Runwood Homes Limited

Ashwood - Ware

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Ashwood is a purpose built care home and is registered to provide accommodation and personal care for up 64 older people some of whom are living with dementia. At the time of our inspection 61 people were living at Ashwood.

The home had a registered manager in post who had been registered since October 2010. 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 inspection took place on 27 July 2016. We arrived early in the morning to inspect the service which was unannounced. At our previous inspection on 23 and 25 September 2015 we found breaches of regulations 09, 10, 13, 14, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not supported by sufficient numbers of suitably trained and skilled staff. People's nutritional and care needs were not met and responded to safely. When staff identified people`s changing needs management did not respond in a timely way to put measures in to keep people safe. We also found that people were not treated in a dignified manner, people's care records were out of date and staff were not aware of people's needs. Governance systems were not robust to allow management to sufficiently review, monitor and respond to identified concerns and staff did not feel supported by the management team or provider.
At this inspection we found significant improvements had been made in areas relating to safe care and treatment, staffing levels, supporting staff, treating people with dignity, and communicating with people and relatives. However we also found improvements were still required in governance systems to ensure the service was well led and records relating to people's care were accurate.

People were supported by sufficient numbers of staff who responded promptly when they required assistance. Staff we spoke with were knowledgeable in relation to keeping people safe from harm and reporting incidents to management, however these were not always identified or investigated and responded to quickly. Staff we spoke with were aware of people's current needs and how to keep people safe from the risk of harm.. People's medicines were not consistently managed safely and we found an incident where one person had not received their medicines as intended by the prescriber.

Staff felt supported by the manager who enabled them to carry out their role effectively. Staff had received training relevant to their role and were offered the opportunity to develop their skills and progress in their career. People's consent was sought prior to care being carried out and staff took time to explain the task they wished to carry out. People's nutritional needs were met and their food and fluid intake and weight were monitored, although not always documented. People were able to choose what they ate from a varied menu. People`s health needs were met and they had access to a range of health professionals when needed.

Staff spoke with people in a kind, patient and friendly way and respected peoples dignity. People felt listened to and told us they felt they could shape their own care to reflect their own personalised choices. Staff were aware of people's needs, choices and we saw that a friendly rapport had developed between people and staff who cared for them.

Governance systems and updates in people`s care records continued to be an area that was under development, however the registered manager was able to demonstrate to us how they were addressing these issues. People were positive about the management team and told us that significant improvements had been made across the home by the management team and the provider.

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 consistently safe.

Where people were at risk of harm, the manager had not sufficiently identified and reviewed some incidents to ensure people were kept safe.

There were sufficient numbers of staff deployed to safely support people's needs.

Risks to people's health and well-being were positively managed and appropriate equipment was in place where required to manage these risks.

People's medicines were managed safely, however we found one person did not receive their medicine as prescribed.

Is the service effective?

Good

The service was effective.

Staff told us they felt supported by the registered manager and provider to enable them to carry out their role sufficiently.

Staff were observed to gain peoples consent prior to assisting them with tasks.

Where people lacked capacity to make certain decisions appropriate assessments were carried out in line with the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink sufficient amounts, although when people`s weight fluctuated this was not always documented.

People had access to a range of healthcare professionals to support their needs when required.

Is the service caring?

Good

The service was caring.

Staff spoke with people in a kind and sensitive manner, and knew people's needs well.

People and staff who supported them clearly had a good rapport

Care was provided in a manner to promote people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs.

People's wellbeing was supported by staff who were aware of their preferences, choices and health needs and responded to these effectively.

People were aware of how to make a complaint or raise concerns and forums were held for them to do so.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems and processes for monitoring and reviewing the service were not consistently effective; however the provider was in the process of implementing a new system to monitor the service effectively.

People's care records continued to lack in sufficient information to reliably inform staff, however staff were aware of people`s needs.

Staff felt supported by the registered manager and valued members of the team. The provider had also made significant changes in the way they ensured the good running of the home.

Staff and people told us the manager was approachable and they felt they were able to contribute to ideas about the running of the home.

Ashwood - Ware

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 27 July 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We reviewed a copy of the action plan that was submitted to us after the inspection, and also sought feedback from professionals within the local authorities safeguarding and continuing healthcare teams.

We carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

During the inspection we spoke with seven people who lived at the home, three relatives, six members of care staff, kitchen staff, the deputy manager, the registered manager and a representative of the provider. We looked at care records relating to seven people together with other records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe and well looked after. One person said, "Oh yes, I do feel safe, staff are very good to us. There are no problems." A relative who visited regularly told us they never had any concerns about the safety of the people living in the home and that staff knew how to keep people safe.

Staff we spoke with were able to describe to us how to identify possible abuse, and were clear in how they would report this. One staff member said, "Bruises, marks, scratches, if they [people] are not themselves, or if there are any things that are not quite right then I report it straight to my senior." Staff told us that they received regular updates for their safeguarding adults from abuse training and where also aware of external organisations they could report their concerns to. Information was available in the home for people, staff and visitors to refer to in relation to reporting any concerns.

Incidents and body maps were used when an incident of possible injury required reporting. Staff appropriately documented any issues relating to unexplained bruises or abrasions and gave these to the senior team for review. Body maps were descriptive and indicated the precise location the date and the time of the day staff observed these injuries. However, the senior team were not always responsive in following up on these incidents reported to them. For example, one incident we identified through reviewing care records was for one person who was found to have bruising to their wrists and right hand. The concerns were that the person may have been inappropriately transferred or handled. This was not picked up by the senior team and not reviewed. However, we found another incident for a person who sustained a skin tear that was documented, recorded in a body map, reported and responded to, and referred to the local safeguarding team. The registered manager and provider agreed that the system used to follow up on reported concerns was not consistent.

Where there had been incidents or safeguarding concerns raised, the registered manager was quick to share these with staff and discuss learning points in order to prevent reoccurrence. Since the last inspection the registered manager ensured that all staff undertook face to face safeguarding training, and that those staff whose performance was not considered safe were placed under disciplinary processes to improve their practices. Lessons learned from events were also shared with staff through discussions and meetings where needed.

On the day of the inspection there was a calm atmosphere within the home. Staff were seen to take their time when providing care and talking to people. Call bells were answered promptly and if people were asking to use the toilet or move from one place to another staff were quick to respond to them and carry out their requests. Staff told us since we last inspected the service staffing levels improved. Staff said that there were inevitably busy times; however they felt that the staffing levels in the home enabled them to support people in a timely way. They told us the registered manager had employed sufficient numbers of permanent staff, and that they no longer used agency cover. One staff member told us, "Just having the same staff working the same shifts has made such an amazing difference; we don't have to spend time leading the agency staff and can get on with the care." A second staff member said, "When we used agency staff there was no continuity of care. Now we are fully staffed and things are a lot better. We pull together as a team

and there are no problems." People and their relatives confirmed to us these positive changes. One person said, "Much better, I know who is working here and that makes me more comfortable."

The registered manager told us that recruitment had been an on-going issue, however with support from the provider, an increase in pay for care staff, and positive performance management of staff they had been able to build up a permanent staff team and use no agency staff for the previous two months. They showed us that they monitored regularly the staffing levels based upon people's needs, and also that this information was shared with the provider regularly for review. Since the previous inspection the registered manager had reviewed the dependency levels of all those people they felt were high need. This had resulted in some people being moved from the home to appropriate nursing homes, which meant staff were able to then spend more time providing care to people who were suitable for the home. One staff member said, "We always used to work short staffed. Now it is lovely. When the odd occasion comes and staff cancels shifts on short notice managers will cover the gap. They help us a lot." A second staff member said, "Before it was hard, really hard to get everything done, but since all the changes when I go home at the end of the day I know I have been able to do a good job." This meant that the provider had made sufficient improvements to ensure that there were enough staff available to support people appropriately.

People had comprehensive risk assessments developed when risks to their well-being were identified. Risk assessments clearly identified what the risks were and gave staff guidance in how to mitigate these. For example we saw that a person had been identified as being at high risk of developing pressure ulcers. The person was cared for in bed and was not able to change their position without assistance. Staff had sought the advice of the district nurses and put a pressure relieving mattress in place. They ensured the person was regularly turned to ensure that they minimised the risks of developing pressure ulcers, and followed a daily routine of creaming and monitoring the person's skin.. Staff were consistently knowledgeable about other needs and the risks to people, for example staff told us how they assisted people to mobilise, considering their physical limitations and had identified if people were at risk of choking or falls.

People whose behaviour could have been challenging at times had comprehensive plans in place for staff to be able to manage their behaviour. For example, one person was at times anxious and physically aggressive towards other people. Staff were quick to involve specialist health care professionals and had their medication reviewed by the specialist mental health team. Staff continued to monitor their behaviour closely and a behaviour support plan was in place to help staff recognise the signs and symptoms of the person`s changing behaviour. Guidance was clear and helped staff to manage the person`s behaviour effectively to prevent incidents. Staff we spoke with were aware of these interventions and we saw there had been a positive outcome for this person with less frequent incidents.

We observed a staff member administering medicines to people. Medicines which were suitable were pre-packed by the pharmacy in individual pots for each person for the times of the day they were prescribed for. This helped staff spend less time in having to individually check and administer people`s medicines. Staff took time and sat with people whilst they helped them taking their medicines. We observed that the help and support given to people was appropriate and promoted their independence as much as possible. For example if people were able to independently take their medicines from the pot staff handed them a glass of water and their medicines and observed people taking those. If people were unable to take their medicines staff assisted them giving each medicine individually with a spoon and drink until people took their medicines.

Medication Administration Records (MAR) were completed once staff observed the person taking their medicine. Those staff who administered medicines to people were appropriately trained to do so, and a signature list at the front of the MAR confirmed those staff authorised to manage people medicines. Each

medicine record was accompanied by a picture of the medicine, dosage, and information about the medicines people took. People's allergies were recorded and the provider operated a policy of medicine reviews on either a minimum 12 month period or whenever required. We saw that for people prescribed medicines which could make them sleepy or pain relief these were reviewed far more frequently than twelve months.

Where people refused their medicines, staff did not always document the reason why. For example one person had refused their pain relief. This was a prescribed medicine to be taken four times daily, however the rear of the MAR gave no indication why they had refused. A second person who used a laxative had refused on two separate occasions and again there was no record on the MAR as why. We found that one person was prescribed half a tablet a day. Staff had administered the half tablet but not discarded the remaining half once broken. Good practise in medicines management in care homes requires that tablets are only administered whole and not stored due to incorrect dosage caused by splitting tablets.

We counted eight stocks of medicines held against the records noted in the MAR. We found one stock was incorrect and one person had not had their medicine when prescribed. There was one gap in the MAR which related to a medicine given the week previous to the inspection but no other errors or omissions in the remaining stock were found. Staff however had not reported the missed medicine as required. This demonstrated that people had mostly received their medicines as prescribed, however omissions were not always identified.

Good

Is the service effective?

Our findings

People told us staff were knowledgeable when they needed support. One person told us, "Staff is very good. They know what they are doing." One relative told us, "Staff is very good. They look after [person] very well. They all seem knowledgeable in how to look after people with dementia." A health care professional we talked too told us, "Every time we visit and ask about people who have Diabetes staff really demonstrate they know them well. They know how much they ate and drank and this is very important for us."

Staff told us they had induction training when they started working at the service. They told us they had to do numerous trainings some practical some e-learning. Staff confirmed that some of the more important topics like safeguarding and manual handling were repeated yearly to ensure they were up to date with their knowledge.

Staff told us they felt supported and listened which made them feel less stressed and more able to concentrate on the work they had to deliver. One staff member said, "We [staff] have a lot more support than before. We are listened in supervisions and team meetings. It is definitely less stress and more caring for people." Another staff member said, "I have regular supervision where I can discuss anything with managers and also regular team meetings where we [staff] can raise any issue we have. We are listened and we re-visit the issues in the next team meeting to make sure things improved."

We observed staff interacting with people who lived with dementia. They demonstrated a very good understanding in how to provide good dementia care to people who were living with this condition. Staff enabled people to move freely within the home and opened doors to enclosed gardens, which give people a sense of freedom. We observed during the day of the inspection people were walking around the gardens and in other parts of the home not just in the unit they lived in. Staff greeted people every time they passed them, smiled and used touch and hugs to reassure people who did not understand verbal communication. This demonstrated that staff were knowledgeable and understood the principles of good dementia care. One staff member told us, "I am so passionate about dementia care. I worked here a long time and I know people well. I do believe they know me as well. Sometimes after I have been off a couple of days they see me and say `oh, it is you` so they must remember me in a way."

Since our previous inspection the registered manager had been proactive in addressing poor performance within the staff team. They demonstrated to us where they had put in place performance management plans for those staff who were not providing care at the expected standard. There had been occasions where this meant staff had left the service however the registered manager was committed to ensure that the staff provided the right care to people. When we spoke to a senior member of staff about this approach they told us, "All the staff here now really cares. You need special staff to look after special people."

Staff asked for people`s consent for the care and support they received and if people were not able to verbally communicate they watched people`s body language if they indicated in any way that they agreed or disagreed with what staff were asking. For example we observed a person who had very limited verbal communication. Staff asked them if they would like to return to their unit to have their meal. Although the

person could not communicate their decision verbally they have reached out for staff`s hand and made their way back to their table indicating they were happy to go.

Where staff or managers felt people may have lacked capacity to make certain decisions they carried out mental capacity assessments. If the result of the assessment concluded that people lacked capacity the decisions made in their best interest were taken following a best interest process. We saw documented in people`s care plans that best interest meetings were organised and had input from the persons` relative or rightful representative, health and social care professionals and staff working in the home. For example we saw that for a person whose dementia was advanced and prevented them to understand their needs staff organised a best interest meeting. They discussed with health and social care professionals and the person`s relative all the areas the person needed support to keep them safe and comfortable. They agreed that it was in the person`s best interest to have bed rails on their bed to prevent them falling out of bed and that they could not leave the building without staff`s assistance.

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

People spoke positively about the food saying it was good and there was a good choice. One person said, "The food is good, we have enough choices." Another person told us, "I do like my food. It is good here." There was a copy of the menu displayed on each table in the dining areas. We observed that drinks were available and were being offered to people throughout the day of the inspection.

Staff were monitoring people`s nutritional intake. People were weighed regularly and where a weight loss was identified staff involved the person`s GP and a dietician to ensure they had specialist advise in meeting people`s nutritional needs. However this was not always consistently recorded or documented in people's records.

Staff also monitored people`s fluid intake. Charts were completed well every time people had drinks; however the amount recorded as `recommended` for each person was not met by some people. There were no actions recorded or discussions with GP as to whether this target had been unrealistically set for some people. We asked the registered manager about this and they agreed it should be discussed with GP and recorded that some people were not able to meet this target although they were drinking well.

We observed meal times and found that improvements could be made to people`s meal time experience. Staff had involved people in setting the tables and prepare drinks, however they had not checked before food service if every person had the appropriate cutlery. This caused delays when the food was served as staff had to find spare cutlery. Tables had no table cloths and the table mats used did not give a pleasant welcoming feel. People set around the tables a long time before they were served their meals. Staff offered choices to people visually and verbally. In addition people had a printed menu on the table where they could read what was on offer. The food was served appropriately and looked appetising. Condiments and sauces were placed on the table so people could help themselves. People were observed finishing their meals and then they were offered seconds. Staff were monitoring people and if they found they were not

eating they offered alternative choices and build up drinks to ensure people had sufficient nutrients. One person told us, "The food is brilliant, really top notch, I have put on a stone since being here."

On the day of inspection, a member of the provider`s quality team visited the home to observe the lunchtime meal and provide feedback to the registered manager about improvements that could be made to support people with dementia. They discussed the use of coloured plates and other items to further improve people`s dining experience, particularly for those people who live with dementia.

People had regular GP visiting and reviewing their health. We saw that appropriate referrals were made to health and social care specialists when needed and there was regular contact with and visits from the local mental health team, dieticians, dentists, chiropodists and opticians. A visiting health professional told us, "We come three times a week to see some people and twice a week we hold wound clinics here. The staff are very good in referring people to us if needed." One person told us, "Do you know they actually got the dentist to come here to fix my teeth, they were really quick and did it all in the privacy of my room. This is what I call gold star service." This meant that people had been supported to access appropriate healthcare services and maintain good health.

Good

Is the service caring?

Our findings

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs and how they wanted to be supported and cared for. One person said, "All the staff are very kind, they attend to me how I like when I like." A second person said "They [staff] made such a fuss about me especially today [the person was going out with relatives], but they are always looking after me well."

Care plans were comprehensive and detailed people`s support needs. Many of the people in the home were living with dementia and we saw little input from them in their own words in the care plans. However we found that staff had completed an assessment form, 'This is me` where they captured important events from people`s life, their likes and dislikes. This helped staff to understand people better and offer personalised care to people. These forms were seen to have been completed both by the person before their dementia progressed, but also by people's relatives if the person was unable to do so. When people's care needs were reviewed, these included the views of either the person or their relative. Both people we spoke with and their relatives were able to tell us how the care provided to people was as they wished it to be done, and all confirmed their views had been sought.

One relative we spoke with said that the staff were very caring. They told us, "I come here very regularly and staff are very good. They are very nice to people." We observed when care was provided to people this was done in a calm and unhurried manner. Staff were smiling and gave reassurance to people if they showed any signs of anxiety. We observed people were relaxed and felt comfortable in their presence. Staff were vigilant and aware when people showed signs of anxiety or discomfort. They were quick to intervene and provide reassurance and stayed with the person until they were calmer. For example, one person repeatedly wanted to phone their relative. It was not possible because they were working, however were due to visit later that day. Various staff all interacted with this person in the same manner, using the same techniques. They achieved the desired outcome which was that the person became distracted and focused on talking with the staff and was less agitated. One staff member told us, "I know every person here very well. I always work on this unit. Every person here has dementia and they are so different but I do enjoy working here." They were subsequently able to tell us about people they were caring for and supporting, including their preferences and personal histories.

People told us that their dignity was upheld and they felt respected by staff. One person said, "The carers are kind, they are very respectful." Another person told us, "Staff is very good and they respect me." Staff were observed to knock on people's doors before entering. Some people chose to close their doors others left them open. Staff told us clearly about the need to preserve people's dignity all times and they closed bedroom doors if they offered personal care. People were either sat in their rooms or communal areas in a presentable manner dressed in clean, laundered clothes and clearly assisted to be dressed the way they liked. One person said, "They [Staff] are great, they get my hair just the way I like it, which is no mean feat I can tell you." Where people may spill lunch onto their lap or clothing staff were quick to assist them into a change of clothing and ensure they were well presented.

When staff spoke with people we saw this was carried out in a respectful manner, showing a genuine interest in what the person wanted to say. They adopted a different approach to speak with people depending on their particular needs, however all people we spoke with told us they felt listened to and valued. One person said, "It's like chatting to an old friend when we [Person and staff] get nattering, [Staff] are so young you'd think they'd get bored but they have a real interest in me and what I like."

Good

Is the service responsive?

Our findings

When we previously visited Ashwood - Ware we found that people did not receive personalised care that was responsive to their needs. We found at this inspection the registered manager had made the necessary improvements.

People told us they were happy with the service they received and had nothing to complain about. One person told us, "I am overjoyed with how things are." A second person said, "It suits me down to the ground now, everything I could want."

People told us that they were able to contribute to the assessment and review of their needs. They said that staff completed a thorough assessment and that both themselves and their family were consulted. Care records we looked at contained information regarding the person and what was important to them, alongside an assessment of the person's health and well-being needs that considered what they could do for themselves. For example, people were encouraged to wash and dress with minimal support from staff to maintain their dignity and independence. Where people had more complex needs, such as pressure area care, staff were aware of how and when people required repositioning, and also how to support their particular nutritional and fluid intake needs.

People`s care records were up to date and provided information for staff about how to meet their needs, such as maintaining safety, personal care, eating and drinking. Information relating to people's personal information about their preferences, dislikes and preferred routines was not consistently detailed enough for staff to know how to offer care and support for people in a personalised way. However staff we spoke with clearly demonstrated to us that they knew people well and how they preferred their care and support provided to them. One person told us, "Staff know what I like." One health care professional told us every time they visited the home they observed staff supporting people. They told us they found staff to be knowledgeable about people`s preferences, likes and dislikes. One person's relative said, "The care they [staff] give to [person X] is not the same as for [person Y] because both people are very different and the staff seem to know that."

There were a range of activities provided by the activity staff and care staff. This offered choices to people who enjoyed group activities or individual activities. On the day of the inspection we observed activity staff talking to a group of people and offering to put music on. People were seen and heard singing along and chatting around the home for an hour and then spent time relaxing. We saw the activities that were provided helped to distract and calm people when agitated. For example, one person was observed to be walking constantly around the home and was clearly agitated and frustrated. When they heard the music playing they sat in a chair and clearly enjoyed the music for 30 minutes, before deciding to leave, but doing so in a far happier and more content mood. We also observed people engaged in flower arranging and a piano concert held in the atrium. In addition people were able to access the gardens with visitors, help set the dining tables or just to have a chat with staff. Where activities previously were not meeting the needs of people individually, we saw that significant improvement had been made to tailor activities to people's specific interests. One person was seen to collect the mail and papers each day, it was a task they very much

enjoyed and staff told us this was an important task the person felt compelled to carry out.

People and relatives told us they had no complaints about the service. One person told us, "If I need to say something then I do, and I know that [Manager] is just round that corner if I want to." One person's relative said, "[Manager] is very quick to jump on anything that is not quite right, I wouldn't say that I have complained, but I have grumbled and it was dealt with there and then." A copy of the complaints policy was made available to people, and as part of routine monitoring of the service the provider checked for any new complaints raised, and reviewed the progress and outcome of any made. Since the last inspection we found that no formal complaints had been raised with the registered manager to investigate.

People and relatives were also able to provide feedback to the management team through regular meetings held within the home. People we spoke with were positive about these meetings, and told us they were able to speak directly with the registered manager to address any concerns they had. People also said that with the regional manager present regularly in the home they felt able to approach them if needed to raise any concerns, or receive an update of developments.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found that there were insufficient robust or effective systems in place to assess, monitor and review the quality of service provided. Governance audits were not effective in identifying issues or concerns and did not occur regularly and staff were not supported by the management team or provider. At this inspection we found improvements had been made in relation to staff feeling supported and governance systems, however further improvements were still required in areas such as identifying incidents and recording.

Staff felt there were a lot of improvements made in the home since the return of the registered manager. They told us the provider had increased their visits to the home, and staff said they felt the registered manager was better supported. Staff we spoke with told us they felt supported and happy to work for Ashwood - Ware. One staff member told us, "Since the manager came back things have turned around, it`s much better." Another staff member said, "Everything is much calmer now and the atmosphere is good. Since the manager came back we all work as a team and we feel listened to and supported."

People felt the registered manager and the provider were visible around the home, and that they were approachable and listened to what staff had to say. Staff told us, "They [provider] listened to us after your last visit and stopped all the upset and stress with changing our hours, and looking at our workloads."

We spoke with a representative of the provider during the inspection about lessons that had been learned from the governance of the organisation. They told us, "The organisation had grown, and we spoke with the managers and realised they were stretched. We had grown a lot bigger quite quickly, but also lost some of the family company feeling that we had. We realise we need to be corporate in many ways, but not losing sight of our core value."

As a result, we saw that increased support was now provided to the home. The regional manager visited on a minimum weekly basis and reviewed areas such as concerns, complaints, incidents, staffing, facilities, injuries and other areas. They would then discuss this at the beginning of each week with their line manager and a weekly report was submitted to the provider and board. A new regional management structure had been implemented giving greater oversight and scrutiny to the operational directors and home managers. This had been working both within Ashwood – Ware and other Runwood Homes for around three months, and feedback from staff and the registered manager was positive. However, there were areas that continued to require improvement in relation to audits being effective and identifying gaps in either care planning or safety.

We looked at audits that were carried out in the home and saw that a suite of audits were carried out by the registered manager, and then a comprehensive monthly audit was carried out by their regional manager. Auditing frequency varied within the home in areas such as medicines, incidents and accidents carried out weekly, and care records completed monthly. Where issues were identified, an action plan had been developed and this was regularly reviewed. However, audits did not always identify where the gaps were. Staff had not reported to management over a period of seven days that one person had not received their

medicine as intended by the prescriber, and this had gone unrectified. Staff told us that the temperatures of the medicine trolleys were carried out daily, however records did not reflect this. For example the pm check on 19 July and am check on 26 July had not been recorded and the audit had not identified these gaps. Care plans were completed; however they were not always updated as required. For example, for somebody who had sustained a fall in July and injured themselves, staff had not updated the moving and handling assessment since June 2016. Staff were able to tell us about this person, and how they supported them currently, but the record did not reflect what staff told us.

We also saw that assessments of people's needs, such as falls assessments did not evaluate the persons condition or changes, but merely recorded the incident. We also found that people who required weekly weighing had this carried out, and staff confirmed this, however this was not always documented or accurate. For example one person was weighed as 51.4 kilograms on one day, and then the following day as 50.3 kilograms. The registered manager told us it was an issue with the scales, therefore inaccurately recorded, however there was no notes or records to confirm this and the person had not been reweighed. MUST tools we found were also at times incorrectly calculated. For example a person with weight loss of 7.7 kilograms between April and June had their weight loss recorded as 0 in the assessment tool, where a score of 2 was required. However, where the records above were inaccurate, this did not mean people did not receive the care they needed. Staff were aware of how to care for people, what their needs were, and how to respond to those. For the people who had lost weight we found that appropriate actions had been taken, and the most recent weight records showed they had gained weight. This demonstrated that although an accurate record of people`s care had not been maintained, this had no impact on their health and well-being. The registered manager told us that care records were an on-going area that they were working on with the staff, and would continue to support the senior team to ensure they were updated as required. The senior staff on duty of the day of our inspection were recently in post, and were supported by both the deputy and registered manager to develop their skills and abilities for the roles they were performing. The management team told us they would continue to support the senior care team to identify and respond to areas such as those highlighted above, and this would form part of their on-going development plan.