Dania Care Homes Limited

Marwa 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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 20 and 22 January 2015 and was unannounced.

Marwa Nursing Home provides accommodation and personal and nursing care for up to 35 older people who are frail or are living with dementia. Accommodation is provided over two floors. At the time of our inspection 34 people were using the service.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was available in the home on the day of our visit.

At the last inspection carried out on 30 June 2014 we found the provider was not meeting the regulations in relation to people's care and welfare, consent to care, nutritional needs, safeguarding people, managing medicines safely, having sufficient numbers of staff, monitoring quality and safety and maintaining people's

Summary of findings

records. We served three warning notices relating to people's care and welfare, records and staffing numbers. These warned the provider that we would take further action if they did not make changes to ensure people were safe.

Following that inspection the provider sent us an action plan telling us about the improvements they were going to make. They told us they would make these improvements by 16 December 2014. During this inspection we found that the provider had taken action to address most of these issues. However, we found some improvements were still needed in relation to medicines, people's daily records and monitoring quality and safety.

The provider had introduced some systems to monitor the safety and quality of the service provided. However, we found improvements were still needed to ensure these systems were effective in identifying issues of quality and safety and ensuring robust action would be taken to manage the identified risks. People, relatives and staff acknowledged there had been progress towards a stable management team in the home, and spoke with confidence about the manager in post at the time of our inspection. They told us they had seen improvements in the care provided.

People and their relatives told us they felt safe in the home and thought people received safe care. Although we found no medicine administration errors, people's medicine records were not always sufficiently robust to prevent errors from occurring. Risks associated with people's care were identified and managed to help keep them safe. Recruitment practices were robust to protect people as far as possible from individuals who were unsuitable to deliver care to people. The provider had employed more nurses and we found there were enough staff, based on people's needs, to keep people safe.

People and their relatives were encouraged to be involved in the planning of people's care. A new comprehensive care planning system had been introduced. People had care plans in place to support them to stay healthy with input from appropriate professionals. Daily records still did not accurately reflect the care people received and therefore nurses could not judge from people's daily records whether the care plans they had instructed staff to implement, had been effective.

Where people lacked the capacity to agree to the restrictions the provider placed on them to keep them safe, the provider made sure people had the protection of legal authorisation instructing them to do so. Records did not show restrictions were only placed on people as a last resort after less restrictive approaches had been exhausted. We recommend the provider seeks guidance on how to record the best interest decisions that lead to Deprivation of Liberty Safeguards (DoLS) applications being made for people.

People were cared for by staff who were kind and respectful of their needs and wishes. Their dignity was promoted through thoughtful consideration by staff. The provider's complaints process ensured people's concerns were addressed appropriately. Since our previous inspection in June 2014 structured staff supervision had been re-introduced. Staff told us they received sufficient support and guidance to enable them to fulfil their roles effectively.

People and relatives were encouraged to give their views about the home and their feedback was used to make improvements. People and their visitors and relatives were complimentary about the quality of care provided. They liked the friendliness of staff, and the homely atmosphere.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 these now correspond to 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?

Requires Improvement

The service was not always safe.

Although we found no medicine administration errors, people's medicine records were not always sufficiently robust to prevent errors from occurring.

Risks associated with people's care were identified and managed to help keep them safe. Staff had received updated safeguarding training and knew how to raise any concerns, to reduce the risk of harm to people.

Recruitment practices were robust to protect people as far as possible from individuals who were unsuitable to deliver care to people. There were enough staff to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported to eat and drink enough and risks to people's skin were managed. However, daily records did not provide nurses with all the information they needed to monitor whether people had received effective care and treatment.

Staff were supported to improve the quality of care they delivered through training and regular supervision.

Where people lacked the capacity to agree to the restrictions the provider placed on them to keep them safe, the provider made sure people had the protection of legal authorisation instructing them to do so. However people's records did not show these restrictions were only placed on people as a last resort after less restrictive approaches had been exhausted.

Is the service caring?

Good

The service was caring.

Staff related well with people and were kind, friendly and supportive. People liked living at the home and relatives were complimentary about the caring attitude of staff.

Staff recognised people's rights to privacy and dignity. People were treated with respect.

Staff understood people's communication needs and supported people to make their wishes known. Meal times had improved and were positive experiences for people.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

People's individual needs had been assessed and care was provided accordingly. However, there was not always sufficient information about the person's life, likes and dislikes so staff could get to know the person, in addition to their care needs.

People being nursed in bed did not consistently receive the support they needed to make their lives interesting and stimulating.

People and their relatives felt able to talk with the manager and staff and told us their questions or concerns were addressed promptly.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People and staff were complimentary and supportive of the new management team.

Systems had been introduced to identify improvements required in the service. However, these were not effective in supporting the registered manager to consistently identify the risks in the service. The action plan in place was not sufficiently robust to bring about all of the service improvements required.

The culture of the service had improved; people reported there was a greater level of openness and transparency.

Marwa 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 20 and 22 January 2015 and was unannounced.

The inspection team consisted of two inspectors and a pharmacist.

Prior to the inspection we reviewed the information we held about the home including previous inspection reports and any concerns raised about the home. We also reviewed notifications sent in to us by the registered manager, which gave us information about how incidents and accidents were managed. A notification is information about important events which the provider is required to notify us of by law.

The provider completed 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people living at the home and two relatives who visited the home on the day of our inspection to obtain their reviews on the quality of care at Marwa Nursing Home. In addition, we spoke with the provider, registered manager, clinical lead, business manager, three nurses, five care assistants, the chef, the maintenance person, and one social worker. We reviewed four people's care records. We looked at all staff training records and recruitment files for three staff. We also looked at records relating to the management of the home.

Before the inspection we spoke with the Specialist Community Nurse for Care Homes who frequently visited the home.

Requires Improvement

Is the service safe?

Our findings

At our inspection in June 2014 we found people's medicines had not always been stored safely and nurses did not have all the information they needed to make sure people received their medicines as prescribed. We informed the provider that improvements were needed in relation to how people's medicines were managed so they could receive them safely. Whilst we saw at this inspection improvements had been made, including room temperature monitoring and more information to support the administration of medicines, further improvements were still required. The provider was reviewing the fridge temperature recording system as it was not always clear from the record whether medicines had been stored within the required temperature range.

Although we did not find any medicine administration errors, medicine records were not always sufficiently robust to prevent potential errors from occurring. Quantities administered for variable dose medicines were not consistently recorded. Where people required care staff to administer topical creams to their skin to prevent pressure ulcers the cream charts in people's rooms did not correspond with nurses' Medicine Administration Records (MAR). Nurses might not have known whether people had received the correct dosage of medicine or whether their cream had already been applied, thereby, increasing the risk of errors occurring. Following our first day of inspection the provider put a plan in place to address these concerns. However, it was too early to judge whether their planned improvements would be sustained.

We found that the registered person had not protected people from the risks of unsafe management of medicines. Records relating to the administration of people's medicines were not always sufficiently robust to ensure staff would know that medicines had been administered as prescribed. This was an ongoing breach of Regulation 13 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.

At the last inspection in June 2014, we informed the provider they needed to ensure sufficient staff were available to meet people's needs safely by 26 September 2014. At this inspection we saw improvements had been made and there were sufficient staff. The provider had undertaken an assessment to establish the number and type of staff required to safely meet people's needs. This staffing assessment took account of people's support needs and had indicated that two nurses were required during the day to keep people safe. The provider had recruited additional permanent nurses and increased the daily nursing numbers from one to two per shift. Staffing rotas confirmed nursing numbers had been increased.

People and care staff told us there was sufficient staff every day. One relative said "There are two nurses on each shift, I am generally happy with the staff". The registered manager told us they kept the staffing numbers under review and would make additional staff available as people's needs changed. We saw staff provided the care people needed, when they required it. Staff responded promptly to call bells and people's requests for assistance.

When we inspected the service in June 2014 we informed the provider they needed to make sure staff had the information they needed to know how to keep people safe by 26 September 2014. At this inspection we saw improvements had been made. Risks to people's safety and to staff supporting them had been assessed. This included any risks relating to the health and support needs of the person. Risk assessments included information about action staff needed to take to minimise the risk of harm occurring to people. Staff we spoke with had a good understanding of people's risks including the support people with restricted mobility required to safely move around the home. Throughout our inspection we saw staff supporting people to walk safely.

The provider undertook monthly checks of wheel chairs and hoists in the home to make sure this equipment was in safe working order. When accidents had occurred the provider's accident and incident procedure had been effectively implemented. Records showed staff had alerted the registered manager when people had accidents and action had been taken to keep people safe.

People who could speak with us told us they felt safe living at Marwa Nursing Home and did not have any concerns about abuse or bullying from staff. Relatives we spoke with said they did not have any concerns about the safety of their loved ones. One relative told us "I was happy that they dealt with a fall very quickly". People and their relatives told us they would be confident speaking to a member of staff or to the registered manager if they had any concerns.

Requires Improvement

Is the service safe?

Staff understood the importance of keeping people safe and told us they received training in safeguarding people from abuse. This was confirmed in the staff training records. Staff were able to tell us how they would identify and respond to allegations or incidents of abuse. They also knew the lines of reporting in the organisation and said they would be confident reporting any concerns to a senior person in the service. Staff understood their whistleblowing responsibilities and said they would challenge any poor practice and would not tolerate abuse. One staff member said, ''If I ever saw anything that worried me about the way my colleagues treated people I would tell the nurse''. Records showed the registered manager had investigated a safeguarding alert raised by the local authority and had taken appropriate action to keep people safe from abuse. This person had a safeguarding plan in place; staff we spoke with understood their responsibility in keeping them safe.

We found recruitment practices were comprehensive and the relevant checks had been completed before staff worked with people in the home. These included up to date criminal record checks, fitness to work questionnaires, proof of identity, right to work in the United Kingdom and references from appropriate sources, such as applicants' current or most recent employers. In order to obtain satisfactory evidence of the applicants conduct in their previous employment. Staff had filled in application forms to demonstrate that they had relevant skills and experience and any gaps in their employment histories were explained. Nurses' right to practice had been confirmed with their professional body. This made sure that people were protected as far as possible from applicants who were known to be unsuitable to work with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

Following our last inspection in June 2014 we informed the provider they needed to ensure people's needs were identified and care plans implemented by 26 September 2014. At this inspection we found improvements had been made. Nurses used assessment and monitoring tools to assess and identify people's risk of developing pressure ulcers. Where people had been identified as being at risk, plans were in place to prevent pressure ulcers developing. These included frequently changing people's position to relieve skin pressure, using air mattresses and keeping people's skin moisturised. One of the nurses had received specialist wound care training. As the wound champion this nurse took the lead in developing people's wound care plans to ensure they were consistent and in line with good practice guidelines.

At our previous inspection in June 2014 records did not show whether people with limited mobility had been supported to regularly change their position to relieve pressure on their skin. At this inspection we found some improvements had been made. New repositioning charts were in place and senior care assistants checked all daily records twice a day to identify any gaps in recording. However, we found further improvements were required for this recording to be effective in informing nurses if people's skin care plans had been implemented appropriately. People's repositioning charts had not been completed consistently throughout the day. Senior care assistants told us what action they took when gaps were identified in records to assure themselves that people had received their care. However, this corrective action had not been recorded for staff to know whether people had already been repositioned or additional action was required.

We found that people might not receive the care they needed because staff did not have the information they required to know whether someone had already been repositioned. Nurses could not evaluate from the records whether the skin care plan they had instructed staff to implement, had been effective as the record did not accurately reflect the care delivered. This was an ongoing breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with their day to day health needs. A chiropodist and optometrist routinely visited the home. People who required specialist input to maintain their health were referred to the appropriate professionals, these included community mental health workers and the tissue viability nurse.

Relatives told us staff kept them informed of changes in people's health. Staff identified when people became unwell and this information was shared with nurses on each shift. One nurse told us ''The 11am catch up meeting has been really helpful to inform us of any health concerns. It takes place after the care assistants had completed people's morning routine so they can give us up to date information about changes in people's skin, appetite or general well-being''. We saw when concerns were raised the nurses agreed a plan of action with the clinical lead. The nurses instructed staff if any monitoring was required and informed the GP as needed.

Staff understood the importance of supporting people to drink enough. Every bedroom and communal area had a jug of water and we saw people were encouraged to drink throughout the day. People at risk of malnutrition and dehydration had been identified and were monitored to make sure they ate and drank enough. Since our last inspection in June 2014 some improvements had been made to people's food and fluid charts. People's food intake had been recorded at every meal. Records showed two people had their fluid intake monitored and staff recorded what they drank each day. However, the target amount each person should be drinking daily (according to their weight) had not been recorded. Though staff recorded how much people drank every day without a daily target amount staff could not judge from the record whether people had drunk enough fluids to keep them hydrated and therefore people might not get sufficient fluids.

People at risk of malnutrition were weighed weekly. Nurses met with the Specialist Community Nurse for Care Homes monthly to discuss any unexplained weight loss and agree a nutritional plan. The Specialist Community Nurse for Care Homes told us nurses informed her promptly if people required nutritional support or if guidance was required. They also liaised with the specialist diabetic nurse for dietary guidance for people with diabetes. Staff knew who required dietary support and we saw people at risk of weight loss being offered enriched calorific snacks

Is the service effective?

throughout the day. The cook was kept informed of people's dietary needs and they were able to describe how they would provide meals that met the needs of people with diabetes and those with swallowing difficulties.

People with swallowing difficulties had been assessed by a Speech and Language Therapist (SALT) and where needed received soft and pureed diets. Staff could describe how they would support people with swallowing difficulties during meal times and we observed them supporting a person to eat in line with their SALT guidelines.

When we inspected the service in June 2014 we found staff had not received regular supervision and appraisal. We informed the provider that improvements were needed to make sure staff received the support they required to develop their skills, to enable them to carry out their role effectively. At this inspection we found improvements had been made. Records showed structured staff supervision had been re-introduced. Staff told us they had had an individual meeting with the registered manager which gave them the opportunity to discuss their performance and identify any further training they required. Staff told us they received sufficient support and guidance to enable them to fulfil their roles effectively. Though staff had started receiving supervision the registered manager told us improvements were still needed. To ensure the supervision and appraisal systems were embedded and the resulting information used to create development plans for staff.

The provider was developing systems to check the competency of staff to deliver care to an acceptable standard in line with national good practice guidelines. The clinical lead had started assessing nurses' skills in wound care, safeguarding, medicines and urinary catheter care. One nurse told us ''The clinical lead is brilliant. He is always available for advice and even if you are not sure of something he makes you feel you have something to offer. It is helping me learn and develop my confidence''. Although the registered manager had developed a staff training record to support him to monitor training across the home, the information on this record only informed him of the training staff had completed and did not support him to assess when routine re-training was required. Staff therefore might not remain up to date with changes in developments in care practice.

Staff understood and had knowledge of the key requirements of the Mental Capacity Act 2005 (MCA). Records showed the manager had discussed with staff during supervision how this legislation applied to the people in the home.

When we inspected the service in June 2014 we informed the provider that improvements were needed to make sure people's rights were protected as some people might not have the capacity to consent to living at Marwa Nursing Home. Some improvements had been made. The manager was knowledgeable about the Deprivation of Liberty Safeguards (DoLS). This includes decisions about depriving people of their liberty so that they got the care and treatment they need, where there was no less restrictive way of achieving this. The registered manager had identified 30 people were subject to a level of supervision and control that may amount to deprivation of their liberty. Records showed DoLS had been authorised for nine people and the registered manager was waiting for the outcome of another 21 applications.

Records showed the DoLS application had been made to authorise the right for people to live in the home as well as their daily care. However, records did not show following the assessment of people's capacity, steps had been taken to consult with people who knew the person and their circumstances well, to determine whether parts of people's care plans could be met without placing restrictions on them. Though the registered manager could explain the options that had been considered, records did not show restrictions were only placed on people as a last resort after less restrictive approaches had been exhausted.

We recommend the provider seeks advice and guidance based on current best practice from a reputable source, on how to record the best interest decisions that lead to DoLS applications being made for people.

Good

Is the service caring?

Our findings

People we spoke with were happy living in the home and satisfied with the care they received from staff. One person said ‘‘I like living here’’ and another ‘‘Staff treat me well’’. Relatives were also positive about the staff and care their loved ones received. Comments included ‘‘I can’t praise the care enough, the girls are young but brilliant’’ and ‘‘Mum looks comfortable and staff are very friendly’’.

When we inspected the service in June 2014 we found mealtimes were not always a positive experience for people. People were not offered a choice of meal options and lunch seemed rushed. During this inspection we saw that improvements had been made. People were able to sit where they wanted for their lunch time meal. Some people chose to sit at the dining table while others preferred to eat in the lounge area or their rooms. One person told us ‘‘I try to come down to the dining room at lunch time.’’

People were offered a choice of food at each meal. One person told us ‘‘There is a choice; I had peanut butter on toast this morning. I like it.’’ People living with dementia were supported to make decisions about their daily meals. Staff showed people pictures of the menu or two meals on a plate and this had made it easier for people to decide what they would like to eat. We saw staff doing this during lunch and at times people were offered a taste of both options to help them decide. People who were assisted to eat their meal, were able to eat at their own pace and were not rushed by staff. Where people refused their meals staff checked whether they needed it to be warmed up or would like anything else to eat. One person wanted an omelette and the chef made this for them. Staff chatted with people during meal times to make it a sociable positive experience.

People who had limited communication were supported by staff to stay involved in conversation and make sense of their world. Staff understood people’s communication needs. They spoke clearly and used hand gestures when needed to aid people’s understanding. Where people spoke foreign languages we heard staff, who could speak their language, supporting them to share their concerns with the nurses. We saw staff looked for non-verbal cues or signs in how people communicated their mood, feelings or choices. Staff told us they understood what to look out for. We saw examples of staff positively supporting people when they became agitated and prevented disagreements between people from escalating.

People’s wishes to remain part of their family and maintain their friendships were respected and encouraged. Some relatives visited regularly and they told us they could meet with people in their rooms or in communal areas. People were supported by staff to make Marwa Nursing Home their home. People’s rooms were personalised with their photos and items that were important to them. One person told us ‘‘I like having my stuff around me and they let me do that’’.

Some people living with dementia could not tell us about their experience of care. We spent time in the communal areas observing the relationships between people and the staff who provided their care and support. Staff interacted positively with people. Staff were friendly and kind and people appeared relaxed with staff. Staff took time to talk with people and took the opportunity to develop relationships. We saw staff sitting with people and making conversation whilst completing their paperwork in the afternoon.

Staff had a good understanding and knowledge of the importance of respecting people’s privacy and dignity. We saw staff speaking with people quietly and discreetly in private when needed. When people needed personal care they were supported without delay. Staff knocked on people’s doors and waited for people to respond before entering. Staff told us they protected people’s privacy and dignity by making sure all doors and windows were covered up as much as possible when they were supported with personal care. Staff used people’s preferred names, spoke in a friendly and respectful manner and put people at ease before they delivered their care.

People were supported to take pride in their personal appearance. People who required assistance to maintain their appearance were supported to do so by staff. This included a visit to the hairdresser if asked for. One relative told us ‘‘They change mums complete outfit every day, she is always clean’’.

Requires Improvement

Is the service responsive?

Our findings

When we inspected the service in June 2014 we found assessments did not always identify all people's needs and they might therefore not have received all the care they required. People's care plans were hand written and at times difficult for staff to read. We informed the provider that improvements were required to ensure staff had all the information they needed to support people appropriately. At this inspection we found improvements had been made. The provider had introduced a new care planning system in August 2014. Computers were made available to all staff so they could access this software system to update people's daily progress notes, complete assessments, accident reports and review care plans.

We saw each person's needs had been re-assessed using the new assessment system. This provided staff with comprehensive information about people's needs. This included their skin, nutrition, sleep, personal care and mobility needs. The needs assessments had been used to develop care plans which informed staff how to support each person. Staff we spoke with told us the new care plans were an improvement and gave them the information they needed to meet people's needs and keep them safe.

Two people told us new staff did not always understand how they liked things done. The provider had identified the new care plan system did not always provide staff with sufficient information about the person's life, likes and dislikes so staff could get to know the person, in addition to their care needs. The provider was taking action to ensure people's care would reflect their personal preferences. Staff told us the provider had recently introduced a 'resident of the day' programme. This meant one person's care records were reviewed daily by a nurse with people's involvement and any family member's or advocates. Relatives had been asked to complete people's care passports and provide information about the person to inform their care plans. The registered manager had started to meet with relatives to discuss people's care plans in detail. He told us ''People change and when the person we know is different to the person families describe, we need to discuss these differences so that we can agree on the best way to care for someone''. Staff told us they were still getting used to the 'resident of the day' programme. We found further improvements were required to make sure care plans informed staff about what people liked and how people preferred to receive their care.

Staff received a handover of information about people's current needs at the start of each shift and attended a daily 11am catch up meeting which helped them to respond to people's immediate or changing needs. We saw the 11am meeting was used to plan staff's response when people refused their care such as refusing to have a wash or take their medicine. The clinical lead supported staff to balance people's choices with risk and their duty to maintain a person's wellbeing in line with their agreed care plan. Where people continuously refused aspects of their care referrals were made to the relevant specialist. Interim support plans were agreed with the Specialist Community Nurse for Care Homes to support people's specialist needs until the professional assessment from the dietician, dermatologist or community mental health nurse had been completed.

People had the opportunity to take part in activities in the home. Activities took place during the morning and afternoon and were varied including age appropriate word games and physical exercise. We saw people were supported by staff to take part in the activities including prompting them to give their answers or giving encouragement. The television in the main lounge was switched to the subtitle option so people who found it difficult to hear could also enjoy the programme. A musician and pat dog visited the home every month. The provider found people were becoming bored over weekends and an activity organiser was now employed to work over weekends. Staff told us people enjoyed the weekend activities and seemed more settled and relaxed.

We saw some people who were nursed in bed or chose to spend the day in their room did not consistently receive opportunities for involvement and some stimulation during the day. The clinical lead told us they were aware improvements were needed to make sure all people were supported to have a good day. He reminded staff during the 11am catch up meeting, ''Visit your resident in their room, have a conversation you might learn something about what they like or who they are that will help you care

Requires Improvement

Is the service responsive?

for them''. They told us they were working on an activities programme for people who spent time alone in their room and how this would be delivered jointly by care and activity staff.

Relatives and residents' meetings were held so they had an opportunity to talk about any issues or concerns they wanted to raise. Minutes of these meetings had been kept and we saw concerns people had raised had been acted upon, We noted in response to feedback from relatives wanting more people to be encouraged to eat in the dining room extra tables had been put in the dining room. This provided people who wanted to eat by themselves with more space. More care had been taken to set the tables. Staff told us following these changes more people were now using the dining room.

People and their relatives told us they had not made any complaints about the service they received. They said if they were unhappy about anything they would let the staff know or talk to the manager. One said, "If I have a problem I will go to the person in charge''. Following our last inspection the provider had reviewed their complaints policy. The communal complaints book had been replaced with a complaints/comments box so people and relatives could submit their concerns anonymously. Information displayed within the home informed people and their visitors about the process for making a complaint. Relatives told us they would also benefit from receiving a copy of the new complaints policy. Staff knew about the complaints procedure and said they would refer any concerns people raised to the nurses or managers if they could not resolve it themselves.

We looked at how written complaints were managed by the service. The registered manager told us the home had received two written complaints since our inspection in June 2014. We looked at these complaints and found they had been investigated and responded to in line with the provider's own policies and procedures. We saw the provider had made improvements to limit noise following one complaint. We found the provider had taken action to resolve individual concerns. However, the provider's quality assurance audit did not make sure people's feedback was reviewed regularly so learning could be undertaken to improve the service as a whole or to check improvements made following feedback, had been sustained. People therefore could not be assured that the service would improve in response to their feedback.

Requires Improvement

Is the service well-led?

Our findings

The provider had employed a clinical lead to improve the nursing care following our inspection in June 2014. The clinical lead was supporting the nurses to develop their role in monitoring the quality of nursing care people received. Monthly nursing governance meetings took place with the Specialist Community Nurse for Care Homes to give nurses the opportunity to monitor concerns and risks such as falls, infections and pressure ulcers across the home. This meeting was also used to monitor accidents and incidents to identify trends that could indicate risks to people's health and welfare. Where concerns had been identified we saw lessons had been learnt in relation to how to improve outcomes for people. For example, systems had been developed to improve wound plans and assess people's risk of falling so preventative action could be taken. To further improve practice the provider regularly attended the local Specialist Community Nursing Home Forum.

The community care team (CCT) had worked closely with the nursing team in the home following concerns identified with the nursing care people received. Several new experienced nurses had been employed since our inspection in June 2014. The clinical lead told us the CCT had stopped providing nursing support in August 2014 and the provider's nursing team had managed effectively since then. The Specialist Community Nurse for Care Homes confirmed that improvements had been made. She had also reduced her monitoring visits to the home from two weekly to monthly as she was confident the home would inform her if any concerns arose. Although we found improvements had been made in the delivery of nursing care. Further improvements were required to ensure a robust system for monitoring nursing practice was embedded into the home and coordinated to ensure consistency in nursing practices.

The provider told us they had introduced a new quality assurance system in November 2014 to make the improvements required following our inspection in June 2014. The registered manager had carried out their own quality assurance self-assessment in November 2014. This self- assessment had identified the actions required to bring about improvements in the service. However, the self-assessment did not identify the ongoing failings in relation to the management of medicines and record keeping we identified at this inspection. It also did not incorporate the concerns identified by the community pharmacy's medicines audit in October 2014. The self-assessment did not reference the provider's action plan for the CQC following the previous inspection. Nor did it note if progress had been made to ensure relevant regulations would be met by 16 December 2014, the date the provider said they would meet legal requirements.

The provider's quality assurance processes at Marwa Nursing Home were not effective in ensuring issues of quality or safety were identified and robust action taken to manage these risks. The provider had taken some actions in relation to the previous CQC inspection and the identified breaches of regulations. However, they have been unable to make all the required improvements and have demonstrated that they cannot consistently identify the improvements needed for themselves. We found that the registered person had not protected people through good governance systems. This was an ongoing breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they were beginning to see improvements in the way the home was run and the provider had been open about the challenges faced by the service during the relatives meeting in June and October 2014. They told us they were given an opportunity to give their feedback at the relative's meeting and the annual satisfaction survey. One relative told us ''This place has changed from a year ago it is cleaner and the quality of care is much better''. The registered manager told us they were working on building people and relative's confidence in the service. He told us ''We have to build open relationships with honest communication so that people can trust us. They need to see that we want the best for people and will do what we say we will do.'' The provider told us that resources had been made available to improve the service. We saw additional management and training support as well as equipment had been made available to enable progress. This was confirmed by the provider's business manager who approved the spending in the home.

Staff and visiting professionals also spoke positively about the leadership of the service. They told us the running of the home had improved following the appointment of a new management team in July 2014. They described the

Requires Improvement

Is the service well-led?

registered manager and clinical lead as eager to learn, committed to providing good care for people, supportive of staff and working to improve the service. Comments included ‘‘The management of the home is getting better and better’’, ‘‘I can’t believe what they have achieved in the past year’’ and ‘‘People and staff seem happier’’. Staff told us they received clearer direction from management and were building their confidence in understanding their day to day responsibilities. One care worker said ‘‘We are working together as a team. We are given specific tasks every day and I prefer this, I know what is expected of me’’.

Staff told us the registered manager had shared the outcome of the June 2014 inspection report with them and they had some understanding of the improvements required. Nurses were more confident than care staff in understanding their responsibilities in bringing about the required improvements. One nurse told us ‘‘We are working on developing staff’s confidence in what they do. I am reminding care workers they are the nurse’s eyes and ears and together we will build a strong nursing team’’. We attended a staff meeting and saw staff were given the opportunity to provide feedback about the service and how improvements could be made.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **We found that the registered person had not protected people from the risks of unsafe management of medicines. Records relating to the administration of people's medicines were not always sufficiently robust to ensure staff would know that medicines had been administered as prescribed. This was an ongoing breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **We found that the registered person had not protected people through good governance systems. This was an ongoing breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **We found that the registered person had not ensured peoples' records accurately reflected the care delivered to them. This was an ongoing breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**