

The Cottage Nursing Home Limited

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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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 28 July 2015 and was unannounced.

At our previous inspection on 22 January 2015, we found that people were not protected against the risk of unsafe management of medicines. There were inadequate systems in place to protect people against the risk of, preventing, detecting and controlling the spread of

infections. We also found that the training and development systems in place were failing to ensure that staff received the training they needed, to care safely and appropriately for people using the service.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Summary of findings

We found that people were not provided with choices of food and drink and meal times were rushed. Staff support for people in relation to their nutritional needs was not carried out with sensitivity and staff showed little respect towards maintaining people's dignity.

This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

In addition, we found that people were not always treated with respect and dignity. Staff did not have an understanding of how to promote respectful and compassionate behaviour towards people using the service. We saw that care records did not always promote individualised care. There was little information in files about people's personal history, interests and hobbies. We also found that people were not supported to follow their interests and there was a lack of social activities.

This was in breach of Regulation 9(3) (a)(g) and 10 of the Health and Social Care Act 2008 (Regulated Activities)

We asked the provider to provide us with an action plan to address the areas that required improvement, and to inform us when this would be completed. After the comprehensive inspection, we undertook this focused inspection to check that the provider had made improvements and to confirm that they now met legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for 'The Cottage Nursing Home' on our website at www.cqc.org.uk

The service had a manager in post. They were not registered with the Care Quality Commission at the time of our visit. However, they had submitted an application to register as a manager for the service. 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 Cottage Nursing Home Limited provides care and support for up to 53 older people with a wide range of needs, including dementia care. There were 32 people using the service when we visited.

Improvements had been made to the management of medicines. Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

We found that the home was clean, hygienic and improvements had been made to reduce the risk and spread of infection.

Improvements had been made to core training and supervision for staff. Staff were continually being provided with training to ensure they were able to care for people safely and to perform their roles and responsibilities. However, some staff still needed to complete areas of core training.

We found that improvements had been made to the menus and choices of meals available for people. People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. However, we observed that some people had to wait lengthy periods before they received their meal.

People were looked after by staff that were kind, patient and caring. However, improvements were required to ensure people's privacy and dignity were maintained.

People were not always supported to be actively involved in making decisions about their care, treatment and support.

There was information available to people about the organisation, its facilities and how to access advocacy services.

People were not well supported to take part in meaningful activities and pursue hobbies and interests.

We found that the manager had introduced a system of audits, surveys, meetings and reviews for obtaining feedback, monitor performance, managing risks and keeping people safe. These were still in the early stages of development and had not yet been embedded to ensure good governance.

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?

This service has not been consistently safe.

Systems for the management of medicines had been improved and were safe; protecting people using the service.

Effective systems had been introduced to reduce the risk and spread of infection. These were still in the early stages of development and had not yet been embedded to ensure effective infection control systems could be maintained.

While improvements had been made; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service effective?

This service has not been consistently effective.

Improvements had been made to the staff training programme. However, some core areas of essential training still needed to be completed by staff.

Menus offered people a choice of food and drink. Some people had to wait lengthy periods before they received their meals.

While improvements had been made; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service caring?

This service has not been consistently caring.

People's privacy was not always maintained.

People and their relatives were not routinely involved in planning and reviewing their care provision.

People were cared for by staff that were patient, caring and kind.

People were able to make choices about their everyday routines.

While improvements had been made; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service responsive?

This service has not been consistently responsive

Requires improvement



Summary of findings

People and their relatives were not involved in the assessment and planning of their care, as much as they are able to.

People were not supported to take part in meaningful activities, both within the home and in the local community.

Care plans had been reviewed and improved.

While improvements had been made; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Is the service well-led?

This service has not been consistently well led.

Improvements had been made to records management and quality assurance systems used to monitor the quality of the service. These were still in the early stages of development and had not yet been embedded to ensure good governance.

While improvements had been made; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



The Cottage Nursing Home Limited

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 28 July 2015 and was unannounced. The inspection was undertaken by one inspector 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.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during a lunchtime meal and during individual tasks and activities.

We 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.

We spoke with five people who used the service in order to gain their views about the quality of the service provided. We also spoke with four relatives, five care staff, the chef, the registered manager, the operational manager and the provider, to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and the training records for all staff. In addition, we looked at records relating to induction, supervisions and appraisals as well as the management of the service; including quality assurance systems.

Is the service safe?

Our findings

During our inspection on 22 January 2015 we found that overall improvements had been made to the medication systems. However we identified that there continued to be poor recording of medicines given to people.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that the provider had followed their action plan, and improvements had been made. One person told us, "They give me my tablets yes." A relative said, "I don't have any worries about my [relatives] medicines."

We found that medication was stored safely for the protection of people who used the service. Temperatures had been recorded within the areas where medicines were stored, and we found these to be within acceptable limits. The cupboard used to store controlled drugs was in line with legal requirements.

We found there were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of. We looked at 13 records of the 32 people who used the service. We found that people had been given their medicines as prescribed. When medicines had not been administered to people, the reason why had been recorded. There were effective systems in place to account for all medicines used or disposed of, including controlled drugs.

When people were prescribed medicines in variable doses, for example, 'one or two tablets', the actual quantity given was recorded. Where people were prescribed medicines on a 'when required' basis, for example, for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. We were therefore assured that people would be given medicines to meet their needs. We found that staff had received appropriate training and had been assessed to be competent to handle medicines. This meant that people were given their medicine by staff that were suitably qualified and competent.

We saw that checks on the quality and accuracy of medication records were carried out weekly and monthly. This meant that appropriate arrangements were in place to identify and resolve any medication errors promptly.

When we inspected the service in January 2015 we found that areas of the home were not being cleaned sufficiently and carpets and chairs were stained and dirty. There was an odour throughout the home, a shortage of housekeeping staff and no cleaning schedules in place. In addition, we found that not all people who required a hoist for moving and handling had their own individual slings; and slings were not always washed between each person using them.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During this inspection we found that the provider had followed their action plan and improvements had been made.

One person commented, "It looks lovely, the new floor, and easier to keep clean." A relative commented, "It's made a difference. The odour in the lounge has completely disappeared."

A staff member told us, "It was nice to get rid of the old carpet. This flooring is much better and so much easier to keep clean and hygienic."

We saw that flooring had been replaced in the main lounge area, communal areas and some corridors. However, in the older part of the home there remained an odour. Most areas in this part of the building were carpeted. The manager told us that there were plans to refurbish the older part of the home. We saw that work had commenced, and one room that had previously been a double bedroom was being turned into a restaurant style dining room.

The manager told us they had appointed a house keeping manager and they had been in post for three weeks. We spoke with them about infection control procedures and the housekeeping team. They told us they had completed the last infection control audit and this had provided them with a good overview of the service and where improvements were needed. They had implemented dedicated laundry staff and changed the hours of the housekeeping team so that they were now available

Is the service safe?

throughout the whole day. Previously the housekeeping staff were not available in the afternoons or evenings. We were told there had been an increase in housekeeping staff and at the time of our visit there were seven housekeeping staff in total, including laundry staff.

The housekeeping manager said they were going to become the joint lead for infection control, along with a member of the nursing team. They told us this would provide input from two different perspectives and would be more comprehensive.

We were shown cleaning schedules for the service. The housekeeping manager said they were going to be revised to include deep cleaning tasks that needed to be undertaken on a daily, weekly and monthly basis. At the

previous inspection we found that the colour coded system in use for mops, clothes and buckets was not being used correctly. The housekeeping manager told us they had introduced a new colour coded system that was simpler to use and more effective.

We found that each person who required a sling for moving and handling did not have their own slings in place. However, the manager informed us that each person was going to be measured and assessed for new slings and we saw that dates for this had already been arranged.

Training records demonstrated that a large number of staff still needed to complete infection control training or refresher training.

Is the service effective?

Our findings

At our last inspection we found that the training and development systems in place were ineffective and failed to ensure that staff received the training they needed to care safely and appropriately for people in the home. We found that new staff did not receive a comprehensive induction and most staff had not received or been enabled to keep up to date with the providers mandatory training program.

This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that the provider had followed their action plan and improvements had been made.

A relative told us, "They seem to know what they are doing. My [relative] has complex needs and they look after them well."

Staff welcomed the appointment of a new clinical lead and hoped that their knowledge would continue to be updated. One staff member told us, "There have been so many changes, but I realise that some of the things we were doing were just wrong." A nurse commented, "[The new clinical lead] has already been very supportive to the nurses. We all think this is a positive step."

We found that an Induction programme has been implemented for all new members of staff. We spoke with one staff member who was new to the service and they told us, "I am still going through my induction. I have never dealt with people with dementia so I have a lot to learn. So far it's been very helpful."

The manager told us that new staff were required to complete an induction and work alongside an experienced staff member which allowed them to get to know people before working independently. The induction programme supported staff to understand people's needs and gain experience in a safe environment. Records we looked at confirmed that staff new to the service now completed an induction programme.

Training records demonstrated that staff were continuing to work through the providers training plan. For example, we saw that most staff had completed food hygiene training, fire awareness and fire safety training and

safeguarding training. We found that staff had completed virtual dementia training. This is sensitivity training programme, using sensory tools and instruction to provide staff with the ability to help identify with and understand the behaviours and needs of people living with dementia.

The manager told us that all staff were registered for the Care Certificate training. The Care Certificate sets out the learning outcomes, competences and standards of behaviour that is expected of staff working in a health or social care setting.

We found there were still gaps in core subjects such as infection control and moving and handling. However, we could see from the information provided that further training had been organised and dates confirmed for staff to attend.

Staff told us they received on-going support in the form of supervisions and annual appraisals. A staff member said, "I now have supervision from one of the nurses so I feel happier with that." Another member of staff said, "I find supervision useful. Sometimes you just need to take a step back and think about things." We were informed by staff that they now received supervisions on a regular basis and records we looked at confirmed this. One staff member commented, "The manager deals with issues we raise at staff meetings or supervisions."

Staff records demonstrated that supervisions were used to discuss people and their needs, as well as identify areas for learning and development or raise any concerns or issues either party may have. We saw records to show that staff had received supervision from the manager.

At our previous inspection we found that people were not offered a choice of food and drink. People were not supported with their food and drinks in a sensitive manner and meals were often rushed. In addition, accurate records were not available of people's dietary intake and this placed them at risk of receiving inadequate food and drink.

This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that the provider had followed their action plan and improvements had been made.

Is the service effective?

People told us the food they received was good. One person said, "The food is okay, I usually find something I like." Another person commented, "Food is very important to me. The chef comes round and explains what is on offer."

Relatives also made comments about the food. One said, "It does seem to have improved; my [relative] has put some weight back on. I am pleased they have introduced snacks and fruit in the afternoons."

We spoke with the chef who had been in post for two months. We found them to be enthusiastic about the role and they shared plans they had to improve the dining experience for people. They told us they had already changed to menus to incorporate a choice of meal and these were available to people in large print. They told us they received feedback from people by talking to them individually and from the staff team. They had a list of people's likes and dislikes in the kitchen but said they already knew what people preferred. For example, the chef told us they prepared a curry for one person every day because that was their preferred choice of meal. They talked to us about the new dining room that was going to be a restaurant style dining experience. They said there would be a choice of two meals. Each day both choices of meals would be served up on a plate for display purposes only. Both plates would then be used to offer people a choice of meal. We were told this was more meaningful to people because they were able to see what they were choosing and also they would be able to remember what they had chosen.

We observed the lunchtime meal in both dining areas. The atmosphere was calm and relaxed and music was quietened during this time. The chef was present at the start of lunch and told people what was available. We saw

one person being supported by a member of staff with their meal. This person required a lot of encouragement and coaxing and it took over forty minutes for the person to eat their meal. The approach of the staff member was kind and supportive throughout. Those who were able said they enjoyed the lunch although many had to be prompted and coaxed to keep eating. Again this was performed in a caring and supportive manner.

We saw one person who threw their lunch on the floor and this was dealt with minimal fuss and replaced.

We found there were a large number of people who required one to one support with their meals. Although lunch commenced at 12:15pm the last person wasn't supported to have their lunch until 14:05pm. At this point other people had finished their meals and were walking around. We saw the attention of the staff member was diverted regularly at this point. We spoke with the manager about this and they told us they had been exploring different ways to implement meal times so people did not have to wait long periods for their meals. Ideas they were working with included the opening of the new dining room, and the small lounge/diner on the lower floor had been re-opened and we saw that some people ate their meals here.

We observed a specific meal had been made for a person who preferred Asian vegetarian food. The chef was clear on their needs and preferences and we observed that the person enjoyed their meal and ate well.

We observed staff completing food and drink charts regularly. Records showed there was good nutritional screening in place and these were up to date and fully recorded.

Is the service caring?

Our findings

At our previous inspection we found that people's privacy and dignity were not always respected. In addition, people could not be confident that information about them was treated confidentially and respected by staff.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9(3) (a)(g) and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that although some improvements had been made, there remained areas that required further improvement.

One person told us, "When some of them wash me, I feel that my private parts are exposed too much." A relative commented, "I do feel that [relative] privacy is invaded when other residents just walk into [relative] room. This makes [relative] really upset and agitated."

On the day of our visit we observed one person going into other peoples rooms and taking some of their belongings. We saw two people with long and dirty fingernails and several people with catheters with leg bags; the leg bags were often on view to all.

We noted that most visiting relatives stayed in the communal areas talking with their family member. Their conversation could be overheard and they were constantly interrupted by other people using the service who were wandering around.

Staff understood the importance of treating people with dignity and respect. For example, we heard staff speak with people quietly and discreetly when they asked for support with personal care. One staff member told us, "We have to respect people and maintain their dignity. Treat people how you want to be treated." Another staff member said, "The building doesn't make sure people always have privacy. We need some quiet areas." We saw that staff spoke with people in an appropriate manner and called people by their preferred term of address.

Staff had a clear understanding of the role they played to make sure people were respected. They knocked on people's doors before entering their bedrooms and always supported them in a private area, for example, their bedroom.

At our last inspection we found that staff did not involve and treat people with compassion and kindness. Staff did not have an understanding of how to promote respectful and compassionate behaviour towards people using the service.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9(3) (a)(g) and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that the provider had followed their action plan and improvements had been made.

One person told us, "Staff are excellent." Another person said, "I feel happy here." A third person commented, "I can't praise them enough. They do a tough job." Relatives expressed concern about the recent changes at the service. One relative commented, "They do care for my [relative] well, but there is something lacking. Maybe the staff are anxious about the changes."

A staff member told us, "It's great as I am getting to know everybody well and build a relationship with them." Another member of staff said, "Its hard work here but I just love the residents, it's very rewarding." The manager told us that following a successful recruitment campaign, many of the staff team were still new and settling in. The manager told us that some training events had been organised to promote team building.

We observed many situations throughout the day where care was provided in a patient and compassionate way. For example, staff took time when supporting people with their meals, many taking over forty minutes. Throughout the day staff members were seen engaging positively with the person they were supporting.

We saw that staff attended to people in a timely manner. We saw one person who became distressed and started shouting. Staff responded to this person straight away, and spent time trying to find out the reason of their distress. The person responded positively to the staff members and we saw them relax. We also observed a staff member who spent time trying to persuade one person to sit down for a short while so they could eat their meal. This was done with patience and kindness. They engaged the person with singing and humorous banter.

Is the service caring?

During our previous inspection we found that the service did not always support people to express their views and be actively involved in making decisions about their care, treatment and support. In addition, there was a lack of information available to people about the organisation, its facilities and how to access advocacy services.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9(3) (a)(g) and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that although some improvements had been made, there remained areas that required further improvement.

None of the people we spoke with were able to confirm that they had been involved in the review of their care; however, most people we spoke with said the staff discussed their care with them.

One person told us, “We talk about what care I am going to have, for example I have a bath on alternate days. I haven’t seen it written down.” Another person commented, “I saw my care plan a long time ago, I don’t get much information.” None of the relatives we spoke with said they had been involved in care plan reviews and wanted more input. One relative told us, “I have been to the meet and greet meeting, but that was mostly about painting the corridors. Not about my [relatives] care.” Another relative informed us, “I have met the nurse as I was unhappy that

my [relative] was wet quite often, she seems to have got onto that.” A third relative said, “I haven’t had discussions, I just notice that things have changed. Such as my [relatives] tablets. I was involved in the discussion about DoLS and I welcomed that.” All the relatives we spoke with expressed a wish to meet manager and the new clinical lead on a one to one basis.

We found that people had been empowered to make choices about every day decisions in relation to their daily routines. For example, when to get up and go to bed, what to wear, what to eat and where to go. We saw that the menu’s now offered people a choice of meal, and there were other alternatives available too. We saw that some people chose to sit in the communal areas and others chose to stay in their rooms, reading the paper or listening to music. We found that rooms had been decorated to reflect people’s personal taste and there were photographs and other personal possessions on display.

Records did not demonstrate that people and their relatives had been involved in reviews about their care provision.

Clear information about the service, the management, the facilities, and how to complain was now provided to people and visitors. We found there was an effective system in place to access advocacy services and this was also on display in the reception area. The manager confirmed that no one living at the home was currently using the services of an advocate.

Is the service responsive?

Our findings

During our previous inspection, we found that people did not receive personalised care that was responsive to their needs. Care records did not always promote individualised care. There was little information in files about people's personal history, interests and hobbies. We also found that people were not supported to follow their interests and there was a lack of social activities.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that although some improvements had been made, there remained areas that required further improvement.

People we spoke with had mixed views about their care. One person said, "Yes, I get up at the time that I like, I sometimes have to wait for wash but that's okay." Another person told us, "They get me up when it's convenient for them; it takes two staff so I have to fit in." A relative commented, "The changes to the staff has meant that many of them don't understand my [relative] and how much stimulation they need."

One staff member told us, "There are a lot of new staff and we don't all know the residents well enough yet." Another staff member said, "We are guided by the nurses, most of who know the service users well."

Staff demonstrated their knowledge of individuals and their preferences. Senior staff were observed prompting more junior staff in this aspect. Knowledge of how to deal with individual's behaviour that could challenge others was observed, for example providing comforting toys to a person who became distressed.

Records we looked at contained an assessment of each person's needs and these had been completed before the

person moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. We found that people's care plans had been reviewed and improved. Each care plan we looked at was detailed we saw that records were up to date and well maintained. We saw that family members had been asked for information about people's personal histories, interests and past hobbies.

We were informed that trips out of the service into the local community had been stopped because the activities coordinator needed a member of support staff to help with this. This was confirmed by people who used the service and their relatives. People said of the activities provision, "I used to like going out, it's so boring." Another person commented, "I feel a bit locked up as I can't go out, there is a pub next door." A third person said, "I get very bored just watching the TV in my room, I like football but they [staff] don't tend to talk to me about it." A relative informed us, "My [relative] loves to go shopping but they haven't taken them for ages." Another relative told us, "[Relative] gets more agitated if they are not stimulated." A third relative said, "Activities are very poor." We did not receive any positive comments in relation to the provision of activities.

On the day of our visit we witnessed very few activities taking place. People sat for long periods of time without anything to do and little interaction from staff. We were told there was a new activities coordinator, who had been in post for just over a month. They told us they read magazines, newspapers and puzzle books to people. We observed this taking place in the afternoon. However, while the staff member was going through a magazine with the person we observed, we saw they were not talking about the contents of the magazine, but were singing along to the record that was playing at the time, while turning the pages of the magazine. This did not make the activity meaningful for the individual and presented very little stimulation or positive engagement for the person using the service.

Is the service well-led?

Our findings

During our previous inspection we found that the provider's quality assurance processes required some improvement in relation to gaining feedback from people, staffing, care practices, records management, medication and staff training, infection control and the environment.

During this inspection we found that although improvements had been made to many areas, further development was needed in relation to maintaining people's privacy and dignity and ensuring that people were supported to follow their interests by providing enough meaningful and suitable social activities.

Most people and their relatives were aware that there had been a change in the management team. Not all could remember the manager's name and who did what job. One relative commented, "I am worried about the culture and staff morale, it seems very flat, not much sparkle anymore."

Although relatives knew they could go to the management team, they wanted more regular discussions with staff who took the lead for their relatives care and support. One relative told us, "I know [the manager] has a lot of work to do, I don't like to disturb him when he's in his office." A second relative commented, "I would like to meet the new senior nurse." A third relative said, "The environment looks and smells better so something is changing."

Staff told us that they felt able to raise concerns if they needed to and said they felt they would be well supported. Some staff felt anxious due to the newly formed team and getting to know everyone. One staff member told us, "I think it will be better when things settle down, there is a lot to do." Another member of staff commented, "I have been here a long time, the changes are huge and it's a lot to take in." A third comment was, "I hope the new staff learn to communicate quickly, I know they are going on a course." Some staff felt positive about the recent changes and one said, "The changes will be good when it's all sorted, we didn't do it very well before." A second comment was, "We now have meetings, mostly to get information from the manager."

During this inspection we found that the provider had introduced a system of audits that included areas such as infection control, medicines, staffing, care records and the environment. The manager told us that the nurses completed a weekly audit of the medication, and the new

clinical lead and the operational manager would also audit medication records monthly. We received a copy of the latest monthly provider visit and saw that medication records had been audited and where shortfalls had been identified, corrective action had been taken. We saw that all nurses had received competency assessments and action plans had been introduced as a result, that included further training and supervision. We saw infection control audits that had been completed and we found improvements to the cleanliness and hygiene of the service. The registered manager told us two members of staff, one from the nursing team and one from the housekeeping team, were going to jointly undertake the role as lead persons for infection control matters. They would be responsible for ensuring standard practices were carried out in relation to infection control in both areas. We saw a weekly audit of pressure area care and wound care. The manager told us this would be analysed to identify risks to people and to look for any areas where the home could improve its pressure area care for people. We looked at three sets of food and fluid intake charts that recorded how much people had received to eat and drink. The nurses were responsible for auditing these. We were told by the manager that this could identify if a person's nutritional intake was poor and extra support could be provided for that person.

To improve communication within the home and the staff team, a weekly 11-11 meeting for each head of department had been introduced. Each head of department attends the meeting and the registered manager provides them with up to date developments at the service. We also saw that a fifteen minute handover of information took place at each shift change, for all qualified staff and care staff. Handover sheets were completed at each shift change to ensure information was recorded and made available to all staff.

We saw that the manager had introduced regular family meetings. We found that following feedback from people and their families, the menu's had been changed to incorporate more choice and variety.

We found the arrangements to ensure staff were appropriately supported to deliver care and treatment to an appropriate standard, by receiving essential training,

Is the service well-led?

had been improved. For example, we found that an Induction programme has been implemented for all new members of staff and a rolling programme of core training was on-going. We saw dates for further training.

These quality assurance systems were still in the early stages of development and had not yet been embedded to ensure good governance.

We found that the manager was meeting the requirements of their registration and had submitted notifications as required to the Quality Commission. A notification is information about important events which the service is required to send us by law in a timely way.