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Greetwell House Nursing Home

Inspection report

Greetwell House
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Tel: 01522521830

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Greetwell House Nursing Home is registered to provide accommodation for up to 25 people requiring nursing or personal care, including older people and people with physical disabilities.

We inspected the home on 27 and 28 September 2017. The inspection was unannounced. There were 12 people living in the home. This was because, following our last inspection in November 2016, we imposed an additional condition of registration preventing the registered provider admitting anyone to the home without our written permission. This was to give the provider an opportunity to focus fully on the needs of the people already living in the home and ensure they were receiving the service they were entitled to expect.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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.

In November 2016 we conducted a first comprehensive inspection of the home. We found the provider was in breach of legal requirements in seven areas. We rated the home as Inadequate. We also placed the home in Special Measures and, as described above, took action to restrict further admissions.

On this inspection we were pleased to find significant improvement had been made. All seven breaches of regulations had been addressed and the home is longer in Special Measures. The overall rating is now Requires Improvement, reflecting the need for further action in two specific areas. Our additional condition of registration remains in place but we have advised the provider that we are now prepared to permit new admissions to the home, as long as this is done in a measured way which does not jeopardise the progress made since our last inspection.

Improvement was required to ensure staff were consistently person-centred care in their approach and to strengthen the management and administrative resources in the home. In all other areas, the provider was meeting people's needs safely and effectively.

Although she had only been in post for eight months, the registered manager had won the loyalty and admiration of everyone connected to the home.

There were sufficient staff to keep people safe and meet their care and support needs. Staff worked well together in a mutually supportive way. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

There was a friendly, relaxed atmosphere and staff were kind and attentive in their approach. People were provided with food and drink of good quality that met their individual needs and preferences.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control and to address other environmental hazards.

A comprehensive range of audits was in place to monitor the quality and safety of service provision. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had been granted DoLS authorisations for 4 people living in the home. Staff understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Decisions that staff had made as being in people's best interests were correctly recorded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to meet people's care and support needs.

People's risk assessments were reviewed and updated to take account of changes in their needs.

Effective infection prevention and control systems were in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a record of staff training requirements and arranged a variety of courses to meet their needs.

Staff were provided with effective supervision and support.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality that met their needs and preferences.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were kind and caring but were not consistently person-centred care in their approach.

Staff promoted people's privacy and dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good

The service was responsive.

People's individual care plans were well-organised and kept under regular review by senior staff.

A range of 1:1 and communal activities was provided to help stimulate and occupy people.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Action had been taken to address almost all of the shortfalls identified at our last inspection but further work was needed to strengthen the management and administrative resources in the home.

The registered manager had won the respect and admiration of everyone connected to the home.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

Staff worked together in a friendly and supportive way.

Greetwell House 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. The inspection was planned to check whether the provider was 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.

We visited Greetwell House Nursing Home on 27 and 28 September 2017. On the first day our inspection team consisted of an inspector, a specialist advisor whose specialism was nursing 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. On the second day our inspector returned alone to complete the inspection.

In preparation for our visit we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies including the local authority contracting and safeguarding teams.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with five people who lived in the home, four visiting family members, the registered manager, the cook, one of the activities coordinators, one member of the housekeeping team and five members of the nursing and care staff team.

We looked at a range of documents and written records including people's care files and staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

On our last inspection of the home in November 2016 we found there were insufficient staff to meet people's care and support needs and ensure their safety at night. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA).

The registered manager had been appointed shortly after our last inspection. On this inspection, she outlined the changes she had made during her eight months in post to address the breach of Regulation 18(1). These included the use of a dependency tool to ensure staffing levels were sufficient to meet the needs of the people living in the home; ensuring nursing staff took a more hands on role when required; changes to laundry arrangements which meant night staff no longer had to undertake this task and the introduction of two new activities coordinators to take the lead in providing people with physical and mental stimulation and relieve pressure on care staff in this area. Describing her approach to ensuring the correct staffing resources were deployed in the home, the registered manager said, "Each [person's] care plan has a dependency score. It wasn't used before [but now] I review the scores [and change staffing levels if necessary]. I also flex the staffing [each day]. For example, if someone has a hospital appointment and needs a [staff] escort."

Reflecting these changes, everyone we spoke with told us there were sufficient staff to meet their needs and keep them safe. For example, one person commented, "The staff are always happy to help [and] if I press my buzzer they always come. I feel safe." Another person told us, "The home appears more relaxed, more flowing now." Talking of the increased support they received from nursing staff, one member of the care team said, "I think staffing is sufficient [and] the nurses do help out … when we are busy [particularly] at tea time. We are a lot more of a team now." Throughout our inspection we saw staff had time to meet people's care and support needs without rushing, although the registered manager agreed to give further consideration to introducing a 'twilight shift' to provide an additional staff member during the busy tea time period.

In the light of our observations and the positive feedback from people and staff, it was clear that the provider had taken action to improve the deployment of staffing resources in the home and we were satisfied that the breach of Regulation 18(1) had been addressed.

On our last inspection of the home, we also found risks to people's safety and welfare resulting from shortfalls in several areas including medicines management; infection control and premises and equipment. This was a breach of Regulation 12 of the HSCA.

On this inspection, we were pleased to find the provider had addressed all of these issues of concern. In particular, significant improvements had been made to ensure effective infection prevention and control. One of the nurses had been identified as infection control lead and regularly attended meetings organised by the local authority's infection control team to ensure the provider was up to date with best practice in this area. Talking enthusiastically of her role, this member of staff told us, "[The registered manager has introduced several] link roles. My one is infection control which I really enjoy. I go to the meetings [which]

are really useful. It gives us a lot of good information." Discussing the impact of the new lead role, a member of the housekeeping staff said, "[Name] comes back and reports what we need to do. [I have] a lot better understanding of infection control. It's a big thing [in the home] now." Reflecting this improved understanding, throughout our inspection we saw evidence of new best practice solutions designed to improve the cleanliness of the home and reduce the risks of cross-contamination. For example, the laundry had been redesigned to ensure the separation of soiled laundry; new daily, weekly and monthly cleaning schedules had been introduced; the dirty light pulls we had noted on our last inspection had been replaced and covered with easy-clean plastic sleeves; staff had received training in safe hand washing practice; supplies of protective gloves and aprons had been placed at various points around the home to make them more accessible to care staff and the sluice room had been refurbished and cleaned. Describing the improvement since our last inspection, one member of the care team told us, "[The home] is definitely cleaner. We've got all the proper sanitising stuff now. No skimping. Now, if one bottle lasts a day, [they] order extra in." One person commented, "The domestic ladies are wonderful, they do a real good job cleaning. And the laundry is done well."

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found that these were also in line with good practice and national guidance. Expressing their satisfaction with the support they received from staff in this area, one person said, "They manage my medication fine. They give it to me and wait until I have taken it." Another person told us, "My medications are always given when I need them." Staff maintained an accurate record of the medicines they administered. Each person's medicine file had details of any allergies and, where necessary, guidance for staff to ensure medicines were given correctly in accordance with the prescribing doctor's instructions. The procedures for the use of 'controlled drugs' (medicines which are subject to special storage requirements) were managed safely in line with legal requirements. Daily checks were made to ensure the medicines storage room and fridge were maintained at the correct temperature. Staff organised regular reviews of people's medicines to ensure the medicines they were taking remained suitable for their needs.

The provider had also taken action to address the premises and equipment safety hazards we had identified at our last inspection. A broken window pane in the lift had been replaced, making it safe for people to use. The ground floor bathroom had also been redesigned to make it safer to use a mobile hoist to help people in and out of the bath. To ensure the ongoing safety of premises and equipment, senior staff conducted regular 'environmental checks'. We reviewed the records of recent checks and saw that any issues identified had been rectified.

In light of the improvements we found in medicines management, infection control and the safety of premises and equipment we were satisfied that the breach of Regulation 12 had been addressed.

Under the guidance of the new registered manager, improved systems were in place to ensure other potential risks to people's safety and wellbeing had been considered and assessed. Each person's care record detailed the actions taken to address any risks that had been identified. For example, staff had assessed one person as being at risk of developing skin damage. Specialist advice had been sought and a range of measures put in place to reduce the risk. Senior staff reviewed people's risk assessments on a monthly basis to take account of any changes in their needs.

Staff were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or the Care Quality Commission (CQC), should this ever be necessary. Reflecting feedback from our inspector, the registered manager agreed to include advice on how to contact these external agencies in the information pack given to people when they first moved into the home.

We checked staff personnel files and saw that suitable references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the provider had employed people who were suitable to work with the people who lived in the home.

Good

Is the service effective?

Our findings

At our last inspection we found shortfalls in the approach to the induction and training of staff and told the provider that improvement was required.

At this inspection, we were pleased to find the necessary improvements had been made. Everyone we spoke with told us that staff had the right knowledge and skills to meet people's needs effectively. For example, one person told us, "They are competent and well trained staff who treat me well." One person's relative said, "The change in [name] here is unbelievable. They have … done wonders with him and he has come on in leaps and bounds these past six months." Another person's relative told us, "When my mum came in here she was at death`s door. They have worked wonders with her."

Since our last inspection, the registered manager had revised and updated the induction process for new staff. New members of staff now participated in a structured three month induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. New starters were also assigned a senior member of staff as a mentor to oversee their induction and act as a point of contact during their few months in post. Commenting on the positive changes the registered manager had introduced to the induction process, one staff member said, "[The induction] has definitely got … so much better [than when I started]. There is more shadowing and they … [go through] all the paperwork." The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and had incorporated it into the induction of newly recruited care staff. The registered manager was in the process of becoming registered as a Care Certificate assessor and, under her guidance, all existing care staff were also undertaking the qualification.

The registered manager maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Speaking positively of the provider's improved approach to training, one long-serving member of staff told us, "Our training is all up to date. Since [the registered manager] came I have had [training in] communication, dementia, diabetes, food hygiene, death and dignity. Moving and handling was done two weeks ago [and] I have just started my Care Certificate. It's all very helpful." Another staff member said, "We have a lot more training now. It gives you bit more confidence. [The registered manager] has made sure training is always there if you need it." Staff were also encouraged to study for nationally recognised qualifications in care. One member of staff said, "I am doing my NVQ2 at the moment. [The registered manager] is very encouraging of me. [I am] hopefully going on to Level 3."

At our last inspection, we also found that staff were not being supervised effectively and told the provider improvement was required. At this inspection we were pleased to find that the registered manager had taken action to address this shortfall. Staff now received structured supervision from senior staff on a regular basis, often involving direct observation of their care practice. Speaking positively of this new approach, one member of staff said, "I had one yesterday on catheterisation. [The registered manager] told me to stop, calm down and think about what I had done wrong. It was helpful." Looking ahead, the registered manager told us she would be personally conducting an annual appraisal with every member of staff. Describing her approach she said, "I decided not to do appraisals straightaway [after I arrived]. I

wanted to get to know staff [first]. They are all scheduled for December."

Staff were aware of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Describing their approach in this area, one staff member said, "We always give them options. Just because they haven't got full capacity we can't take [choice] away from people. It's their right."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the provider had been granted DoLS authorisations for 4 people living in the home. Senior staff made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. For example, one person's bed had been fitted with safety rails and we saw that this decision had been taken as being in the person's best interests following a documented discussion with relevant parties.

People told us they enjoyed the food provided in the home. For example, one person said, "The food is fantastic." Another person's relative told us, "I think the cooks are very good and the food always looks lovely. [Name] loves it." At breakfast people were offered a continental breakfast of toast and cereals but did not have the option of a full cooked breakfast, other than eggs. Although no one raised this as a concern, we discussed the issue with the registered manager who agreed to explore the opportunity to increase the breakfast choices available to people. At lunchtime, people had a choice of two main course options, although the cook told us she always happy to make an alternative if requested. Describing her approach the cook said, "There are three or four who regularly ask for an alternative eg a jacket potato or a salad." At lunchtime we observed that one person requested cheese puff crisps for pudding, which staff fetched without hesitation. Bowls of fruit, biscuits and other snacks were available in the communal lounges which the cook replenished in line with people's preferences. Talking about people's current favourites, the cook told us, "They go through phases with the snack bowls. Not so much crisps at the moment [but] we go through a hell of a lot of bananas!"

Kitchen staff understood people's preferences and used this to guide them in their menu planning and meal preparation. For example, on the morning of the first day of our inspection the cook told us, "One lady loves lamb and I've got a lamb casserole in the oven right now!" The cook said she had reviewed the menu a few months earlier in discussion with people and their relatives to identify any particular dislikes or requests. Describing some of the ways in which she had encouraged people to articulate their preferences, the cook said, "I asked them what they would have had if they were in a restaurant. And what they used to cook at home." Staff also had a good understanding of people's nutritional requirements, for example people who needed their food to be pureed to reduce the risk of choking and people who followed particular diets. Staff were aware of the importance of encouraging people to drink regularly, to prevent urinary tract infections and other health problems. Fluid recording charts were used for people identified as being at risk of dehydration.

At our last inspection we had identified concerns that nursing staff in the home sometimes appeared slow in seeking external medical advice. On this inspection, we found that this was no longer an issue and the provider ensured people had the prompt access to local healthcare services whenever this was necessary.

Describing the change in approach, one member of staff told us, "There have been no delays since [the registered manager] came here. The nurses can [treat some] things themselves but for other things they say, 'Rather than take a risk we'll get the GP in'. This happens more often now." In confirmation of this approach, one person's relative said, "I know that if my relative is poorly, they will get the GP and let me know what's happening."

From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and therapists. Talking positively of the support they received to manage a long term health condition, one person told us, "The district nurses come in twice weekly to keep an eye on me and dress my legs."

Requires Improvement

Is the service caring?

Our findings

On our last inspection of the home we found that the provider was failing to ensure people's privacy and dignity were promoted and maintained. This was a breach of Regulation 10 of the HSCA.

On this inspection, we found that the provider had addressed the concerns we had identified in this area. For example, an alternative location had been found for the hairdresser who visited the home every week. At our last inspection we had found staff making preparations for the hairdresser to wash and cut people's hair in one person's bedroom, despite the fact that the person was being cared for in bed and would have been in their room throughout. The provider had also taken action to redesign the ground floor toilet, enabling wheelchair users to close the door behind them, preserving their privacy whilst they were using the toilet.

During our inspection we saw that staff supported people in ways that helped maintain their privacy and dignity. For example, by knocking on doors to people's bedrooms before entering. Describing their approach to providing people with intimate personal care one staff member told us, "We [make sure] curtains are closed [and] put the sheet over [to cover people up]. If we take them out of the bath we cover them. Even if the door is closed." The provider was aware of the need to maintain confidentiality in relation to people's personal information although the registered manager agreed to take immediate steps to ensure people's care plans and other personal records were stored securely at all times.

In light of the improvements we found in the promotion of people's right to privacy and dignity we were satisfied that the breach of Regulation 10 had been addressed.

At our last inspection, we also found that staff sometimes supported people in institutional and task-centred ways that did not always take account of their individual needs and wishes. We told the provider that improvement was required.

At this inspection, we found evidence of some improvement in this area. There was a friendly, relaxed atmosphere in the home and on many occasions we saw staff in all departments interacting with people in kind, attentive ways. For example, on the morning of the second day of our inspection we heard one person tell a passing member of the nursing team that their foot was sore. The nurse stopped what she was doing and checked the person's foot carefully. She found nothing untoward but asked the person if they would like some paracetamol with their morning medicines, which were about to be administered. The person confirmed that they would like some paracetamol and was clearly reassured by the nurse's kindly, patient intervention. In another example of a thoughtful, person-centred approach, whilst describing the celebration of people's birthdays the cook said, "[Name] had her birthday [last] Friday. She is on a soft diet [and] can't eat cake. So I made her a mousse with candles [on it] and we all sang Happy Birthday. We took photos and sent them to her family in Australia." Talking of one person who lived in the home, the registered manager told us, "[Name] likes short dresses. She went out and bought a few [but] thought one was too long. [Member of the care staff team] took it home and turned it up."

However, the approach of staff in this area was inconsistent and further action was required to completely

eradicate the old task-centred approach and embed a fully person-centred culture. For example, at lunchtime on the first day of our inspection, we noticed that some staff put protective bibs on a number of people without first ascertaining that this is what they wanted. By way of contrast, later in the day, we heard another member of staff ask a person if they wanted a bib and the person exercised their right to decline. On another occasion we saw two members of the care team supporting someone to use a hoist. The two staff members chatted away to each other, with no attempt to involve the person in the conversation or explain what they were doing. On the morning of the second day of our inspection, we watched as a member of staff came into one of the communal lounges and approached a person sitting in a wheelchair. Making no attempt to engage with the person or explain what they were about to do, the staff member said, "Breakfast time!" and wheeled the person out of the room.

When we shared these observations with the registered manager she readily acknowledged that further improvement was required. She told us, "[Your] feedback is not a surprise. The staff have had communication [training] and [have been told] they need to be self-aware and observant of the way they [interact]. We have made great strides in [providing] person-centred care [but] I would say it is still a work in progress."

Staff told us that they encouraged people to maintain their independence and exercise as much choice and control over their lives as possible. Describing their approach, one member of staff told us, "Everyone is different. Some might like a particular soap or their hair in a particular way. They make the choice. If someone doesn't want a shave one day, that's okay." Reflecting these comments, one person's relative told us, "He has been offered a larger room but he prefers this smaller one. He has the choice." We also observed staff encourage someone to continue to shave himself independently by providing a table, a bowl of warm water, a shaving mirror and his razor.

The registered manager told us two people living in the home had the support of a lay advocate and that she would not hesitate to help others secure one, should this be necessary in the future. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

On our last inspection of the home we found the provider was failing to provide people with sufficient stimulation and occupation. We also found gaps and inconsistencies in the care planning system. Taken together, these shortfalls were a breach of Regulation 9 of the HSCA.

On this inspection, when we looked at people's care plans we found significant improvements had been made. Under the leadership of the registered manager, the provider's approach to care planning had been reviewed and redesigned. Outlining the changes she had made, the registered manager told us, "I have standardised all the care plans. The nurses review [them] on a monthly basis [and] I do the audits. Keyworkers [have also] been introduced [which] has been helpful." Reflecting these comments, the care plans we reviewed were well-organised and provided staff with detailed information on how to respond to each person's individual needs and preferences. For example, one person's plan gave staff clear guidance on how to help her manage a long term health condition. Another plan detailed the steps staff had taken to obtain specialist advice and new equipment to support someone they had assessed as being at high risk of falling. Staff told us that they found the care plans helpful to them in their work. For example, one member of the care staff team said, "[The care plans] are very detailed [and] are kept up to date by [the registered manager] and the nurses. It's helpful [to] know how to approach situations. For instance they may need two people for moving and handling. The life history really interests me. It's nice to know something of their lives. It gives you something other than their current day-to-day lives to talk about." Senior staff reviewed each person's plan on a monthly basis to make sure it remained up to date and accurate. In addition to these monthly care plan reviews, the registered manager conducted a full review of each person's plan on an annual basis, involving the person and their family if this is what they wished. Commenting positively on the changes they had seen in the care planning system since the registered manager had been appointed, one relative told us, "There have been improvements in the … paperwork recently and I have been involved in devising a family tree for the care plan."

We also found improvement in the provision of activities and other forms of physical and mental stimulation. Since our last inspection, the registered manager had created two new part-time activities coordinator posts who facilitated communal and 1:1 activities five or six days each week. Details of planned daily, weekly and monthly activities were displayed on a noticeboard in the reception area. For the month of September 2017, the planned activities included cake and biscuit decorating, card and board games, bingo, reminiscence sessions, foot massage and nail care. There were also outings and visits from external professionals, including one person who led a weekly 'movement to music' session. People we spoke with were very positive about the changes made in this area. For example, one person told us, "We did a chair based exercise session last week. A gentleman came and led it. It was very good. He comes every so often. We have also just arranged with the home for us to go to church on Sunday to take communion which will be lovely. There's a few of us going." Another person's relative said, "They went to Skegness the other week and they do [arts and crafts] with the residents, like making Easter bonnets. It has got better definitely. My mum is happy here." We reviewed photographs taken by the activities coordinators and saw people had clearly enjoyed the opportunity to participate in a variety of recent events including karaoke, flower arranging and the fly past of a Lancaster bomber which was appearing at a local air show. Describing the

positive impact the increased levels of mental and physical stimulation had had on the people living in the home, one staff member told us, "There are a lot more activities since [the registered manager] came. You can see the difference in the residents. We have a cupboard with everything in it. Board games, skittles quoits. They didn't get used before [but now] more people like to participate. We have a conversation square that gets people talking. Even [name of person living in the home] gets involved." Another member of staff said, "It's 100% better. They are not bored anymore. Not just sitting there watching TV [with] life ticking by."

The activities coordinators also spent 1:1 time with people who were unable to leave their bedrooms to participate in communal activities or who preferred their own company. On the first day of our inspection, one of the activities coordinators told us, "There were a lot of visitors today so, rather than interrupt [with a communal activity] I have been doing some 1:1s. [One lady] just wanted to hold hands and read her postcards out. I [also] had a nice chat with [name]. We talked about the football and his health appointment for a while."

In light of the improvements we found in the care planning system and the provision of physical and mental stimulation, we were satisfied that the breach of Regulation 9 had been addressed.

On our last inspection we also identified concerns about some aspects of the provider's approach to managing concerns or complaints. On this inspection, we were pleased to find improvements had been made. Information on how to make a complaint was available in the reception area of the home. People told us they were confident that the registered manager and other senior staff would respond positively to any concerns or complaints. For example, one person told us, "I would know what to do and who to go to if I wasn't happy. But I can't foresee that happening here." Some people told us that they would find it helpful in highlighting any issues if staff, including the registered manager, wore name badges. The registered manager told us she was already aware of this feedback and showed us samples of the badges she was about to order.

The registered manager told us that formal complaints were relatively rare as she and other senior staff spent time with people and their relatives and were often able to resolve issues informally. In confirmation of this commitment to proactive communication, one person's relative told us, "They always tell me what they've done and keep me well informed." The registered manager kept a record of any formal complaints that were received and ensured these were managed correctly in accordance with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

On our last inspection of the home we found the provider had failed to notify CQC of several significant incidents involving people using the service, as required by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

In preparation for this inspection, we found that the provider had submitted all necessary notifications and had therefore taken sufficient action to address the breach of Regulation 18.

On our last inspection, we also found that neither the report nor the rating of our last inspection of the home were on display, again as required by law. This was a breach of Regulation 20A of the HSCA.

On this inspection, we found that both the rating and the report of our last inspection were on display in the reception area. The provider had therefore addressed the breach of Regulation 20A.

On our last inspection, we also identified significant shortfalls in the leadership and governance of the home, resulting in a breach of Regulation 17 of the HCSA. On this inspection, we were pleased to find that significant improvement had been made. Shortly after our last inspection, the provider had appointed a new manager who had applied successfully to CQC to become the registered manager of the home. In her eight months in post, as detailed elsewhere in this report, the registered manager had overseen significant improvement in almost all of the areas of concern identified at our last inspection of the home. In this time, she had clearly won the respect and admiration of her staff team and everyone else connected to the home. For example, one staff member told us, "I have seen a vast improvement since [the registered manager] came. She knows what's she's doing. She knows her stuff. I was a bit scared of her at first. But [she is] absolutely lovely. It's nice to know that you have got that support there. And someone to look up to." Another member of staff said, "Since the [registered manager] came in, it has been absolutely spot on. She is strong and firm … but also has that understanding, gentle side as well. It's 100% better. I was thinking of leaving but since [the registered manager] came in I have said I will stay." These sentiments were shared by people and their relatives. For example, one person told us, "She's a nice lady, a good leader and keeps everything going." Another person's relative said, "We have seen a big difference all round. Things do seem to have changed these past months for the better."

Despite her relatively short time in post, the registered manager had made significant progress in addressing shortfalls in the provider's quality monitoring systems we had identified at our last inspection. She had implemented a comprehensive range of audits in areas including medication, health and safety, care planning and pressure area care. We saw each of these new audits was completed on a regular basis and any issues identified were followed up by the registered manager and other senior staff. Commenting positively on the registered manager's personal leadership in this area, one member of staff told us, "She does a huge amount of checks. She goes round the home and if something is picked up we have to do it again. Little things that we thought were not important but she says it is."

The registered manager had also introduced regular meetings with people and their relatives, to gain their

feedback and suggestions on the running of the home. The minutes of the most recent meeting were on display in the home and we saw that it had been well-attended with a wide-ranging discussion on issues including activities provision, meals and décor. A 'satisfaction survey' had also been conducted and the results were on display. Although the feedback was generally very positive, the registered manager had given a commitment to ensure any issues of concern were followed up.

The registered manager had implemented a number of new systems to facilitate effective team working and improve communication. For example, as described elsewhere in this report, a number of 'link roles' had been created to enable staff to research and disseminate good practice in areas including infection control, continence, tissue viability and end of life care. New daily 'allocation sheets' had been introduced to the morning handover meeting. This ensured staff were clear which of them was to take the lead that day in particular areas including repositioning people who were being cared for in bed and serving breakfast and afternoon tea. Describing the benefits of this structured approach, one staff member told us, "Before [the registered manager came] it was chaos. We now have the allocation sheets [and] we know what we are doing." Reflecting these changes, staff told us they now worked together in a positive and mutually supportive way. For example one member of staff said, "There is a fantastic atmosphere now. Calm, settled and happier. And, if we have any issues or problems we can go to the manager." Talking positively of their experience of attending staff meetings, another member of staff said, "[The registered manager] gives everyone a chance to say what they think." We noted that the registered manager was organising a staff evening out at Christmas and saw that a large proportion of the staff team had already expressed their wish to attend.

In light of the improvements made to the governance of the home in areas including quality monitoring and communication we were satisfied that the breach of Regulation 17 had been addressed.

However, although impressive progress had been made, this was almost entirely due to the strong leadership and commitment of the registered manager personally. The registered provider did not employ an administrator or deputy manager to assist the registered manager and expected her to work over half her weekly hours as a nurse on shift. This left her with less than 20 hours each week to discharge all of her management responsibilities. Talking candidly about the pressure this created, the registered manager told us, "I have to juggle my nursing and administrative responsibilities. [The registered provider] is not fully aware of the depth of the work of the manager. He doesn't understand the full responsibilities of a registered manager. [To get everything done] I have to come in on some of my days off. At times it can be too much." Expressing their sympathy with the registered manager's situation, one staff member said, "I feel sorry for her. She will be in at 8am [and] will be here after 8pm. She [comes] in at weekends. It must be a hard job." The registered manager remained fully committed to the home and spoke positively of further improvements she had planned for the future. However, action was required by the registered provider to strengthen management and administrative resources in the home and reduce the disproportionate reliance on the registered manager personally.

Following our last inspection, reflecting the multiple breaches of regulations and the overall rating of Inadequate, we imposed an additional condition on the provider's registration to prevent any new admissions to the home without our written permission. This was to give the provider an opportunity to focus fully on the needs of the people already living in the home and ensure they were receiving the service they were entitled to expect. Reflecting the imposition of this condition, the number of people living in the home had reduced from 19 at the time of our last inspection to 12 at this. Although, as described throughout this report, we found evidence of significant progress in almost every area for improvement identified at our last inspection, we remain concerned that a rapid increase in occupancy may jeopardise the positive trajectory of improvement that has been established. For the time being therefore, we have retained the

additional condition of registration but have advised the provider that we will now agree to new admissions to the home and a resultant increase in occupancy, as long as this done in a measured and sustainable way.