Mr Atique Rehman

West Park 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We undertook this unannounced inspection on the 9 July 2015. At the last inspection on 6, 7 and 8 January 2015 we found the registered provider was non-compliant in four of the areas we assessed. We issued compliance actions for concerns in care and welfare, safeguarding people from the risk of abuse and records management. We also issued a warning notice regarding concerns in how the service was managed. During this follow up comprehensive inspection, we found improvements had been made in all areas. We have rated three individual key questions, 'Effective', 'Caring' and 'Responsive', as good and we have changed the rating from Inadequate to Requires Improvement in 'Safe' and 'Well-led'. We have changed the rating of the service overall to Requires Improvement. This is because we want to monitor the improvements further to be sure they are sustained over a period of time.

West Park Nursing Home provides nursing and personal care to a maximum of 40 older people who have a range of physical health care needs, some of whom may be living with dementia. However, the maximum occupancy is 37 people, as some of the shared bedrooms are used for single occupancy and two other bedrooms are used

Summary of findings

for storage and a hairdressing salon. On the day of the inspection, there were 30 people using the service. West Park Nursing Home is situated in a residential area not far from the centre of Hull.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the service at the end of May 2015 and the acting manager was in the process of collating information for them to apply to be the registered manager.

We found people were protected from the risk of abuse or harm. Staff were more aware of how to use the policies and procedures to safeguard people and when to make referrals to the local safeguarding team. We are keeping this area under review and monitoring it to make sure the improvement is consistent over time.

We found risk assessments were completed and updated when people's needs changed. This enabled staff to monitor risk and provided them with accurate and up to date information in order to protect people and minimise risk.

We found people's health and nutritional needs were met. People were able to see their GP or other health professionals such as dieticians when required. Menus provided people with a choice of meals and there was plenty of food and fresh fruit and vegetables in the service.

We found people were treated with dignity and respect, and care was planned and delivered in a person-centred way. We observed staff interacted well with people, knew their likes and dislikes and demonstrated a caring and attentive approach.

We found staff supported people to make their own decisions on a day to day basis; they held meetings to discuss options when people lacked capacity to do this by themselves. If people were deprived of their liberty to protect their safety, staff had ensured this was done in the least restrictive way and in line with current legislation. We saw staff provided information and explanations to people before carrying out tasks for them such as giving them medicines, assisting with meals or helping them transfer into wheelchairs.

We found staff were recruited safely and there were sufficient numbers of staff with different skills and experience on duty day and night. Staff received training, supervision and appraisal in order for them to feel supported and confident when caring for people.

We found improvements in the way the service was managed. A quality monitoring system had been started which included audits and meetings to seek people's views. We are keeping this area under review and monitoring it to make sure the improvement is consistent over time.

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 safe.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

Staff had received training in how to safeguard people from abuse and knew the process of referring concerns to appropriate agencies. The management of risk had improved.

Staff were recruited safely and employed in sufficient numbers in order to meet people's assessed needs.

People received their medicines as prescribed. Medicines were managed safely.

The service was clean and equipment used was serviced regularly to make sure it was safe.

Is the service effective?

Good

The service was effective.

People's health care and nutritional needs were met. They had access to a range of health professionals in the community. Menus provided a variety of meals with choice and alternatives. People liked the meals they were provided with.

People were assisted to make their own choices and decisions. When people were assessed as lacking capacity, staff followed the principles of the Mental Capacity Act 2005 and held best interest meetings to discuss options for people.

Staff received appropriate training, supervision and appraisal to ensure they had the right skills to care for people.

Is the service caring?

Good

The service was caring.

There had been improvements in the way staff interacted with people. We observed staff were attentive to people's needs and were caring in their approach.

People were treated with dignity and respect and provided with information about their care and treatment.

Summary of findings

Is the service responsive?

Good 

The service was responsive.

Improvements had been made in the way people's needs were assessed and care was planned. This meant the care was more person-centred.

There had been improvements in activities for people, especially those living with dementia.

There was a complaints process which was on display and easily accessible to people.

Is the service well-led?

Requires improvement 

The service was well-led.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

Quality monitoring systems had been put in place that helped to audit and improve the care provided to people.

There was an open culture that enabled people who used the service and staff to express their views.

West Park 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 registered 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 9 July 2015 and was unannounced.

The inspection was carried out by two adult social care inspectors 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. In this case they had experience of supporting older people living with dementia.

We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

We spoke with the local safeguarding team, the local authority contracts and commissioning team and a representative from the district nursing team about their views of the service. There were no concerns expressed by these agencies.

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

During the inspection we observed how staff interacted with people who used the service. We spoke with four people who used the service, two relatives and a visitor. We spoke with the acting manager, one nurse, a team leader, a senior care worker, three care workers, the cook, an activity co-ordinator, a domestic worker and a laundry assistant.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as nine medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, the training record, the staff rota, minutes of meetings with staff and those with people who used the service, quality assurance audits and maintenance of equipment records.

Requires improvement

Is the service safe?

Our findings

People who used the service were asked if they liked living in West Park Nursing Home and if they felt safe. Comments included, "I think it's alright; I can have TV on and bring my relatives here", It's not bad at all; I can come and go as I want and staff are very good", "I don't think I could do better; the girls are friendly and helpful", "There's always somebody going by and they always pop their head in. If I use the call bell, staff usually come in two minutes", "There's a lock on the front door and they won't let strangers in", "I feel safe in my room" and "Absolutely [feels safe], there's always somebody about."

People told us there were sufficient staff to support them. They said, "Sometimes staff are off but it doesn't affect us" and "As far as I know; I never have to wait, just few minutes sometimes." One person told us they had to wait longer than expected on some occasions but was unsure how long this was. They said staff responded quickly at night.

Visitors spoken with felt their relatives were looked after well, they received the right care and there were sufficient staff on duty. One relative said, "When he has wanted something, there is usually staff here pretty quickly." Another relative told us, "I visit every day and feel she is well looked after."

At the last inspection on 6, 7 and 8 January 2015, we found people who used the service were not always protected from the risk of harm or abuse. This meant there was a breach in Regulation 11 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which corresponds to Regulation 13 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. There had been physical assaults between people who used the service and safeguarding policies and procedures had not been followed. We issued a compliance action. We found improvements had been made since the last inspection. The acting manager had notified the correct agencies when there were any concerns about safeguarding or the welfare of people who used the service. Staff had already received safeguarding training and knew how to report incidents of concern.

We found staff were much more aware about risk management and updating risk assessments when people's needs changed. This helped to minimise the risks and ensure staff had up to date information about people.

We saw people had risk assessments for areas such as fragile skin, moving and handling, falls, nutrition, aspiration, smoking, alcohol use and accessing the community alone. In addition, people had risk assessments for self-administration of medicines such as inhalers, nebulisers and oxygen, and equipment used such bed rails, wheelchairs and hoists. The risk assessments were reviewed and updated when people's needs changed. For example, one review indicated the person was able to continue using inhalers independently but staff were to assist with their nebuliser. Similarly another person's risk assessment was updated with important measures to help safeguard the person in the community whilst maintaining their independence.

We found there were sufficient staff on duty to meet people's needs day and night; there were 30 people who used the service at the time of the inspection. Staff confirmed they had enough time to sit and chat to people. There was always a nurse on shift with one senior care worker and four care workers up to 2.30pm; this dipped to one nurse, one senior and three care workers between 2.30 and 7.30pm. Staffing rotas showed us that improvements, made to the numbers of night care workers during the last inspection, had been maintained. This meant there was one nurse and three care workers on duty each night from 7.30pm to 7.30am. There were catering, domestic and maintenance staff employed and since the last inspection, an activity co-ordinator completed shifts three days a week. Comments from staff included, "Yes, there are enough staff. We had a lot of sickness but back to work interviews now take place and it has reduced sickness."

Staff recruitment records showed new employees were only employed after full checks had been carried out. These included application forms to checks gaps in employment, references and disclosure and barring checks to see if people were excluded from working with vulnerable adults. Checks were made on the registration status of qualified nurses to make sure there were no conditions to their practice.

We looked at the management of medicines and found this was completed safely and appropriately. Medicines were obtained, stored and recorded properly and were administered to people in line with their prescriptions. All the people spoken with said they received their medicines on time. We observed how staff administered medicines to people who used the service; appropriate checks were

Requires improvement

Is the service safe?

made prior to approaching people, they explained what the medicine was for then offered it to them, and they provided a drink of water with which to take the medicine. We observed staff wore tabards which indicated they were not to be disturbed during the medicine round. There were some minor recording issues with medicines and a tidying of files was required as they were becoming overloaded with information. These points were mentioned to the acting manager to address with staff. The acting manager told us a new medicines system was due to start the week after the inspection, which should address any shortfalls in recording.

We found equipment used in the home was serviced at regular intervals to make sure it was safe to use. Since the last inspection sluice rooms were locked when not in use. There was a coded entrance and all external doors were linked to an alarm system. This alerted staff when people used the external doors and they were able to check if they required assistance.

Plans were in place for emergency situations. For example, each person who used the service had a personal emergency evacuation plan. There was also a 'heat wave' plan to ensure people had sufficient to drink and were kept cool.

We found the environment was clean, fresh and tidy.

Good

Is the service effective?

Our findings

People who used the service said they could make choices and decisions about aspects of their lives and also told us they were able to access health care professionals when required for advice and treatment. Comments included, "I choose what I do all day", "I needed a doctor once and they got one quickly", "They just ring one [doctor] for me and I pay for a chiropodist" and "They would get one [doctor] if I needed." Relatives said, "The dietician is coming next week to see him" and "I'm absolutely happy with the care. She has physiotherapy twice a week in her chair; she has improved whilst being here." Another visitor told us their relative had seen a dentist and an optician whilst they had been resident in the service.

People who used the service told us they liked the meals provided to them. Comments included "Lovely meals and good choice; I am asked every morning what I want for lunch and I press my call button if I want a drink", "Curries are nice, liver and onions are nice and I like the mince", "There's lots of drinks; they encourage me to drink" and "It's nice, I like all sorts. I get a choice and I get drinks." One person described the food as bland but said, "I get choices; regular staff know what I like and I can get drinks when I want." A visitor said, "One resident lost a lot of weight and I noticed she was on high protein drinks and I think she has put weight on." A relative said, "She is under the dietician and is not losing weight."

People told us they thought staff were skilled and knew how to look after them. Comments included, "As far as I know - no reason to fault them; they are always on staff training" and "They are all okay, even the new ones." One person told us staff had hit their ankle on the wardrobe when they were assisting them to move using a hoist. We mentioned this to the acting manager to discuss with staff. We asked visitors if they felt staff had the right skills and attitude. Comments included, "The majority of staff are very nice and are caring" and "From what I have seen yes, I have never heard or seen anything otherwise."

At the last inspection on 6, 7 and 8 January 2015, we found some people who used the service had not been referred to the falls team and a dietician in a timely manner. This meant their treatment had been delayed. We also found some people had not received adequate care and attention regarding pressure relief, nail care and ensuring they wore appropriate footwear. We found improvements had been made since the last inspection. We saw people were transferred into comfortable chairs between breakfast and lunch, nail care had been carried out and staff ensured people wore safe and correct footwear. Comments from staff included, "The seniors and nurses check monitoring charts and work on the floor" and "We constantly monitor the charts."

Records showed us people accessed health care professionals quickly when required. The policy and procedure regarding falls had been updated to give staff clearer guidance on when to refer someone to health professionals following repeated falls. We saw people had access to GPs, emergency care practitioners, district nurses, dieticians, the falls team, dentists, chiropodists and opticians. A health professional who visited the service told us, "I visit regularly, two to three times a week. Everything we ask them to do, they do. I'm happy with the service and they seem to know what they are doing. They write everything down and there is always a senior to speak to."

Staff attention at mealtimes had improved since the last inspection. We observed staff were attentive to people, offered choice of meals, drinks and clothes protectors and asked if people had finished their meal before removing plates. We observed plate guards and special beakers were used to help people manage to eat and drink independently. Staff assisted one person to adjust their seating position to make them more comfortable. We observed one care worker sat by a person and assisted them to eat their meal; this was unhurried and completed at a pace suitable for the person. Staff were present throughout the meal and encouraged people to eat more and drink plenty. One person asked staff for brown sauce for their meal; this was provided and staff assisted the person to put it on their meal. Hand wipes were provided to people at the end of the meal and assistance given to use them when required.

We saw menus were varied and offered choice and alternatives. We also saw special diets were catered for and meals of different textures produced to assist people with swallowing difficulties. Catering staff were aware of people's likes, dislikes and special nutritional needs. The acting manager had introduced a symbol in the shape of a water droplet on specific people's bedroom walls. This was to alert staff to encourage, prompt and assist the person to drink more fluids. Staff recorded people's food and fluid intake when they were assessed as having a nutritional risk.

Good

Is the service effective?

Staff said, “There are eight people with food and fluid charts; they are audited by the manager” and “We are really on top of monitoring charts now.” We saw drinks were available in all bedrooms.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The acting manager told us that since the last inspection they had made applications for DoLS for three people who met the criteria. We looked at the care plans to check what action had been taken to ensure the people were cared for using least restrictive practices. One care plan described the restrictions in place for the person due to their complex nursing care needs. We saw the restrictions were required to keep the person safe.

Training records showed relevant staff had completed training in the Mental Capacity Act 2005 [MCA] and DoLS. We saw when people were assessed as lacking capacity to consent to care and make their own decisions, best interest meetings were held to discuss options. We looked at the assessment and decision-making process for one person who sat in a special chair during the day, which restricted their mobility. The person was assessed as not having capacity and at risk of falls. The best interest decision recorded the chair was the safest and least restrictive option for them; it enabled them to sit in the lounge comfortably with other people and minimised their risk of falls. We saw the decision-making involved relatives, a social worker and staff at the service.

Staff were clear about how they gained consent when carrying out day to day care tasks. They said, “We ask people if it’s alright. There are non-verbal means of consenting, for example when service users let you do care tasks. They would let us know if they didn’t want us to help”, “If they lack capacity we may need to do a best interest [meeting to decide the best course of action]” and “Explain things to people and it will calm them if upset.”

Training records indicated staff completed training considered to be essential by the registered provider. Since the last inspection, the acting manager had audited training records and identified when refresher training was required. Staff confirmed they had completed training and felt they had the skills required to support people. They confirmed they received supervision meetings and felt supported by the acting manager. The acting manager confirmed clinical supervision for nurses was being sourced now the registered manager had left.

We found the environment was suitable for people’s needs and equipment was in place to help them move about the building and to access toilets, bathrooms and gardens. The acting manager showed us new signage that had been purchased to help people living with dementia to recognise their surroundings.

Good

Is the service caring?

Our findings

People who used the service were happy with the care they received from staff. They said staff treated them with respect and maintained their dignity. Comments included, “Yes, they talk to me; there is mainly the same staff and night staff are brilliant”, “Up to now yes, no complaints; they’re always popping in and asking if I am alright”, “Some of them are really good; they ask if there is anything they can do” and “They do care.” People told us staff had a good approach when supporting them. They said, “They remember what I like and dislike” and “We always have a laugh and a joke.” Visitors said, “Yes, they knock on doors” and “Yes, they close the door when doing personal care.”

When asked if staff supported them to be independent, people said, “They say to try and do things for yourself; in the main, yes" and “I can go out when I want” and “Not sure, but girls are ever so good.” A visitor commented, “They let her walk to the sitting room; she couldn't do this before” and “They encourage her.”

Visitors told us that staff involved the people who used the service in their care. They said, “I think there is more of this recently; more activities and more involvement in past few months" and “I think so, whatever he needs he gets.”

We found improvements had been made since the last inspection on 6, 7 and 8 January 2015 in the way staff interacted with people. We observed staff provide information and explanations to people during tasks such as assisting with meals, moving and handling and administering medicines. We observed two staff support a person to transfer from a comfortable chair into a wheelchair to be taken to the dining table for lunch; they chatted to the person throughout and the task was carried out in an unhurried way. One person who used the service said, “The nurse explains what the doctor has said or prescribed.” There was a notice board in the dining area which had information about activities on offer and the date for visits from the hairdresser and an optician. There was also a board which displayed the day’s menu. Staff used pictorial signs to help people with their choice of meals. We were shown new signage which was to be used throughout the service on bathroom and toilet doors. The acting manager was waiting for doors to be repainted before the signs were fitted.

We observed how staff interacted with people and how they demonstrated a caring attitude. We overheard one person say they were cold; we saw a care worker offered to fetch them a cardigan and assist them to put it on. We saw the staff knew people’s names and were constantly asking if they were okay. They also knew the names of people’s relatives and were able to talk about them and reassure them they would be visiting. There was a calm atmosphere in the service and appropriate music playing softly during mealtimes. A relatively new member of staff described how the staff team had been interested in their religion, supportive of them and respected how their faith could impact on their caring role at certain times.

We observed staff support people to maintain privacy and dignity. People were appropriately dressed with shoes or slippers on to aid walking about the service. People who shared bedrooms had privacy screens for use when required. There were privacy locks to toilet and bathroom doors and people had a facility to lock away small personal or valuable items in their bedrooms.

Care plans reminded staff about the need to promote privacy and dignity. We asked staff what the words ‘dignity and respect’ meant to them and how ensured they promoted these values during their interactions with people. Comments from staff included, “It means treating people as you would want to be treated, making sure they are presentable with clean glasses, their teeth in, hair combed and any perfume on”, “I make sure people are not exposed during personal care”, “You have to respect people’s choices and don’t talk to them as if they were babies”, “Confidentiality is important” and “Close doors and curtains during personal care and use screens in shared rooms.” Domestic staff said, “We knock on doors always, and come back later if they don’t want us in.” A visiting health professional said, “I have seen respectful interactions with patients; they accompany me to see patients and close bedroom doors.”

The care plans also contained people’s end of life wishes and preferences.

There was information about advocates on display in the service; we saw advocates had been involved in supporting people to make decisions about their care and treatment.

The acting manager was aware of the need for confidentiality with regards to people’s records and daily conversations about personal issues. We found people’s

Good

Is the service caring?

care files in daily use and staff records were held securely in lockable cupboards in the staff office and acting manager's office. Medication administration records were secured in the medicines room. The acting manager confirmed the computers were password protected to aid security. We saw staff completed telephone conversations with health professionals or relatives in the privacy of an office. There was a store room on the first floor that held a selection of archived records but this was unlocked on the day of the inspection. This was mentioned to the acting manager to ensure it remained locked when not in use.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their individual needs. They said the provision of activities had improved since the last inspection. Comments included, "I play Bingo and get a manicure sometimes", "Staff have taken me out in the wheelchair a few times and I have done the odd quiz; I don't need anymore" and "I play Bingo, do some quizzes and I listen to music."

People told us they felt able to raise concerns. Comments included, "I would go to the manager and there is a team leader; I have no complaints", "I would tell one of the girls; I've never had any complaints here" and "Yes, if you are not happy, they would want to know why." Visitors told us they knew how to complain or express concerns and would feel able to do this knowing it would be addressed. Comments included, "I would see the manager; I've never had to", "I would see the manageress but I've never needed to" and "I would feel able to approach any of the staff here."

People who used the service told us they were listened to. One person said, "I suggested name badges for staff and now they have got them."

At the last inspection on 6, 7 and 8 January 2015, we found shortfalls in how staff assessed people's needs and developed care plans to meet them. This meant there was a breach in Regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We issued a compliance action. During this inspection we found improvements had been made. Records showed that assessments of people's needs had been undertaken, which included areas of risk. The assessments were kept under review and updated when people's needs changed.

We saw staff developed care plans from the information gathered at assessments and talking to people who used the service, their relatives and other health and social care professionals. The care plans contained information that was individualised to each person and gave staff guidance on how to meet people's specific needs. For example, one person's care plan described how staff supported them to have alcohol in small, manageable measures, another described how staff ensured the person was safe when accessing the community and a third had clear instructions for the management of a catheter. The care plans contained people's likes and dislikes and preferences for care. One care plan we saw was detailed about how the person communicated their needs. We also saw staff used pictorial symbols with some people when they struggled to make their needs known. These covered topics such as cold, hot, thirsty, hungry, loud, feeling sick, having aches and pains and being tired.

Each person had a 'patient passport', which provided up to date information for medical and nursing staff should they be admitted to hospital. This helped the person have a smoother transition between the service and hospital.

We saw some people preferred to eat their meals in their bedrooms. Staff responded to this individual wish and provided them with a suitable table in front of their easy chair. We saw staff provided person-centred care throughout lunch. For example, they knew who required their food cutting up and offered this sensitively rather than just completing the task, they provided a lap tray for a person who wanted their meal on their knee and they took notice of people's preferred portion size.

At the last inspection on 6, 7 and 8 January 2015, we issued a recommendation that the registered provider seek advice and guidance about the provision of activities and social stimulation for people living with dementia. We found improvements had been made in this area and three staff completed a training course in 'meaningful activities' in February 2015. An activities co-ordinator had been employed since May 2015 for three days a week. In discussions with the activities co-ordinator, it was clear they were very enthusiastic about their role. They showed us records on activities people had participated in and comments made by them to indicate whether they had enjoyed it. They also had a diary for future ideas including a proposed garden party in August 2015. We saw that instead of formal 'residents meetings', the activity co-ordinator has more informal chats with people. They said, "I feel the resident's respond better to this."

We observed a sing-a-long session in the lounge; staff participated and asked people about the songs. We saw people joining in, clapping and waving hands to the music. It looked like people enjoyed the session. We saw an area of the lounge had been made into a 'memory corner' with items from the forties and fifties on a dresser. These included a gas mask, an old radio, a dated tea set, pictures of post war Hull, posters, coal tar soaps, soft toys and ornaments to be picked up and talked about. The activity

Good

Is the service responsive?

coordinator said the items had caused a lot of conversation with people who used the service and their relatives. The area was also used to store craft items and there were pictures of activities people had participated in. Staff said, “Activities have improved; we get people out now” and “There are more activities and the service users definitely feel happier.”

We saw there was an enclosed garden and courtyard area with seating which was easily accessible to people. There was also an area just outside the entrance at the front of the service where some people chose to smoke.

The registered provider had a policy and procedure for the management of complaints. The acting manager described how they would manage any complaints so they would be acknowledged and investigated in a timely way. Staff knew how to manage small and informal complaints and said written or formal complaints would be referred to the acting manager to address. There was a suggestion box in hall way, which the acting manager stated was checked regularly.

Requires improvement

Is the service well-led?

Our findings

At the last inspection on 6, 7 and 8 January 2015 we had some concerns about the way the service was managed. This meant there was a breach in Regulation 10 of the 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. The level of concern around this breach led us to issue a formal warning. A new acting manager has been appointed since the last inspection and quality monitoring systems initiated to audit the service provided to people. The new acting manager is to apply to the Care Quality Commission for registration.

We also had concerns about records management. This meant there was a breach in Regulation 20 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which corresponds to Regulation 17 [2] [d] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We issued a compliance action.

We received an action plan and checked this out during the follow up inspection. We found improvements had been made in the management of the service and with recording information. We spoke with the acting manager about the changes that had taken place since the last inspection. They described changes in staffing arrangements and allocation of tasks between nurses and care staff to ensure team work and oversight of care provision. The acting manager said, "I believe the home has a much happier feel, morale has improved, staff are engaging and are being asked their views" and "If there is a problem I like to nip it in the bud. Staff have more structured breaks and shifts are more organised; we work more as a team as we all have jobs to do and it's important to run the home for the service users not us." The acting manager described how they stayed back after each shift when they initially took over their role to talk to staff individually or in groups and obtain their views and reassure them about the management changes.

We saw evidence [minutes of meetings] that the registered provider visited the service and spoke with staff. The acting manager told us the culture of the organisation was open and they felt able to raise concerns with the registered provider. They said the registered provider had always replied to requests for items for the service and they had never been refused for anything they felt they needed. The registered provider had been made aware of the inspection by the acting manager and they had rung the service to see if they needed any support. The acting manager told us the registered provider was open and honest with her. The acting manager also said, "There are some perks for staff, for example, they can have a lunch for a small fee [£1], have tea and coffee all day and toast for breakfast; staff also have paid breaks." They also said that it was important to give positive feedback and they provided cakes on occasions.

The acting manager showed us evidence of checks and audits that had been carried out; this had been completed in a more systematic way, with initially two to three audits completed each week. The audits relating to care people received included care plans, wound care, quality of meals, accidents, and monitoring charts for food and fluid intake, bowel care and bathing or showering. There had also been a staff training audit and one for the environment including bedrooms and a check of mattresses. The audits had resulted in action plans to improve any shortfalls. For the environment this included decoration of corridors and better signage to assist people living with dementia. They had completed a spot check during the night in March 2015 and implemented some changes as a result. They told us back to work interviews with staff, following absences for sickness, had resulted in a reduction of time lost through illness. A member of staff said, "We are doing a lot of audits and checks daily; it was a struggle at first but it's much better now and has improved the care for people."

The local authority had awarded the service level 5 [0 being poor and 5 being excellent] for food safety management, and in May 2015, a 'healthier options' award.

People who used the service told us they knew the acting manager's name and they felt able to talk to them about concerns or make suggestions. They said, "There are a lot of changes going on and I think it is well managed" and "I think so; it has just changed and the new manager is much more involved." Visitors said there was a positive culture at the home and they could approach staff or the acting manager and get a positive response.

People who used the service and their relatives said they were not sure if they had completed a survey about the quality of care they received. One person said they had been asked about the quality of the food. A relative said, "I've never done one but everything I have seen I have been

Requires improvement

Is the service well-led?

satisfied with." A relative said, "The whole place is definitely improving; morale between staff has improved, there's more activity going on and the home is a lot cleaner than it was – it's more orderly."

Staff told us there had been a lot of improvements since the last inspection regarding management, care tasks and recording. They told us specific staff had been identified for certain areas such as checking care tasks had been carried out and documentation completed. Comments from staff included, "Staff morale has improved and care staff seem happier. The manager is approachable and hands-on. If you do things wrong, she will tell us; we need to be told if there are problems so we can sort them" and "There are better things in place such as the water drop [to remind staff people need support to drink] and we are constantly monitoring and documenting."

Other staff said, "Management has improved; when things are said and brought up by staff, they are followed through and done", "It's more organised and the shifts run smoothly" and "Yes, it has improved to what it was and is good enough for my relatives now." A new member of staff said, "I feel accepted and comfortable here." A member of staff who had a different faith to the rest of the team gave us permission to quote them regarding the support they had received to enable them to follow their religion whilst at work. They said they felt 'very supported' by the acting manager who constantly checked on their well-being during an important time in their religion. This showed us the acting manager respected diversity and cared for the well-being of the staff. Domestic staff said, "We all work hard, make beds so the care staff don't have to and make cups of tea for service users when they ask for one; we all support each other."

We found communication between the staff team and management had improved. There were team meetings, shift handovers, supervision sessions, informal chats over coffee, memos and the notice boards. The acting manager also said they had an open-door policy and staff could approach her at any time if they had issues to discuss. There was also a suggestion box in the entrance, primarily for people who used the service and their relatives, but staff had also used that on occasions. A member of staff said, "Handovers are much better than they used to be; we get more information." In April 2015, we saw there had been a staff meeting to discuss specific people who used the service and the length of time required between relieving pressure on their skin. This was followed up in July 2015 with a 'position change review' with the staff on duty to check if it was working well. Night staff had suggested leaving specific foods out as one person preferred to eat more hearty meals during the night. The acting manager had obtained food that could be easily microwaved to meet the person's needs but also to assist staff. This had worked well.

We saw there were coffee afternoons for people who used the service and staff. These were used as an opportunity to discuss issues such as meals and any concerns. One person suggested 'food theme nights', which the cook and activity coordinator were to organise.