Care Quality Commission

Sanctuary Care Limited

Rowanweald Nursing Home

Inspection report

1 Weald Lane
Harrow Weald
Harrow
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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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on the 25 and 26 November 2014. We told the provider we would be returning the next day to continue the inspection.

Rowanweald Nursing Home provides nursing care and accommodation for up to 45 older people some of whom may have dementia, mental health needs, physical disability or sensory impairment. The home is purpose built and located in Harrow Weald on the outskirts of Harrow. Public transport is accessible and a range of shops are within walking distance of the service. There were 33 people living in the service. At the time of our inspection the provider was in the process of completing an action plan to address some issues to do with the quality of the service and people had not been admitted whilst these improvements were being made. It was evident the provider was taking appropriate steps to improve the service and was aware there were some improvements that needed to be fully completed.

The registered manager was appointed in July 2014. A registered manager is a person who has registered with

Summary of findings

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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the planning and delivery of care You can see the action we have told the provider to take at the back of the full version of this report.

People told us that the service had improved since the appointment of the registered manager. They told us the registered manager was accessible and approachable and they felt able to speak to her and the nursing staff about the service and raise any concerns they had, which they were confident would be addressed appropriately.

People told us they were happy living in the home and felt safe. Staff were aware of their responsibilities in supporting people to be safe and protecting them from risk of harm. People and their relatives were complimentary about the care provided by the service. We saw staff interact with people in a friendly and courteous manner. However, on two occasions we found staff had a less respectful approach when they communicated with people.

We found some people's care plans did not always reflect their specific needs and had not been recently reviewed.

For several months in 2014 there had been a significant reliance upon the use of agency nurses and care workers. People told us this had been unsettling and did not promote the building of positive relationships with staff who were very familiar with their particular needs and preferences. We found steps had been taken to address this issue by employing permanent staff and building up a team of regular 'bank staff' who could be called upon to work at short notice. People told us staff were available to help them when needed.

People were provided with a choice of food and drink which met their preferences and nutritional needs. People told us they enjoyed the meals.

Staff received relevant training and were supported to develop their skills so they were competent to meet people's needs. People's health was monitored and referrals made to health professionals when this was required.

The registered manager and other staff had an understanding of the systems in place to protect people who were unable to make decisions about their care and other aspects of their lives.

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service. We inspected we found there had been significant progress made in completing the action plan of improvements to the service. We could see a number of areas where problems had been addressed or were in the process of being dealt with, such as recruitment of staff, staff conduct, and the promotion of better communication with people.

We have made recommendations about the management medicines and about end of life care.

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.

People told us they felt safe and staff knew how to recognise and report abuse. There was a system in place to address monitor accidents and incidents at the service.

Appropriate procedures for recruiting staff were in place so only suitable staff were employed to provide people with the care they needed.

Medicines were managed safely. People received the medicines they were prescribed. However, we found an administration of medicines incident which was promptly addressed.

Is the service effective?

Good

The service was effective.

People's dietary needs and preferences were met and understood by staff. People told us they could choose what they ate.

Staff understood people's health and support needs. People had access to a range of health care services to make sure they received the healthcare they needed.

Staff received the training and support they needed to meet people's varied needs.

The registered manager had knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home in ensuring their rights were protected.

Is the service caring?

Requires Improvement

Some aspects of the service was not caring.

People were happy with the care they received and told us staff treated them with respect. Staff interacted with people in positive and friendly manner. However, there were two occasions when staff lacked some sensitivity in their approach to people.

People were supported to maintain the relationships they wanted with family, friends and those important to them.

People's independence was supported and where possible they were involved in decisions about their care and other needs. However, some care records did not demonstrate this.

End of life care plans did not always record much detail about the person's wishes and some staff told us they had not received specific training to ensure they met the person's needs.

Summary of findings

Is the service responsive?

Requires Improvement 

There were aspects of the service that were not responsive.

People's needs were assessed and their care plans were centred on the person and provided information and guidance about the care they needed. However, some details of people's assessed needs had not been included in their plan of care and it was not always evident that people using the service had participated in the review of their care.

People knew who to speak with if they had a worry or complaint. Complaints were appropriately addressed.

People had the opportunity to take part in activities, but we found there was a lack of individual planned programmes of activities for some people. Maintaining contact with family and friends was supported.

Is the service well-led?

Good 

The service is well-led.

People told us the registered manager was approachable, listened to them and kept them informed about the service and of any changes.

The registered manager ran the home in an open and transparent manner and had made a number of improvements to the service since her appointment. The provider was in the process of completing an action plan that showed were improvements had been needed and how they had been addressed.

The quality of the service was monitored by checks, and issues were addressed when needed.

There were regular meetings for staff and for people using the service and their relatives. People confirmed they could raise issues about the service and were confident these would be addressed. Staff told us they felt listened to and were provided with the information they needed about the service.

Rowanweald Nursing Home

Detailed findings

Background to this inspection

The service is well-led. People told us the registered manager was approachable, listened to them and kept them informed about the service and of any changes.

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Requires Improvement

Is the service safe?

Our findings

People said they felt safe living in the home. This was confirmed by relatives and other visitors who told us they had no concerns about people's safety. Comments from people included "I feel safe here; it's a safe area too if I go out to the shops," "I would speak to a care worker if I was worried," and "I feel safe here, definitely."

There was clear written guidance about the management of medicines. Nurses had signed to show they had read this guidance. We observed nurses administering medicines. They asked people if they were in pain and if they required medicine to alleviate this. People told us they received their prescribed medicines. We checked the medicines management and administration systems on the three units. We found medicines administration records (MAR) were signed as required. Each person's individual medicines needs and specific guidance about how their medicines were administered were written on the MAR. For example, there was guidance in place that detailed when and how a person preferred to receive their medicines and for another person, who had swallowing difficulties there were written details of the support they needed when they received their medicines.

When we commenced our inspection we found on one unit an unlocked medicine trolley left unattended whilst a nurse was in a person's room administering their medicines. It was 08.20 am and people using the service were not up and about but there was some risk of unauthorised access to the medicines. The registered manager was with us and took immediate action to alert the nurse dispensing the medicines who then took charge of the medicines trolley. On the same unit we noted one person's MAR did not record the quantity of some medicines received from the pharmacist, so there was no audit trail about the amount of the person's medicines that were supplied and therefore no confirmation that the correct quantity had been supplied by the pharmacist. We also found on this person's MAR a medicine had been written three times. This had not been identified by nurses or by a medicines audit. During the inspection the clinical governance nurse looked into this issue and found that the correct dose of medicine was being administered to the person but acknowledged this could have been confusing and therefore increased the risk of making an error.

Following the inspection we spoke with the registered manager who told us that following our findings all nurses had received further medicines training and one nurse had received specific supervision about the management and administration of medicines including ensuring the medicines trolley was locked when unattended. The registered manager confirmed the competency of all nurses to administer medicines safely was being closely monitored and improvements had been made in the process of auditing medicines. Following the inspection the registered manager sent us a recent audit of medicines which included an action plan and a record of improvements to the medicines systems that had been made.

Staff were busy during our inspection but were available to people when they needed support, and had time to talk with people. Some people told us there was sometimes a lack of familiar regular staff on duty. Comments from people included; "I don't know who is agency and who is not. There isn't consistency, I have to tell them what I need as they [agency staff] don't know me," and "I don't like the changing of staff all the time." Relatives of people using the service told us; "I don't like the large numbers of agency staff," and "There are lots of agency staff, so staff don't get to know them [people]." The registered manager acknowledged this had been an area where improvement had been needed, and spoke of the action she had taken to employ more staff. She confirmed five nurses had recently been employed and further recruitment of staff was continuing. A person using the service and a relative of a person acknowledged that action had been taken to address this issue including the recruitment of permanent staff. Following the inspection the manager told us about the recent successful recruitment of staff including bank [staff employed by the service to cover shifts], which had led to a significant reduction in the use of agency staff. She provided us with an example where for one week no agency staff had been employed at all and there was now only the occasional shift when an agency nurse was on duty.

People told us they felt there were enough staff on duty but there were times when staff were very busy. A member of staff said, "It would be good to give people more individual attention, but sometimes we are busy." Staff told us on the day of our inspection there was a 'floater' care worker who worked across the units providing people with the care. This was evident during our visit. Staff provided us with

Requires Improvement

Is the service safe?

examples of when extra staff had been provided to meet people's changing needs and increased dependency. A nurse said an extra care worker had recently worked a shift to enable the nurse to have time to update people's care plans. This indicated there was flexibility of staffing to meet the needs of the service. A person told us "when you call, staff come straight away. Sometimes you have to wait but they always tell you if you do."

People's care records showed that risks to people including falls, moving and handling and pressure ulcers were assessed and guidance was in place for staff to follow which detailed the preventative action to be taken to lessen the risks of people being harmed. We saw a person had signed a general risk assessment of their needs, which indicated they were aware of its content.

There were policies and procedures in place, which informed staff of the action they needed to take if they suspected abuse. The contact details of the local authority safeguarding team, the Care Quality Commission and police were displayed in the home. Staff had received training about safeguarding people. They were able to describe various kinds of abuse and knew about the reporting procedures they were required to follow if they suspected abuse. Staff took appropriate action in response to concerns. The registered manager and other senior staff had notified us and the local authority safeguarding team when they had been aware of an allegation and/or suspicion of abuse. People told us they knew who to speak to if they had a concern about their welfare and were confident that they would be listened to and appropriate action would be taken. Staff we spoke with knew about whistleblowing procedures.

Small amounts of people's cash were managed by the service. We saw receipts of expenditure were available and appropriate records maintained of people's income and spending. Regular checks of people's monies were carried out to reduce the risk of financial abuse.

Staff took appropriate action following accidents and incidents. Incidents and accidents were recorded, investigated and reported to the Care Quality Commission when required. We saw analysis of incidents was carried out and an action plan was put in place to make improvements when required.

Emergency procedures were displayed and took into account people's individual needs including their mobility needs. However, we found one's person's personal emergency evacuation plan [PEEP] indicated the person was able to stand when they were currently unable to weight bear. The registered manager told us this person's PEEP would be reviewed. The fire alarm was tested during the inspection, which showed it was in working order. Service checks of equipment and safety checks were carried out to make sure the premises and systems within the home were maintained and serviced as required to meet legal requirements and to make sure people were protected.

Maintenance issues were attended to, for example, one person told us that they had not slept very well as their bed was uncomfortable and required maintenance. The registered manager spoke with the person and we noted the bed was mended during our inspection.

There were appropriate systems in place to reduce the spread of infection. The home was clean, tidy and free from odour. Feedback from people confirmed this. A domestic member of staff/housekeeper confirmed they had received infection control training which was regularly updated. A staff member who carried out laundering duties was knowledgeable about washing people's clothes and linen safely. For example soiled items were washed at a high temperature to minimise risk of infection. Staff wore personal protective items including disposable gloves and aprons when supporting people with their personal care. We saw these items were stored safely and easily accessible to staff. However, we saw one member of staff walking in and out of peoples' rooms without changing their gloves and aprons, which could increase the risk of spreading infection. This was discussed with the manager who told us staff would be reminded of infection control procedures and this would be closely monitored. Following the inspection we saw a recent audit of infection control which included the action taken to address this and other issues to improve the service.

We checked three staff records which showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. This included interviewing prospective staff, obtaining references and checking that nurses were registered with the Nursing and Midwifery Council. Checks as to whether prospective employees had a criminal record or had been barred from working with people who needed care and support were also carried out.

Requires Improvement

Is the service safe?

We recommend that the service consider current guidance in managing and administering medicines in care homes and take action to update their practice accordingly.

Good

Is the service effective?

Our findings

Staff told us when they started work they had received an induction and had completed relevant training to make sure they had the knowledge and skills needed to carry out their various roles in delivering an effective service. Staff training records showed us staff had received training in a range of areas including; safeguarding people, fire safety, infection control, dignity and respect, first aid, and health and safety. The registered manager told us trainers were employed to regularly deliver 'in house' training sessions on a number of topics that were particularly relevant to the service. This training included; dementia care, Parkinson's disease, wound care, moving and handling and how to use of equipment such as bedrails. However, some staff told us they had not received training in end of life care despite on occasions providing care for people at the end of their lives. The registered manager told us this training need would be addressed. Some staff told us they had completed qualifications in health and social care, which was confirmed from records.

Staff told us they felt well supported by senior staff and confirmed they received one to one supervision with their manager or a nurse. Records showed that most staff had received formal supervision within the last two months where people's care had been discussed. We found that staff supervision took place regularly and in response to issues to do with staff practice or conduct. A nurse told us they had recently received an appraisal where their performance and personal development needs were reviewed. This was confirmed by the staff member's records.

People had access to specialist support and advice from a range of healthcare professionals including psychiatrists, tissue viability nurses, palliative care nurses, GPs, physiotherapists, opticians and podiatrists to make sure their health needs were met. A person who used the service said that staff understood their health needs and supported them to attend hospital appointments when this was required. A relative told us that their relative living in the home saw a GP when they needed to. People's care files included information about the support people needed and received from medical and other care professionals including details of hospital appointments people attended. Staff we spoke with demonstrated that they understood the health needs of the people they cared for and they told us that new information in relation to people's health needs was communicated to them during shift handovers and via updated care plans. A care worker told us they would report to a nurse if they noticed any change in a person's health needs. For example a care worker said they would report to the nurse in charge if they noticed that an area of a person's skin had changed colour or seemed inflamed.

The menu included a variety of meals and snacks available. People were mostly complimentary about the food and beverages provided. People told us they received meals that met their dietary needs and preferences. People who had special dietary requirements were catered for, for example some people who had swallowing difficulties received pureed food or received prescribed specific thickening fluids to minimise risk of choking. People's nutritional needs including risk of malnutrition were identified and recorded in their care plan. We found people had received advice and support from dieticians and speech and language therapists when they needed support with their nutritional needs. The chef was very knowledgeable of people's individual nutrition needs. Up to date dietary notification forms that included information about people's specific dietary needs which had been signed by the registered manager and the catering manager were located in the kitchen.

We observed people having breakfast and lunch during both days of the inspection. Meals were well presented. During these meal times people were provided with a variety of meals including various cooked breakfasts. People were offered a choice of drinks throughout the inspection and had water available in their rooms. People were given the assistance they needed with their meal without being rushed. However, there were occasions where people's experience of assistance from staff could have been better. For example, we found there was little interaction from some staff when they assisted people with their meal and a member of staff was seen standing up whilst assisting a person with their meal, which might have been unpleasant or intimidating for the person. We also found a person was not offered condiments with their meal and was only offered a drink at the end of the meal. A care worker was seen to be helping a person who was refusing to eat her breakfast and another resident told her that she still had medication in her mouth which is why she wasn't eating, instead of investigating this and informing the nurse the care worker just got up and walked off. Following the

Good

Is the service effective?

inspection the registered manager told us they had discussed the staff member's conduct during a supervision meeting and was monitoring them and other staff during mealtimes.

Meals were regularly discussed during residents and relatives meetings, for example, during one recent meeting there was positive feedback from a relative about the chef having made a birthday cake for a person using the service. Another person had commented that some soup had been too salty and action had been taken to resolve this. The chef regularly asked people for feedback about the meals and promptly addressed issues raised by people. For example a relative told us they had asked the chef to provide their relative with particular food item which they had promptly addressed. People told us "The food is fine. They ask me what I want. They know I don't eat fish," "I chose my breakfast, the food is very good, we get choice at lunch and if there is anything we don't want they cook us something else," "The food standards are quite high here. They are not like school lunches." "I am happy eating in my room; I get fruit when I want."

The service had policies and procedures in relation to the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions about their lives, including decisions about their care and treatment. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. We saw a care plan where there was a capacity assessment which showed a person was unable to make a decision about an aspect of their care. We noted the person's appointee under MCA court of protection [Lasting Power of Attorney] had made a care decision in the person's best interest.

The registered manager and a clinical development manager knew when a person's deprivation of liberty must be legally authorised. None of the people using the service were subject to DoLS authorisation however, the registered manager told us an application for authorisation for DoLS was in the process of being applied for. During discussion with staff and from looking at people's care plans it was clear that some people were unable to go out without support from staff due to risk to their safety. Following the inspection the registered manager told us that people's capacity to make decisions about going out without supervision from staff was in the process of being assessed and applications for authorisation for DoLS would be completed if found to be required. Records showed that several staff had received training about the MCA and DoLS. The registered manager told us she would ensure all other staff completed this training promptly.

People's bedrooms were well decorated, furnished, and were personalised with pictures and other items. People told us they were happy with their bedrooms, which had ensuite facilities. Bathrooms in the communal areas were accessible and spacious with baths and showers suitable for people with a range of physical support needs. We saw that moving and handling hoists were available along with other equipment such a bath and shower seats. Communal areas and corridors were spacious, level and clear and we saw that there was room for people who used wheelchairs to move freely within the home.

Requires Improvement

Is the service caring?

Our findings

People told us staff were caring and provided them with the care and support they needed and wanted. A person spoke about their specific care needs and preferences and provided us with examples of how staff had listened and accommodated these. People we spoke with told us that they liked the staff and some people mentioned staff whom they found to be particularly pleasant, for example a person pointed to a nurse and said "That nurse is very kind," another person spoke in a positive manner about a staff member and said "I adore her." Comments from people included "its fine here," "It is good here, I have been here a while." "Most of the staff are really good, they look after me. They are kind." "They are very nice here," and "most staff are very nice though some are bossy." Relatives of people who used the service told us they visited the home at different times and days and were welcomed. A relative of a person told us "I am happy. I find staff are kind."

Throughout the early months of 2014 there had been a number of issues reported to us and the local authority which had indicated some staff had a poor attitude and lacked caring characteristics. Senior management staff and the registered manager had taken appropriate action to address these concerns which had resulted in a number of staff leaving the service People were positive about the staff changes that had taken place. We asked a person about their views of the staff and they said "All the bad ones have gone." Another person said "One or two frightened me but they have gone."

We saw staff interact with people who used the service in a professional, caring and respectful way and some staff took time to talk to people about things that interested them. During the day we observed staff members checking on people in their rooms and in the communal areas asking them if they were all right. A person told us "They [staff] always ask me first and tell me what they are doing." Staff told us dignity and respect had been included in their induction and had been regularly discussed during staff meetings. However, we noted that on one occasion two members of staff assisted a person with moving from one chair to another without first explaining what they planned to do, which may have caused the person anxiety. We also heard a member of staff speaking with people in a manner that was not as sympathetic and friendly as we would expect from care staff. We informed the registered manager and following the inspection she told us about the action she had taken to remind these staff and others about the importance of informing people and obtaining people's consent before they assisted them with a task and of staff being respectful with people at all times. She confirmed that staff conduct was being monitored closely.

We noted people made choices that included what they wanted to eat, wear, and whether to spend time in their room or participate in activities in the communal areas.

We found when people did not have the capacity to consent to having bedrails a best interest decision had been made to put them in place to keep the person safe. However, it was not evident in two people's bedrail assessments that they had consented to them. The registered manager told us the bedrail assessments of all the people using the service would be reviewed and updated with required information about consent.

People told us their privacy was respected and they were called by their preferred name. Staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when staff supported people with their personal care. Staff were aware of the importance of confidentiality and knew not to discuss people with anyone apart from those involved in the person's care and treatment. Records showed that confidentiality and respect had been discussed during a recent staff meeting.

We saw people's independence was supported, for example a person told us he shaved himself and another person said they dressed themselves with minimal support from staff. People had the aids and equipment they needed to enable them to be as mobile as possible, and promote their independence. A person told us that they had a walking frame to enable them to 'get around' within the unit. Another person told us how important their wheelchair was in maintaining their mobility and independence.

Care plans included information about people's spiritual needs and beliefs. A person told us "Someone from my church comes to see me."

One staff member told us that they had not received training in end of life care, and felt that this would be helpful in making sure they provided people with the care they needed during the end of their lives. The registered

Requires Improvement

Is the service caring?

manager told us that she would ensure this training would be provided to all staff. We found a person's end of life care plan did not record their individual wishes and there was no guidance as to how staff were to provide the physical, spiritual and social support the person needed at the end of their life. The registered manager told us that the person's condition had recently deteriorated but we found this was not reflected in the person's care plan, which had not been updated to include information that the person should not be sent to hospital if their condition deteriorated. The registered manager promptly updated the care plan information. Following the inspection the registered manager told us that she had made sure that all staff had knowledge and understanding of the changes made to this person's care plan to ensure they had up to date information about how to meet the person's care needs.

We recommend that the service seek advice and consider current best practice guidance from a reputable source, about providing people with personalised care and support at the end of their lives.

Requires Improvement

Is the service responsive?

Our findings

People's care and support needs had been addressed with the person's involvement and/or their family. A relative confirmed they had been fully involved in the initial assessment of a person using the service and in the review of the person's care plan. Another relative informed us they had participated in annual reviews of a person's care plan and had been impressed by the response from staff to a recent change in the person's condition. However, it was not evident from records that some people using the service were always involved in the monthly review of their care plan.

These assessments formed the basis of people's plan of care. Care plans included a range of plans and guidance to make sure people received the care and treatment they needed and wanted. The care plans included details about people's individual needs and wishes and included guidance for staff to follow to meet each person's needs. For example a person had a care plan in place in response to their loss of weight and there was clear guidance for staff to follow to make sure the person received appropriate care and treatment. However, we found two care plans contained assessments that were not clearly linked to any care plan. For example, a person's medical history showed they had Parkinson's Disease, and other medical needs, which were not included in the person's care plan. Another person's care plan about their diabetic needs did not include information about the normal range of blood sugar or guidance about the action staff needed to take if the person had hyperglycaemia (high blood sugar). Also another person's care plan showed their individual dependency needs had been reviewed and had been shown to have changed, but it was not evident that the person's care plan had been updated to reflect this change.

A person's pressure area assessment score did not match the score recorded in their care plan so could lead to inappropriate care or treatment. We found the person's care plan included guidance to reduce the risk of skin breakdown but this was not specifically detailed. For example the written guidance included; 'diet to include healthy options' and mobility to be 'encouraged' but did not include specific detail about what was meant by 'healthy options.' The guidance also did not include details of the pressure relieving equipment that needed to be in place or how frequently the person should change their position to minimise the risk of acquiring a pressure ulcer. Positioning charts were in place but were not always completed 2-3 hourly as stated in the care plan and some staff we spoke with were not able to tell us how often this person should be positioned, so the person could be at risk of not receiving the care they needed to prevent pressure ulcers.

The above deficits in people's care plans meant that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they were well informed of people's individual needs which were discussed during 'handover' discussions at the start of each shift so they could provide people with the support they needed. During the inspection we heard day staff receiving a handover about people's progress from the night staff. Staff provided us with examples of how they communicated with people who had difficulties with speaking or understanding information. A care worker said "one person doesn't always understand what you say, but if you show them they do understand." Another member of staff told us about another person who due to having difficulty speaking expressed themselves by their body language and facial expressions.

We found that people had the opportunity to provide feedback about the service they received by completing surveys. We saw ten feedback surveys which had recently been completed by people. They indicated people were positive about the service and where they had indicated dissatisfaction, we noted the registered manager had taken appropriate action to address issues raised. For example a person did not like the pillows they had and this had been addressed by providing alternatives. Another person wanted more activities to do in their room and in response to this feedback the registered manager had asked the activities co-ordinator to address this. A person reported they did not sleep well, and the registered manager had addressed this by asking staff to make sure the person was offered a drink if found to be awake at night.

People also took part in regular resident meetings and relatives' meetings. A relative confirmed that appropriate action was taken by staff to address issues they had raised. Another person told us they regularly attended resident/ relatives meetings where they received information about the service and had the opportunity to raise issues. They

Requires Improvement

Is the service responsive?

told us that during a meeting they had asked that a particular food item be included in their menu and this had been addressed to the person's satisfaction. A person told us "once a month we have meetings, I air my views."

We heard staff offering people choices throughout the inspection. For example people were asked what they wanted to eat and drink, listen to music or watch television and their decisions were respected. People confirmed they were able to make choices. A person told us they had chosen their breakfast. Another person told us they chose when to go to bed. Minutes of a recent staff meeting showed us that respecting people's choice had been discussed with staff.

People told us about the activities they participated in. A person said they received books from a visiting library and commented "I love books and reading and do crossword puzzles." Another person told us they enjoyed watching television. People told us a musician regularly visited the home and played music which they enjoyed. Comments from people about the activities included "I go out with friends." "Some singers came a fortnight ago. The activity organiser is a marvellous person," and "There are plenty of activities going on. We play scrabble, bingo and I went to the hairdresser this morning. We have music and quizzes with exercises." A person told us "There's too much TV but we do have Bingo and parties." Another person told us they would like to have the opportunity to participate in a gardening activity and commented "I like the feel of my hand in soil."

We undertook a short observation of four people watching a DVD about music from the 1940s that had been chosen by them. During the 30 minute observation we saw people were engaged and interested in what was on the screen, and two people chatted to each other from time to time reminiscing about some of the songs and stars. Staff members offered people tea and biscuits, and engaged in conversation about what people were viewing. At the same time, in the dining area, two people were playing a game of scrabble. We saw people were fully involved in choosing the programmes to watch on the television in a communal lounge.

However, the activity co-ordinator was not on duty during our inspection and a care worker worked hard organising activities for some people, which included bingo, scrabble and exercises but she also carried out caring duties for a significant part of her shift so the time devoted to arranging activities for some people was limited. We found some people took part in few or no specific meaningful activities and possibly lacked the social stimulation they needed. The registered manager told us she would review the arrangements for providing people with a range of activities when the activities co-ordinator was not on duty.

People were supported to maintain relationships with family and friends. A person told us their family members visited regularly. A relative of a person told us they could visit at any time. One person said, "my son can visit me any time." Staff members we spoke with told us about the importance of ensuring that people have contact with family and friends and explained that they kept in contact with family members where the person cannot do so for themselves.

The complaints procedure was displayed and a suggestion box was available for people to submit ideas and recommendations about how the service could be improved. Staff knew they were required to report all complaints they received from people to senior staff and/or the registered manager. People and their relatives told us they were aware of the provider's complaints procedure and felt able to raise any concerns or queries they had. A relative of a person told us they were confident complaints and concerns would be addressed appropriately and they provided us with examples of staff having responded appropriately to some issues they had raised. Another relative of a person told us they had reported a complaint which had been appropriately addressed by the manager but they would have liked to have received written details of the outcome. Some people told us some of their clothes had gone 'missing' during the process of being laundered. We noted in the laundry there were several items of unnamed clothing, which could lead to people receiving the incorrect clothing or not receiving it at all. This was discussed with the clinical manager who told us the naming of people's clothes would be addressed promptly.

Good

Is the service well-led?

Our findings

The service had not had a permanent manager in post for several months in 2014 but had been managed by a senior manager until the registered manager took up her post in July 2014. Since early 2014 before the registered manager's appointment there had been a number of concerns which had been responded to appropriately by senior management and had been investigated by the local safeguarding authority. It was evident the registered manager had worked hard to improve the service since starting her job. An action plan of improvements to the quality of the service was in the process of being completed by her and other management staff.

It was evident from talking to the registered manager and clinical development manager that they were aware improvements to the service had been needed and appropriate action had been taken to address issues such as staff recruitment, and further improvements to the service were continuing to be made. However, although the registered manager received some support from senior management staff at the time of our inspection there was no deputy manager to assist her with the numerous management roles and duties. Following the inspection, the registered manager informed us that a deputy manager had started work in the home and was currently supporting the registered manager in the clinical aspects of the service and in reviewing people's care plans.

The social care professionals we spoke with confirmed that improvements to the service had been made and that the registered manager was "open and transparent" and "sought advice in a timely manner."

We found there was openness and transparency in the management style of the home. A person showed us a newsletter which kept them informed about the service. We saw that staff including the registered manager and senior staff spent time talking to people using the service and people's relatives. The registered manager was very visible within the home and told us she went around speaking to people on all the units often several times a day to get to know them and to gain their feedback about the service. This was confirmed during the inspection. People were positive about the changes that had taken place. They told us communication with staff was better, the registered manager was approachable, listened to them and addressed any issues they raised. People using the service told us "The manager doesn't shut her eyes to what is going on. She is aware of everything," "I really like her" and, "she is great." Comments from a relative of a person included "I want you to know it's marvellous here. You notice the atmosphere as soon as you walk in."

Regular staff meetings were held which were attended by the registered manager. Staff told us they felt able to raise any issues about the service during these meetings. Minutes of recent staff meetings showed that practice issues were discussed, which included safeguarding people, maintenance, staff training and reporting notifications to the CQC.

Regular audits were carried out to check the quality of the service provided to people. These included checks of equipment and infection control systems. We found where issues had been identified improvements had been made. However, we found a care plan had been audited but there was no record that action had been taken to address the issues found and to make improvements to the person's plan of care. The registered manager told us improvements in the process of checking people's care plans would be made to make sure action was taken to make sure they included appropriate current information about each person's needs.

A regional manager had completed checks of the service which had included talking to people to gain their feedback, checking staffing training and recruitment, and other aspects of the service. The provider's quality team carried out six monthly checks of the service and completed an action plan so that improvements to the service could be made by the registered manager and other senior staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care that is inappropriate or unsafe by means of planning and delivery of care and, where appropriate treatment in such a way as to meet the service user's individual needs and ensure the welfare and safety of the service user. This was a breach of Regulation 9 (1) (b) (i) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.