve the fabric of the building. The flooring in some shower/bathroom areas and bedrooms required attention to improve accessibility and cleanliness. Carpets on the ground floor were seen to be in need of replacement and some flooring required maintenance. External ramps to the home required maintenance and were in need of review in line with current best practice guidelines. This work was planned in a maintenance programme agreed with the registered provider.

Requires Improvement

Is the service effective?

Our findings

People said the care they received helped them to do the things they wanted to do and be as independent as possible. They were encouraged to join in the planning and review of their care if they wanted to. Relatives spoke highly of the way they were involved in every aspect of support and care for their loved ones. One said, "I know if there is any concern or question they have about him they will come straight to me and keep me informed."

At our inspection in October 2014 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as they did not consistently apply the principles of the Mental Capacity Act 2005 (MCA).

At this inspection we found improvements had been made. People's records reflected capacity assessments had been undertaken where appropriate in relation to the person being able to agree to the content of their care plans. Records reflected best interests discussions had taken place with relatives and, where appropriate, other professionals. Care plans for people who had been assessed as lacking capacity to make complex decisions detailed the day to day decisions they were able to make. Staff supported and encouraged people to make these decisions. Staff respected people's decisions to stay in bed, return to bed after lunch, go out for cigarettes and join in activities. All staff had received training on MCA and showed a good understanding of the need to ensure people were supported to make informed decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.Where required the registered manager had submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority. They showed an understanding of DoLS and when this should be considered.

Where people lacked capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. Staff received training to support them in their role and felt supported in this. They spoke of vocational qualifications which were very useful and helped them to learn more about the provision of good care. Mandatory training was provided in a number of areas including infection control, moving and handling, safeguarding of people and the Mental Capacity Act 2005. Additional training was provided for some care staff including managing challenging behaviour, dignity and respect, and epilepsy awareness. Two newly recruited care staff had completed common induction standards training and the registered manager told us all new staff would complete this training. These are standards which people who work in adult social care need to meet before they can work unsupervised with people.

The registered manager encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. All staff had enrolled to complete, or had completed, a health and social care national vocational qualification. The head of care had enrolled to undertake a qualification in leadership in health and social care. These are work based awards that are achieved through assessment and training. To achieve these vocational qualifications candidates must prove that they have the competence to carry out their job to the required standard.

People were supported to have enough food and drink of their choice. They had access to snacks, such as biscuits and fruit, if they wanted them. The cook had a four week rolling menu in place and planned to review this for the summer months. They had met with people individually and during a meeting to establish their likes so these could be included on the menu plan for people. For example, one person continually opted to have an omelette for their main meal. On discussion with them they had identified they did not eat meat. As a result the menu plan had been changed to ensure a meat option and either a fish or vegetarian option were available. This allowed this person to have a more varied diet of their choice. The cook maintained a board in the kitchen which detailed any special dietary needs people had. This was reflected in people's care records; for example people who required a soft or pureed diet. The cook held guidance about how to ensure the consistency of these food was appropriate to people's needs.

People had care plans associated with eating and drinking. These included preferences and any support they required

Requires Improvement

Is the service effective?

at mealtimes. For one person this detailed how their health condition impacted on their weight and as such they needed high calorie meals more frequently through the day. The kitchen was aware of this and ensured they provided this. They also ensured supplements were added to the person's meals to increase their calorie intake. Food charts and weight charts were maintained to monitor the effectiveness of the care they received. For another person whose weight had fluctuated greatly, staff had responded by ensuring their weight was measured weekly instead of monthly and their dietary intake was monitored.

Accessibility to some areas of the home required improvement. The size of the passenger lift to each of the four floors of the home restricted access for some people in wheelchairs and the height of controls within the lift was not accessible to people who used a wheelchair. Whilst the registered provider had ensured the lift was available for people it did not always meet their needs or maintain their independence.

Equipment around the home was maintained appropriately, however to allow people to make full use of it some equipment was in need of review. For example, a level access shower room on the ground floor required improved access to allow people to use this more efficiently. The registered manager told us a 'wet room' was planned for this area to improve access for people. For one person who wished to have a shower, a specific chair was required to facilitate this. The head of care told us this would be ordered.

People had access to health and social care services as required. The registered manager and head of care encouraged a joint approach to people's care and requested the support of a wide variety of health and social care professionals to do this. This included social workers, GPs, specialist nursing services, dieticians, speech and language therapists, dentists, chiropodists and opticians. Staff supported people to attend hospital and clinic appointments outside of the home and transport was available to assist with this. A physiotherapist visited the home each week and provided information and support specific to people's needs and mobility.

We recommend the registered provider review current best practice guidelines in the suitability and accessibility of buildings and equipment for people.

Good

Is the service caring?

Our findings

People were cared for in a kind and compassionate way. Staff understood their needs and supported people in a calm, respectful and dignified manner. People said, “The staff all care, they are all great,” and, “They are so caring, I love it here.” Relatives said the management team and staff were very caring and always wanted what was best for people. Health and social care professionals told us staff were caring and always helpful when they visited.

Staff had worked with people and their representatives to ensure their care reflected their choices and care needs. People said they had been involved in the planning of their care and felt encouraged to remain as independent as possible. They and their representatives were involved in reviews of their care monthly with staff if they wished to do this. They felt able to express any changes in their needs and have these addressed. Relatives spoke with staff regularly to discuss their loved one’s care needs and could speak to staff, or visit, at any time. People were encouraged to use advocacy services if they required these. An advocate can help people to express their needs and wishes, and weigh up and take decisions about the options available to them. One person had been offered these services but declined them, whilst another actively engaged with an advocate and staff supported this.

Staff were knowledgeable and understood people’s needs. They were able to give us detailed information about such needs and this was reflected in people’s care plans. Staff explained what they were doing and gave people time to decide if they wanted staff involvement or support. They spoke clearly and repeated things so people understood what they were doing. Staff respected people’s choices. For example, one person chose to read the paper whilst enjoying a cup of tea in the dining room instead of joining in an activity. We saw staff respected this.

Care plans were in place regarding people’s emotional wellbeing. These gave staff clear details of what was important to people and their specific preferences; for example, one person liked a specific musical show, whilst another enjoyed nostalgic discussions. Care plans described how preferences could be supported and how to engage with people about them.

Staff demonstrated respect for people’s privacy and dignity. They knocked on people's doors and waited for a response before entering. Staff used people's preferred form of address, showing them kindness, patience and respect. They had a caring attitude towards people and recognised when they needed support. One person became distressed in the afternoon; staff immediately responded by sitting with this person, offering reassurance while holding their hand and talking to them. The person appeared to be less distressed within a few minutes.

Good

Is the service responsive?

Our findings

People felt the service responded to their needs in a timely way and offered them the support and independence they wanted. One said, "I can talk to them about what I want to do and then we discuss how I can do it." Relatives were confident staff and the management team responded to people's needs in a timely and efficient way and involved them as much as possible to ensure the best outcome. Staff were clear about the need to respond to people's individual needs in a way which ensured their safety and welfare whilst respecting their independence and choice.

In October 2014 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as care and treatment for people was not planned in a way which ensured their needs were met.

At this inspection we found the management team had worked with staff to ensure people had robust care plans and risk assessments in place to meet their needs. Care records reflected people's life histories and included information about people's likes, dislikes and preferences. Staff had reviewed historical care records to ensure they gained a good understanding of people's lives and embedded this in people's planned care. One person enjoyed discussing transport and watching programmes on this. Staff were aware of this and this was reflected in their care plan. For another person who had been involved in the armed forces people were aware of this and encouraged conversation and activities associated with this. Relatives told us they had been encouraged to share any information about their loved ones to inform the care they received in a meaningful way.

Care records contained personalised information based on what people could do for themselves. They encouraged people to remain as independent as possible, whilst ensuring their needs were met. Care plans in place were specific to people's individual needs. People who lived with specific neurological conditions had care plans in place which identified their needs and how these could be supported. For example, for people who had Huntington's disease, each had a care plan in place which identified how they were supported to meet their individual needs. All staff had a good understanding of the specific needs of people they cared for and the care plans in place to meet these needs. They recognised the need to be vigilant to the changes in people's needs due to nature of the neurological conditions people lived with.

Care plans were reviewed monthly by named nurses or the head of care. People were offered the opportunity to discuss any changes in the care they received at this time, although some people chose not to be involved. Where appropriate relatives/ representatives were involved in these reviews. This was clearly documented.

People were encouraged to participate in activities in which they had an interest. An activities area on the lower floor held a wide range of arts and crafts, music, games and other activities in which people could become involved. A six day activity board demonstrated planned activities with an activities coordinator, however these were flexible according to people's preferences on the day. The registered provider had sourced external training and class work over the past year for people including photography, literacy and computer courses. These were arranged in line with people's specific requests. People were able to access outside activities through the use of the home's vehicles. People told us this meant they had the opportunity to go shopping, to the pub or just out for a ride. For people who were cared for in their room, staff offered activities relevant to their needs. One person had additional support on a one to one basis to encourage activity and promote their independence. This was clearly documented in their care records.

A complaints process was in place and people and their relatives were aware of this. They were happy that concerns and complaints were dealt with effectively and efficiently by the registered manager and staff. Two people told us they regularly made comments to the registered manager and always had a response and support from them. Relatives were happy their concerns or any issues raised were investigated and dealt with by the registered manager in a timely and efficient way.

Requires Improvement

Is the service well-led?

Our findings

People spoke highly of the registered manager and their management team. They knew who they were and were confident they worked to ensure the home was run well and efficiently. Staff spoke of changes in the leadership and management of the home over the past six months. They described the home as having a strong team that worked well together and they felt valued in their roles. One said, "It's much more structured and organised, we know who to go to, it works much more smoothly." Another told us how the registered manager had asked staff where they thought things were working and any things which could be improved.

In our inspection in October 2014 we found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, as systems in place were not effective in the assessment and monitoring of the quality of the service provision. We were not assured the service was led in a way which ensured consistent and sustained compliance with the Regulations.

At this inspection, we noted that the registered provider had created a management team to support specific areas of the management of the home. This included the registered manager, deputy manager, head of care, head of maintenance, head of kitchen, specific health care lead staff and other heads of department. Each person held delegated and specific responsibilities for the leadership, governance and management of the home. The management team at this inspection demonstrated positive leadership and had allocated resources to improve quality. However, they required time to ensure consistent and sustained compliance with the regulations.

The registered provider had a system in place to monitor themes of incidents and accidents which were investigated and learning outcomes identified to prevent their recurrence. Care records held information on each incident and the outcomes of this. Care plans had been updated to reflect any learning or change in needs from these. For example, one person had an unwitnessed fall whilst bathing independently. This had been reviewed and now, with their consent, they were supported to use the bath. Another person had been involved in a moving and handling incident. This had been responded to, investigated, recorded clearly with support from a healthcare professional, and action taken to minimise the recurrence of this incident.

Audits to ensure the safety and welfare of people were completed by the registered provider and the management team. These included health and safety, building maintenance, pressure mattress records and other health related equipment, infection control and fire safety. However, the audit had not identified the need to review premises with regard to lift control height or appropriate use of bath/shower equipment for all individuals.

A review of medicines practices at the home had highlighted the need for a change in the provision of pharmacy services for the home. This had been implemented. However, this review had not highlighted the concerns we had identified in relation to the safe administration of topical cream and as required medicines.

Action plans were prepared following audits to ensure any identified concerns were addressed. Management team meetings were held twice weekly to support the on-going running of the home. Discussions at these meetings included actions or feedback from training, audits completed or any incidents.

In October 2014 we found the provider in breach of Regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, as care records held conflicting information and had not been consistently updated.

At this inspection, people had up to date care records which had been reviewed with them or their representative monthly. Records were well structured and consistent in their content. Care plan audits were completed randomly by the management team or nursing staff to identify any information which was not clear or required further review.

The registered provider completed a quarterly review of people's comments and opinions via a questionnaire. This was last completed in January 2015 by all people who lived at the home. People who lacked capacity to complete these independently were offered support from staff. The results were mainly very positive. There were six small actions to be followed up from this survey including the review of one person's dietary preferences. The registered provider had followed these up and completed the actions. Health and social care professionals and relatives were

Requires Improvement

Is the service well-led?

encouraged to complete annual surveys and actions would be completed from these. These were due to be circulated later in 2015. A comments box was available in the entrance hallway for people to post any concerns, compliments or comments for the registered manager. Staff said this was not used often. People were happy to speak with staff or the registered manager to raise any comments they might have.

The home had strong links with the local community, including them in some activities such as the summer fayre. People were supported to walk to the local shop and visit the village as requested. The registered provider had a 'Statement of Purpose' available for people to review in the hallway of the home. This was also given to people interested to move to the home. This identified the registered provider's 'Care Objectives'. The registered manager and the management team promoted these and staff worked in a way which reflected these care objectives. People received care and support in a way which had been clearly agreed with them and respected their independence and individuality.

People knew the registered manager was present at the home on most weekdays and was available to speak with them. They had delegated some of their responsibilities to other staff, as well as the management team, which allowed staff to become more involved in the running of the home. Nursing staff had clear areas of expertise and responsibility. For example, one supported tissue viability concerns and another mental capacity assessments and mental health. This created a clear structure of responsibility and accountability to the registered provider and promoted the smooth running of the home.

A whistle blowing policy was in place and staff were aware of this and how to use it. Staff felt able to express their views without fear of reprisal. They felt supported by the management team who had created for them a clearer and more efficient way of working and reporting any concerns or ideas they may have. They were encouraged to work as part of a team and ensure people received the best possible care. Staff spoke highly of the clinical and leadership skills of the head of care who they felt empowered people to provide care in line with people's needs. A system of staff supervision meetings had been implemented and staff felt these were supportive. Records confirmed staff had the opportunity at these sessions to discuss their role, reflect on their practice, talk about any training and receive and provide feedback. Staff had a good understanding of their role and felt valued and supported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **Appropriate arrangements were not in place to protect people against the risks associated with the unsafe use and management of medicines.**