Lunan House Limited

Warmley House Care 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**

Summary of findings

Overall summary

Warmley House Care Home is part of the Four Seasons Brand and is situated on the outskirts of Warmley, South Gloucestershire. The home can accommodate up to 58 people who require nursing care. The service also provides care for people who have a diagnosis of dementia.

At the time of our inspection 46 people were using the service.

The service was arranged as three units. Fourteen people who required residential care were using 'The Coach house'. Seven people living with dementia were using 'Sunflower'. Twenty five people requiring nursing care were using 'The Nursing Unit'.

This inspection was unannounced and took place on 20 and 21 December 2016.

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. However the provider had placed an acting manager in the home on 22 November 2016 to cover for the absence of the registered manager. A new regional manager had also been appointed.

The provider had made a number of improvements since our last inspection in May 2016. The manager's overall leadership and management of the service, the safe management of medicines and the use of the internal quality assurance systems had all significantly improved. These improvements now need to be sustained and built upon.

However, we identified some areas that require improvement. These were; the day-to-day leadership and oversight provided by the qualified nursing staff and senior care workers, staff training and the availability of staff at meal times, people's individual food choices and preferences not being catered for and record keeping around food and nutrition. The provider had also not submitted sufficiently detailed and accurate notifications to CQC as required by law.

The day-to-day leadership and daily oversight provided by the qualified nursing staff and senior care workers was not effective in promoting high quality, person centred care. The newly appointed regional manager and the acting manager had brought an open, honest and transparent management style to the service. People, relatives, staff and health and social care professionals said this had been successful. However, nurses and senior care staff did not always take responsibility for ensuring this culture was reinforced.

We identified some care staff had not received the required training on moving and handling people. Training in this area ensures staff have the necessary knowledge and skills to keep people safe. When this

was brought to the attention of the acting manager, they took action resulting in staff receiving this training within 48 hours of our inspection. However, the provider's systems should have identified this training was required.

There was not always sufficient numbers of staff available to people.

People's individual food choices and preferences were not always catered for. People's food and fluid intake was not monitored consistently.

The acting manager and staff team understood their roles and responsibilities to keep people safe from harm. Staff knew how to raise concerns regarding people's safety. The service complied with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a caring service. Staff gave people the care and attention they wanted or needed. People received care from staff who knew them well many of whom had worked at the service for a number of years. People were able to maintain contact with family and friends. People's wishes were respected about their end of life care.

The service was responsive to people's needs. Care plans were more person centred with greater detail recorded about people's hobbies, interests, likes and dislikes. There were more activities on offer to people. The provider investigated concerns and complaints and made changes as a result.

We have made a recommendation regarding the day-to-day leadership provided by nurses and senior care staff.

We found breaches 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.

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.

There was not always sufficient numbers of staff available to people.

Improvements made since our previous inspection in May 2016 must to be sustained.

People were protected from risks associated with the storage and administration of medicines.

Risks to people's health and welfare were assessed and managed.

The acting manager and staff team understood their roles and responsibilities to keep people safe from harm. Staff knew how to raise concerns regarding people's safety.

Is the service effective?

Requires Improvement

The service was not always effective.

People's individual food choices and preferences were not always catered for. People's food and fluid intake was not monitored consistently.

Some staff had not received training on moving and handling people. The acting manager ensured staff received this training shortly after our inspection.

The service complied with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Managers and staff had made improvements to ensure an environment suitable for people living with dementia.

Is the service caring?

Good

The service was caring.

Improvements made since our previous inspection in May 2016

must to be sustained.

Staff gave people the care and attention they wanted and needed.

People received care from staff who knew them well.

People were able to maintain contact with family and friends.

People's wishes were respected about their end of life care.

Is the service responsive?

Good

The service was responsive to people's needs.

Improvements made since our previous inspection in May 2016 must to be sustained.

Care plans were written in a person centred manner and identified how people's needs were to be met.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

There were enough activities for people.

The provider investigated concerns and complaints and made changes as a result.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

A system of quality checks was in place and we saw this was being used more effectively than at our previous inspection.

However, these audits had not identified shortfalls in record keeping and the training of staff in moving and handling people.

Nurses and senior staff did not always provide effective coaching and role modelling.

The acting manager was well liked and had a passion for providing person centred care.

Warmley House Care 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 21 December 2016 and was unannounced. The inspection team consisted of three people. One adult social care inspector, a specialist advisor with professional knowledge of services for older people and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The last full inspection of the service was on 12 and 13 May 2016. At that time we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to; the management of medicines, infection control, staffing levels, staff training and quality assurance systems. We rated the service as 'requires improvement' overall. The provider sent us an action plan telling us what action they would take to make the necessary improvements.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

Due to the number of individual safeguarding concerns regarding this service, they were being monitored under a process of 'organisational safeguarding'. This is a process initiated by the local authority as a result of the number and/or severity of concerns raised with them. CQC had attended the multi-agency meetings prior to this inspection. This meant CQC had been closely involved with a number of health and social care professionals, social workers and commissioners regarding the service. Feedback obtained from them is incorporated into the main body of this report.

Some people were not able to talk with us about the service they received. We spoke with 15 people using

the service. Not every person was able to express their views verbally. Therefore we carried out a Short Observational Framework for Inspection session (SOFI 2). SOFI 2 is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We also spoke with relatives of six people using the service.

We spoke with 12 staff, including the acting manager, regional manager, qualified nursing staff, a senior care worker, activities organisers, care staff and catering staff.

We looked at the care records of nine people living at the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Requires Improvement

Is the service safe?

Our findings

People and relatives gave positive feedback on whether they felt the service was safe. People said, "I am safe and don't really have any worries", "I feel very safe and the staff are lovely" and, "I am safer than when I was at home on my own, so me and my family don't worry as much". Comments from relatives included; "I feel (Person) is safe here as he can't wander off. I can go home and not worry", "(Person) is very happy here I feel they are safe and he is treated very kindly."

At our previous inspection in May 2016 we identified a breach of regulation regarding staffing levels. This was because the provider had not ensured there were sufficient numbers of staff to meet people's needs. The provider had taken the action identified in the plan they sent us. As a result some improvement was seen at this inspection.

A dependency tool to assess the staffing levels to ensure people were safe had been completed. This identified the staffing levels required in each of the three areas of the service. The acting manager said the tool also allowed for additional weighting due to the challenges posed by the building itself. When we visited, two nurses, one senior care worker and nine care workers were providing care. We were told one nurse, one senior care worker and four care staff were available at night. This was consistent with the findings of the dependency tool. Staff rotas showed these staffing levels were provided consistently. Agency staff were sometimes used to ensure these staffing levels were maintained.

People told us they felt there was enough staff. However, feedback from relatives and staff was mixed. Comments from relatives included; "There are just enough staff when things are okay but at other times when some of the 'residents' are being difficult things are much more stretched" and, "Staffing is sometimes short - it does make a difference. Staff do their best, as more 'residents' need assisting there are not extra staff to be able to do it". Staff said, "Staffing is much better now, we don't use as much agency", "Staffing is OK now" and, "No, there's not enough staff, but I don't think there could ever be enough".

However, staff did seem stretched at mealtimes and did not always have sufficient time to spend with people. We discussed this with the acting manager. They said they would be ensuring nursing staff assisted people at mealtimes and kitchen staff were more involved in serving which would allow care staff to spend more time with people. They said they felt the fact there were less people living at the home gave them the opportunity to put this into practice, so it became established before new people moved to the home.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

At our previous inspection in May 2016 we identified a breach of regulation regarding the management of medicines. This was because people were not protected against the risks associated with medicines. The provider had taken the action identified in the plan they sent us. As a result significant improvements were seen at this inspection.

Medicine administration records were completed and showed people received their medicines as prescribed. People had medication administration records that contained a recent photograph, their name, room number and any known allergies. Most medicines were contained in individual 'blister packs'. These were colour coded to reflect the time of day they were to be taken. The staff member responsible for administering medicines wore a tabard indicating they should not be disturbed whilst undertaking this. We saw the nurses did not disturb people if they were asleep but returned with their medicines at a later time when they were awake. Some people were prescribed 'as required' (PRN) medicines. Where this was the case they had an additional sheet with their MAR explaining what the medicine was for, the prescribed dosage and the maximum dose in a 24 hour period. An additional column to record efficacy of the medicine was also completed. This allowed for the use of the medicine and its effectiveness to be monitored.

The storage of medicines was now safe. The temperature of rooms where medicines were stored was measured and recorded. A daily record of the temperature was in place for the fridges. The fridges were kept locked. Medicine trolleys were secured to wall when not in use and kept locked when not being used. When unlocked they were not left unattended.

These improvements need to be sustained to ensure people are kept safe from the risks involved in the administration and management of medicines.

At our previous inspection in May 2016 we identified a breach of regulation regarding keeping people safe from the risks of infection. This was because the provider had not taken measures to ensure people were safe from the risks of infection. The provider had taken the action identified in the plan they sent us. As a result significant improvements were seen at this inspection.

Some people required assistance with moving and handling. This involved using hoists and specific slings. An assessment of the person meant they were provided with their own individual sling and were moved safely and comfortably. This also limited the possibility of the spread of infection. At this inspection we saw each person who required the use of a 'sling' had one identified for their own use. Staff knew the importance of ensuring people did not share 'slings'. They told us people always used their own sling and these were laundered separately.

We saw the 'sluice rooms' now had hand washing facilities. This meant staff were now able to wash the bed pans (commode pots) and then immediately wash their hands before leaving the room. Staff told us they had access to the personal protective equipment (PPE) needed. We saw staff wearing disposable gloves and aprons when required.

These improvements need to be sustained to ensure people are kept safe from the risks of infection.

Risks to people's health and welfare were assessed and managed. A number of risk assessments were in place for each person. These included the likelihood of falls, the level of risk for each person in respect of moving and handling, skin integrity, nutrition, the use of bed rails and mobility. These measures ensured people received safe care and support. Where people needed support with moving and handling, a safe manual handling plan was devised and set out the equipment to be used and the number of care staff required to carry out the task.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff completed safeguarding training as part of the induction and on-going training programme. They were provided with information regarding what is meant by safeguarding people, what constitutes abuse and what their responsibilities were to keep people safe. Staff told us they

would report any concerns they had about a person's safety or welfare to the nurse in charge, the deputy or the manager. They knew they could report directly to the local authority, the Care Quality Commission (CQC) or the Police. Staff we spoke with knew about 'whistle blowing' to alert management to poor practice.

People were protected from the risk of unsuitable staff being employed because relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. The provider also carried out checks to ensure qualified nursing staff were registered to practice with the Nursing and Midwifery Council (NMC). References were obtained from previous employers. Recruitment procedures were understood and followed by the acting manager.

The premises were well maintained which meant people were cared for in a safe environment. There were no unpleasant odours. There was a system in place for staff to report any maintenance and repairs. Records evidenced these were corrected in a timely manner. There was a programme of safety checks to complete on a daily, weekly and monthly basis in order to keep the premises safe. Servicing and maintenance contracts were in place for all equipment. The fire records showed that regular checks had been completed. Personal emergency evacuation plans (referred to as PEEPs) were in place. Records showed that regular fire drills were undertaken to ensure the staff team knew what to do in the event of a fire.

Requires Improvement

Is the service effective?

Our findings

People and relatives gave mixed feedback on the service they received. Positive comments related to the skills and abilities of staff. Negative comments related mainly to food and nutrition.

People said, "The staff are wonderful they do such a good job", "The food is okay I enjoy it" and, "The food's not great and usually cold". Relatives commented, "Staff are good, they seem to know what they're doing", "I think the staff seem well trained", "The food is not good. Vegetables are hard and the food's better on weekends when the regular cook isn't in", "(Family member) likes sausage sandwiches but they only get a choice of one hot thing at breakfast, today it was scrambled eggs". Staff also spoke negatively about the food provided. They said, "If (Person's name) doesn't want anything we have, we can go to the kitchen and ask for a Bacon sandwich, but they won't be happy with us", "The communication with kitchen staff isn't good", "I think the food has gone downhill" and, "It's often cold by the time 'residents' get it".

People's individual food choices and preferences were not always catered for. Kitchen staff told us they tried to meet people's preferences but if choices were not communicated to them in advance it was difficult to do this. This is often difficult for people living with dementia.

Food once prepared in the kitchen was transported to dining rooms using food trolleys. We saw that food was not always hot when it was served to people. Plates not being warm and the lids being left off containers contributed to this. We also saw that hot food was often transferred to these trolleys some time before being served.

The records of people's food and fluid intake were not well maintained. Staff had often not filled sheets in and where they had, these had not always been totalled for the day. This meant it would be difficult to review whether people's needs regarding nutrition and hydration were being met.

These were breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

At our previous inspection in May 2016 we identified a breach of regulation regarding staff training. This was because some staff had not received training on working with people living with dementia. The provider had taken the action identified in the plan they sent us. As a result improvements were seen at this inspection.

Staff had received training on caring for people living with dementia. They said this training had been useful. Comments included; "The dementia training was really appreciated and has helped us to understand the 'residents' and how dementia affects them", "The training in dementia was very helpful" and, "I have a better understanding of dementia now". We saw staff had an increased understanding of caring for people living with dementia.

However, during our inspection we identified that three care staff had not received training on moving and handling people. We immediately discussed this with the acting manager. They assured us these staff would

not be expected to assist with moving and handling people and, they would ensure they received this training. They confirmed with us on 22 December 2016 that each had received theoretical and practical training and had been assessed as competent in moving and handling people. This requires improvement in order for the provider to ensure all staff training needs are identified and met.

Any new staff had an induction training programme to complete at the start of their employment. The programme was in line with the Care Certificate. The Care Certificate was introduced for all health and social care providers on 1 April 2015 and consists of 15 modules to complete. Newly appointed staff were well supported and well trained.

All staff had a programme of mandatory training to complete. This included fire safety, safeguarding adults, moving and handling, health and safety, equality and diversity, dementia care and the Mental Capacity Act 2005. Staff told us they received regular training updates.

The service had a programme of staff supervision in place. These were one to one meetings between a staff member and a senior member of staff. Staff supervision was delegated appropriately to each staff member's immediate supervisor. Staff members told us they received regular supervision. Staff records showed these were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual meetings helpful.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had received training on MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. Where people lacked capacity and, their liberty was being restricted, the provider had submitted DoLS application to the appropriate authorities.

The building had been extended over time and as a result was not easy to navigate. The building had few storage areas. At our previous inspection in May 2016 we found mobile hoists and other equipment were often left in corridors and, making it difficult for people to get past. During this inspection we saw staff had taken care to ensure equipment was stored out of people's way. We also saw continued attempts had been made to provide an environment suitable for people living with dementia. For example, bedroom doors had photographs on them and there was an increase in signage to help people find their way around.

Good

Is the service caring?

Our findings

People received a service that was caring.

One person said, "We are being looked after ever so well aren't we". Another person said, "The staff are lovely, really kind". Relatives said, "The staff are wonderful they do such a good job and, "No matter who you talk to they are always happy and smiling, that makes such a difference."

At our inspection in May 2016 we found people were not always treated in a caring way. During this inspection we saw people were treated in a caring, kind and compassionate manner by staff. People were relaxed and comfortable in the company of staff and seemed to enjoy their company. We saw many positive examples of interactions between people and staff. Staff clearly cared for people and knew them well. However, whilst staff communication was generally good, they were sometimes not as clear as they could be with people with hearing difficulties. For example, some staff spoke to people very quickly and did not always look at them when speaking.

People were supported to maintain relationships with family and friends. Staff said they felt it important to help people keep in touch with their families. People showed us their rooms and were keen to show us photographs of family members and talk about contact they had with them. Care records contained contact details and arrangements. Relatives said staff supported people to maintain contact with family. They also commented that they were able to visit at any time and always made to feel welcome.

Staff promoted people's independence. People's care plans documented the assistance they required but also reinforced the things they could do for themselves. Plans included detail on morning and evening care routines and clearly identified the things people could do themselves.

People were treated with dignity and respect. Staff knocked on people's doors and either waited to be invited in, or if the person was not able to answer, paused for a few moments before entering. We saw people's bedroom doors and doors to bathrooms and toilets were closed when people were receiving care.

Staff had received training on equality and diversity. People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met.

People's wishes were respected about their end of life care. Care files showed people were asked about their end of life care. Relatives provided further information including their contact details and when and if they would like to be contacted. Staff told us they would liaise with the district nursing team and GP to ensure all equipment and medicines were in place to ensure people were pain free when receiving this care.

Some people had a DNACPR in place. This is a statement that the person is not to be given cardio pulmonary resuscitation in the event of it being required to sustain life. The forms had been appropriately

completed with the involvement of the person where possible and those closest to them. The statements had been completed and signed by their GP. People's care plans clearly recorded this decision. Staff knew where this information was and told us they would ensure people's wishes were respected by other health and social care professionals.

Staff told us they now felt more positive about working at Warmley House and that the care had improved. Many said they would now be happy to recommend the service to a friend or family member of theirs.

Good

Is the service responsive?

Our findings

People received a service that was responsive to their needs.

At our inspection in May 2016 we found the service was not always responsive to people's individual needs with service was being led by routines and tasks rather than being person centred. During this inspection we found improvements had been made.

Care plans provided a picture of people as individuals, identified their needs and gave guidance on how their needs and wishes were to be met. People and, where relevant, their relatives had been involved in devising these plans. Care records showed a wide range of relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach.

An activities plan had been developed and this was displayed on each unit. This detailed the activities taking place that week. Activities were varied and included time for one to one activities and group activities. Two activities organisers were employed at the service. They explained one of them took responsibility for organising activities and the other for running them. Both were passionate about their role and said they constantly sought the views of people and their families regarding possible activities. One organiser told us they felt the acting manager had prioritised the provision of activities. They said, "Before I was always being asked to do other things, now I can concentrate purely on activities". Care staff told us they felt activities provision had improved.

Some people said they enjoyed the activities. Comments included; "I like singing and doing arts and crafts" and, "It's nice when there are entertainers". Some people chose not to participate in activities. People said they felt there were enough activities for them.

Meetings where people were encouraged to express their views and opinions were held every three months. We looked at the records of these meetings and saw people's views regarding activities and other areas were recorded. Ideas for new activities were identified at 'residents meetings' with the activities people had enjoyed also included. The activities staff kept a record of who had participated in activities and whether they had enjoyed them. On day two of our inspection a buffet was organised and a singer came to the home. This was well attended and people seemed to enjoy the entertainment.

People and relatives said they knew how to raise any concerns or complaints they had. Comments included;

"I talk to staff if I'm unhappy", "The new manager listens and does something if things aren't right" and, "If I had any worries I'd bring them up with staff". We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. Complaints received had been managed effectively and action taken as a result. The acting manager had signed these off as being completed. This showed they were monitoring the action taken to address people's concerns. A record of compliments received was also kept. Staff told us feedback on compliments was provided to them at team meeting and, where relevant, individually.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in May 2016 we found the atmosphere in the home to be institutional and led by routine. At this inspection we found this had improved significantly. There was a calmer, more relaxed atmosphere at the home and a clear desire to provide person centred care.

The acting manager spoke passionately about person centred care and support and their vision for the service. We saw this had resulted in positive changes for people using the service. However, this was not consistently reinforced by other senior staff. These senior staff did not always understand how important their role in supporting care staff to achieve this was. Nurses and senior care staff had not received training on leadership and management. We spoke with the acting manager and regional manager about this. They said they recognised that senior staff had not previously been expected to provide effective day-to-day role modelling and coaching for care staff. They said this was an area they were aware of and planned to improve.

We recommend the provider reviews the leadership and management training provided for nurses and senior staff.

The provider and senior staff had not always submitted notification forms to CQC as required by law. These notifications informed CQC of events happening in the service. Since our inspection in May 2016 there had been several occasions where notifications had been submitted but did not give the detail required for CQC to effectively carry out its role and monitor events. As a result CQC had needed to contact senior staff and ask for these to be resubmitted with the required information. One notification had also contained the wrong date for a serious incident. This requires improvement to ensure the provider is fulfilling their obligations under the Registration Regulations 2009.

At our previous inspection in May 2016 we identified a breach of regulation regarding good governance. This was because the provider had not ensured there was an effective system in place to assess, monitor and improve the quality of service provided. The provider had taken the action identified in the plan they sent us. As a result significant improvements were seen at this inspection.

Systems were in place to check on the standards within the service. These consisted of a schedule of audits. These audits looked at; health and safety, record keeping, equipment checks, an analysis of the dining experience and people's views on food. These audits were carried out as scheduled and corrective action had been taken in some instances. The acting manager and regional manager told us they felt the quality systems were now being used effectively.

A tablet computer was used to obtain the views of people using the service, relatives and staff. Information was collated and analysed by the provider. The provider's records of this information showed high satisfaction from people and relatives. A trigger point of 75% satisfaction had been built into the system. This meant a score lower than this was immediately 'flagged' to the regional manager.

The acting manager told us they or the deputy manager completed a daily walk around which included looking at the environment, people's care records and speaking with staff, people who use the service and their relatives. They told us they used an electronic device to record the information, which was then shared with the regional manager. The information collated allowed for 'quality of life scores' to be identified which were monitored and investigated closely if scores decreased.

Following our previous inspection the provider had sent us an action plan detailing the action they were going to take to improve the service provided and ensure they met requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This plan identified progress using a 'red, amber, green traffic light system' and, covered the areas from the previous CQC inspection along with areas identified from the home's internal quality systems. They had provided us with regular updates on their progress, providing further detail when requested to. They had also kept us up to date on their progress at multi-disciplinary meetings. This had helped to ensure required improvements had been made.

The acting manager told us they participated in a meeting every two weeks with the regional manager. They said, "In this meeting we give an overview of progress on our RAG action plan and need to explain what we're doing to get to green".

However, the existing quality systems had not identified that some staff had not received training in moving and handling people. They had also not identified that daily records regarding people's food and fluid intakes were not always completed. This requires improvement to ensure all the required information is identified in order to further improve the quality and safety of the service provided.

At our previous inspection we found staff were not allocated sufficient time to hand over information from one shift to another. As a result, staff either came in early or left late to achieve this. The provider told us in their action plan they would address this. We found this had been done and staff now had sufficient time to hand over the required information.

People, relatives, staff and other health and social care professionals spoke positively about the acting manager and how their presence had led to improvements. People said, "The new manager seems very good", "We see a lot more of him" and "The staff seem happier now". Comments from relatives included; "The old manager was not seen but the new manager has introduced himself and he is seen around the home much more" and, "The new manager seems to listen, I think he cares". Staff said, "(Acting manager's name) has better communication skills and is able to communicate what he wants from us", "The staff team are a lot happier now. They get appreciated. They are being listened to. They feel heard. There is a lot less sickness now staff are much happier" and, "I think we have become a team again. It just shows what sort of staff we have got; they have stuck it out and have come out the other side".

An on call system for staff to access advice and support if the acting manager was not present was in place. Staff confirmed they had used this system and found it worked well.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.

Regular staff meetings were held and records kept. Staff told us they found these meetings helpful. We saw from the notes of meetings that staff were encouraged to express their views and opinions.

Throughout our inspection we found the managers and staff to be open, honest and transparent with us. They were friendly and welcoming and keen to identify the improvements made, whilst being honest about

areas they felt were not as good as they ought to be. Any information we requested was provided and staff made themselves available to speak with us.

At the end of day two we gave feedback to the acting manager and regional manager. They listened carefully to what we said and clearly wanted to ensure the service to people improved.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had not ensured service users received food of their choosing and, was at an appropriate temperature. Records to monitor nutrition and hydration were not consistently kept or effectively reviewed. Regulation (14) (4) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there was always sufficient staff. Regulation (18) (1).